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Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

and ending

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Check if applicable: C Name of organization D Employer identification number Address change BLACK WARRIOR RIVERKEEPER, INC. Name change 72-1537394 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 205-458-0095 712 37TH STREET SOUTH termin-ated 539,391. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return BIRMINGHAM, AL 35222 H(a) Is this a group return Applica-F Name and address of principal officer: PATRICIA WHITT for subordinates? Yes X No pending 712 37TH STREET SOUTH, BIRMINGHAM, AL 35222 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.BLACKWARRIORRIVER.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2002 M State of legal domicile: AL Part I Summary Briefly describe the organization's mission or most significant activities: TO PROTECT AND RESTORE THE BLACK Activities & Governance WARRIOR RIVER AND ITS TRIBUTARIES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) <u>589</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 276,618. $\overline{429}, 011.$ Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) -552. 1,903. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 38,656. 110,095. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 386,161. 469,570. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 217,488. 226,495. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 93,441. 110,180. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 310,929. 336,675. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 75,232. 132,895. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 605,704. 470,710. 20 Total assets (Part X, line 16) 6,503. 1,815. 21 Total liabilities (Part X, line 26) Net/ 464,207. 603,889. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PATRICIA WHITT, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid LINDA J. RICHEY, P01313095 Firm's name DIPIAZZA, LAROCCA, HEETER & CO, LLC 26-3731278 Preparer Firm's EIN Firm's address P. O. BOX 530095 Use Only BIRMINGHAM, AL 35253-0095 Phone no. 205 - 871 - 9973 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROTECT AND RESTORE THE BLACK WARRIOR RIVER AND ITS TRIBUTARIES.
	Did the expenientian undertake any cignificant program continue duving the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 99,583. including grants of \$) (Revenue \$) OUR RIVER PATROL STAFF PATROLLED THE BLACK WARRIOR RIVER WATERSHED TO LOOK FOR POTENTIAL ILLEGAL DUMPING OF WASTE AND HAS PERFORMED REGULAR WATER TESTING AND POLLUTION PERMIT REVIEWS TO MONITOR FOR POLLUTION VIOLATIONS.
4b	(Code:)(Expenses \$146,909. including grants of \$) (Revenue \$471,050.) OUR EDUCATION STAFF HAS MAILED NEWSLETTERS, HAS MAINTAINED A WEBSITE, AND HAS HELD EVENTS TO EDUCATE THE PUBLIC ABOUT IMPROVING WATER QUALITY, THE WILDLIFE HABITAT, RECREATIONAL OPPORTUNITIES, AND PUBLIC HEALTH. OUR NEWSLETTER AND WEBSITE ALSO PROVIDE INFORMATION CONCERNING LAWSUITS AGAINST GROUPS AND ENTITIES WHO ARE BELIEVED TO HAVE WATER POLLUTION VIOLATIONS. OUR STAFF ALSO RECRUITED 589 VOLUNTEERS WHO GENEROUSLY DONATED NUMEROUS COMMUNITY SERVICE HOURS ON A WIDE VARIETY OF PROJECTS TO HELP THE BLACK WARRIOR RIVER WATERSHED.
4c	(Code:)(Expenses \$ 9,219. including grants of \$
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 255,711.
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-25
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		X
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	105		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Ш
			\blacksquare	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
•	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return		1 1	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		Х
		·····	3a 3b		21
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
-r a	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		Х
h	If "Yes," enter the name of the foreign country:	accounty:	Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		· · g-···	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	·······	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12 for public use of club facilities.	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 a	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
b	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b	- Lu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
			Г	000	(0010

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed AL Section 6104 requires an experient to make its Forms 1023 (or 1024 if applicable), 200, and 200 T (Section F01/c)(2) apply 6	weil-!-	Jo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvanac	ile	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)			
10		l fina-	oio!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ııman	cial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► THE ORGANIZATION - 205-458-0095			
	712 37TH STREET SOUTH, BIRMINGHAM, AL 35222			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	Estimated amount of other
1) WILLIAM ANDREEN	(list any hours for related organizations below line)	rs for direct truste or direct trustes or direct		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
	1.00	X						0.	0.	0
2) CHARLES SCRIBNER	40.00	^						0.	0.	0
EXECUTIVE DIRECTOR	40.00	X						53,833.	0.	0
3) ELENA WHITE	1.00	125						33,033.	0.	
SOARD MEMBER		x						0.	0.	0
4) JAMES LOWERY	1.00							-	-	
SOARD MEMBER		X						0.	0.	0
5) CHARLES RABOLLI	1.00									
SOARD MEMBER		Х						0.	0.	0
6) CINDY MARTIN	1.00							_	_	_
PRESIDENT				Х				0.	0.	0
7) REV. DR. JAYNE POOL	1.00	1							0	
ECRETARY	1 00			Х				0.	0.	0
8) PATRICIA WHITT	1.00	-		x				0.	0.	0
PREASURER 9) GILBERT JOHNSTON, JR.	1.00	-		^				0.	0.	, ·
ICE PRESIDENT	1.00	1		x				0.	0.	0

	t VII Section A. Officers, Directors, Trus (A)	(B)		_		C)	_	_	(D)	(E)			(F)	
	Name and title	Average	121		Pos	itior		ore	Reportable	Reportable		Es	timate	ed
		hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation			nount	
		week	_	cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organizations		com	pensa	tion
		hours for	or dir	ao			ated		organization	(W-2/1099-MISC	C)		om th	
		related	stee	truste			bens		(W-2/1099-MISC)			•	anizat	
		organizations below	al tru	onal t		oloyee	com						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		11110)	Ĕ	Ë	JU.	. Ke	E E	요						
									E2 022					_
	Sub-total								53,833.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								53,833.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable)			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer													
	line 1a? If "Yes," complete Schedule J for s	such individual									[3		Х
4	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		[4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indivi	dual for services				
_	rendered to the organization? If "Yes," con	nplete Schedul	e J t	for s	uch	pers	son .					5		X
	tion B. Independent Contractors									A				
1	Complete this table for your five highest control the organization. Report compensation for										ensa	ation 1	rom	
	(A))			<u> </u>			Ï	(B)			(0	;)	
	Name and business	address	N	INC	3				Description of s	ervices	C		nsatio	n
	Total accept on a Colonia Colo	Sanah salah sa				1.			d ale acceleration					
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li: 0	stec	a above) who received m	ore than				
	, and a significant tree or gain											Form	990 (ž	2016)

Pa	rt V	III Statement of	f Revenue					
		Check if Schedul	le O contains a resp	oonse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a Federated campaign	s1	а				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues .		b				
S, (c Fundraising events	1	С				
ar ar		d Related organizations	s1	d				
JS, imi		e Government grants (contributions) 1	е				
rijo Pr	1	f All other contributions,	gifts, grants, and					
<u>ā</u>		similar amounts not inc	luded above 1	f 429,011.				
on the	9	g Noncash contributions inclu	ided in lines 1a-1f: \$	68,341.				
<u>ā č</u>		h Total. Add lines 1a-1	f	>	429,011.			
				Business Code				
ice	2	a						
er	ı	b						
n S	•	с						
ar Re√	•	d						
Program Service Revenue		e						
ш.	1	f All other program ser						
		g Total. Add lines 2a-2						
	3	Investment income (i			3,017.			3,017.
		other similar amounts			3,017.			3,017.
	4	Income from investm	•	•				
	5	Royalties	(i) Re					
	6	• Gross ronts		al (ii) Personal				
		a Gross rentsb Less: rental expenses						
		c Rental income or (los						
	ľ	d Net rental income or						
		a Gross amount from s						
	'	assets other than inv	7 7	27.				
		b Less: cost or other ba	, 					
		and sales expenses	68,3	41.				
	,	c Gain or (loss)	-1,1	14.				
		d Net gain or (loss)			-1,114.			-1,114.
ø.	8	a Gross income from fu	undraising events (r	not				
ň			of					
eve		contributions reporte						
¥		Part IV, line 18		a 22,313.				
Other Revenue	ı	b Less: direct expense	s	b 1,480.				
J		c Net income or (loss) t	from fundraising ev	ents ▶	20,833.			20,833.
	9	a Gross income from g						
		Part IV, line 19						
		b Less: direct expense						
		c Net income or (loss) t		es				
	10	a Gross sales of invent	•					
		and allowances						
		b Less: cost of goods s						
		c Net income or (loss) t						
	4.4	Miscellaneous a REIMBURSED		Business Code EN 900099	17,823.	17,823.		
			TEGAT EVL	300033	11,043.	11,043.		
		b						
		d All other revenue		_				
		d All other revenuee Total. Add lines 11a-			17,823.			
	12	Total revenue See inst			469.570.	17.823.	0.	22.736.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b,
7b, 8b, 9b, and 10b of Part VIII.

(A)
(B)
(C)
(D)
(D)
(Fundarising service expenses general expenses expenses expenses expenses expenses

Do i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E2 022	22 200	16 150	F 202
	trustees, and key employees	53,833.	32,300.	16,150.	5,383.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	156 /17	156 /17		
7	Other salaries and wages	156,417.	156,417.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,245.	12,075.	4,170.	
10	Payroll taxes	10,243.	12,073.	4,170.	
11	Fees for services (non-employees):				
	Management	9,600.	9,219.	381.	
	Legal	1,450.	9,219.	1,450.	
	Accounting	1,450.		1,450.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	2,810.		2,810.	
12	Advertising and promotion				
13	Office expenses	8,216.	5,923.	1,171.	1,122.
14	Information technology	<u> </u>		,	•
15	Royalties				
16	Occupancy	41,105.	10,746.	29,165.	1,194.
17	Travel	·	-	-	-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,543.	2,431.	112.	
23	Insurance	17,226.	3,558.	13,668.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	WATERKEEPER EXPENSE	10,391.	10,391.		
b	BUSINESS DEVELOPMENT	6,031.	5,454.	577.	4 4= -
С	FUNDRAISING EXPENSES	5,762.	3,743.	63.	1,956.
d	POSTAGE	2,255.	2,014.	110.	131.
е	All other expenses	2,791.	1,440.	1,093.	258.
25	Total functional expenses. Add lines 1 through 24e	336,675.	255,711.	70,920.	10,044.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			67,338.	1	18,058.
	2	Savings and temporary cash investments			397,136.	2	373,468.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	·		6		
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	61,762.			
	b	Less: accumulated depreciation		54,935.	6,236.	10c	6,827.
	11	Investments - publicly traded securities				11	6,827. 207,351.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			470,710.	16	605,704.
	17	Accounts payable and accrued expenses			6,503.	17	1,815.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officer				
i≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	·	· · ·		22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			6,503.	26	1,815.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here X and			
S		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			464,207.	27	603,889.
Sale	28	Temporarily restricted net assets				28	
Ā	29	Permanently restricted net assets				29	
Fund Balances		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\ss(31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			464,207.	33	603,889.
	34	Total liabilities and net assets/fund balances			470,710.	34	605,704.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			70.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			75.			
3	Revenue less expenses. Subtract line 2 from line 1	3			95.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			07.			
5	Net unrealized gains (losses) on investments	5		5,3	07.			
6	6 Donated services and use of facilities 6							
7	7 Investment expenses 7							
8								
9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	60	<u>2,4</u>	09.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		Yes	No			
2a								
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both: Separate basis Separate basis Separate basis Separate basis Separate basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?	-	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2016)			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BLACK WARRIOR RIVERKEEPER, INC.

Employer identification number 72-1537394

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o		
_	impermissible private benefit?		
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year		
	Number of states where property subject to conservation ea		
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0/1-1/41/171/2
	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organizar	ition's financial statements that describes	s the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections o	f Δrt Historical Treasures or C	Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		Strict Cirmar Addets.
	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		ance of public service, provide, in rare xiii,
	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or rescarcing in furtherance of pr	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		L \$
			· · · · · · · · · · · · · · · · · · ·
	If the organization received or held works of art, historical tre	ageuras, or other similar assets for financi	
	n une enganization received et lield works et alt. Historical lie		
			ar garri, provido
	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1	16 (ASC 958) relating to these items:	

632051 08-29-16

Schedule D (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	r Asse	ts(conti	nued)	<u></u>
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t are a si	gnificant u	se of its	collectio	n item	ıs
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exer	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.		_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f											
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII]
Pai											
	·	(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Fou	years	back
1a	Beginning of year balance	•		•							
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1	a. column (a	a)) held as:	I					
	Board designated or quasi-endowment	,	%	J, ("						
	Permanent endowment	%	_								
	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posses		ation tha	at are held a	and administe	ered for th	ne organiza	ation			
	by:	ŭ					Ü			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. 9	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		cumulate	ь	(d) Boo	k valu	—— е
	- sampana paragasa	basis (investr			(other)		reciation		(-,		_
	Land	`	,		· /	<u>'</u>					
	Buildings										
	Leasehold improvements										
	Equipment			6	1,762.		54,93	35.		6,8	27.
	Other						•				
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line i	10c.)			ightharpoonup		6,8	27.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 BLACK WARRI	OR RIVERKE	EPER, INC.	72-	-1537394 _{Page}
Part VII Investments - Other Securities.				, ago
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part I\ (b) Book value		, Part X, line 12. valuation: Cost or end	of year market value
	(b) Book value	(c) Method of V	valuation. Cost of end	-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part I\	/. line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value		valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"		/, line 11d. See Form 990	, Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>]	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part I\		m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				

(4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Pai	rt XI Reconciliation of Revenue per Audited Financi			
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	1 , 0			
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
b	7	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Pa	rt XII Reconciliation of Expenses per Audited Finance		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	·	1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
С.				
d	7	· ·		
_	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4		4-		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	40	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	4b	5	t XI.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
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a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
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a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
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a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	t XI,

Schedule D (Form 990) 2016

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	ARRIOR RIVERKEEPER		NC.		12-1557	
Part I Fundraising Activities required to complete this par	 Complete if the organization answett. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	tunara	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?	Yes Yes	└── No
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fundraiser is to b	oe
compensated at least \$5,000 by the	organization.					
	3					
(2) Name and address of to distribute		(iii)	Did raiser ustody trol of utions?	(5.)	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity		aiser ustody	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)		or cor contrib	trol of utions?	from activity	listed in col. (i)	organization
		Yes	No			
Total			•			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	-aistration
or licensing.	or is registered or ileerised to solicit	COITLIN	duon	or rias been notified	a it is exempt from it	Sgistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990 EZ) 2016 BLACK WARRIOR RIVERKEEPER, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events AIRWAVE EARTHBOUND (add col. (a) through CONCERT EARTHFEST col. (c)) (event type) (event type) (total number) 1,980. 16,218. 4,115. 22,313. 1 Gross receipts 2 Less: Contributions 22,313. 1,980. 16,218. 4,115. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 1,028. 1,480. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2016

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990 EZ) 2016 BLACK WARRIOR RIVERKEEPER, INC. 72-1	1537394	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		, -
• •	Enter the marie and dadress of the potent while propares the organization of garming openial events been and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
С	If "Yes," enter name and address of the third party:		
_	The root, since the data address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 10	b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	,,
	100, 10, and 110, as approaches 1 less provide any additional minormation. Cos morastions		

Schedule G	(Form 990 or 990-EZ)	BLACK WAF	RRIOR RI	VERKEEPER,	INC.	72-1537394 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	d)			
		(- /			
-						

SCHEDULE M (Form 990)

2016

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.► Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Inspection
Employer identification number

BLACK WARRIOR RIVERKEEPER, INC. 72-1537394 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1a 1 Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 68,341.FMV - STOCK EXCHANGE Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 16 Open to Public Inspection

Name of the organization

BLACK WARRIOR RIVERKEEPER, INC.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 72-1537394

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS THAT PAY DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS RECEIVE A POSTAL BALLOT FOR ELECTING A SLATE OF BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT OF THE BOARD OF DIRECTORS OF BLACK WARRIOR RIVERKEEPER, IS RESPONSIBLE FOR CAUSING A COPY OF THE IRS FORM 990 TO BE SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. WHENEVER PRACTICABLE, THE COMPLETED FORM 990 SHOULD BE DISCUSSED AT A MEETING OF THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM. AT THE DISCRETION OF THE BOARD OF DIRECTORS, RESPONSIBILITY FOR PROVIDING THE IRS FORM 990 TO MEMBERS OF THE BOARD OF DIRECTORS AND FOR DISCUSSION OF THE CONTENTS OF THE FORM 990 MAY BE VESTED WITH THE TREASURER OR WITH THE BOARD OF DIRECTORS FINANCE COMMITTEE SUCH EXISTS).

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY DISCLOSURE FORM EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR REVIEWS SIMILAR ORGANIZATIONS 990'S AND THE SALARY SURVEY PUBLISHED BY THE ALABAMA ASSOCIATION OF NONPROFITS. THE EXECUTIVE

DIRECTOR THEN SUBMITS THE SALARY BUDGET FOR THE BOARD'S APPROVAL.

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

Schedule O (Form 990 or 990-EZ) (2016)