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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

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

Open to Public Inspection

D Employer identification number Check if applicable: C Name of organization 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 550,741. 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. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 485 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 38 7b Prior Year **Current Year** 345,590. 371,928.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 3,809. 2,931. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 23,671. 75,495. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 450,354. 373,070. 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) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 245,919.236,407. 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) 137,489. 139,502. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 373,896. 385,421. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 64,933. -826. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 687,436. 639,925. 20 Total assets (Part X, line 16) 6,245. 6,527. 21 Total liabilities (Part X, line 26) Net/ 633,680. 680,909. 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, CPA P01313095 Firm's name DIPIAZZA LAROCCA HEETER & CO LLC 26-3731278 Preparer Firm's EIN Firm's address P O BOX 530095 Use Only Phone no. 205 - 871 - 9973 BIRMINGHAM, AL 35253-0095 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	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.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. 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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 73,635 • including grants of \$) (Revenue \$)
Tu	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 \$ 134,475 • including grants of \$) (Revenue \$ \$ 408,357 •)
	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 485 VOLUNTEERS WHO
	GENEROUSLY DONATED 6,983 COMMUNITY SERVICE HOURS ON A WIDE VARIETY OF
	PROJECTS TO HELP THE BLACK WARRIOR RIVER WATERSHED.
4c	(Code:) (Expenses \$ 81,455. including grants of \$) (Revenue \$ 41,997.)
	OUR LEGAL TEAM HAS FILED LAWSUITS AGAINST ENTITIES BELIEVED TO BE
	POLLUTING THE BLACK WARRIOR RIVER WATERSHED. THE LEGAL TEAM HAS ALSO CONTINUALLY FILED PUBLIC COMMENT LETTERS WITH GOVERNMENT AGENCIES WHO
	ARE CONSIDERING THE RENEWAL OF VARIOUS POLLUTION PERMITS THROUGHOUT THE
	WATERSHED.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 289,565.
<u>4e</u>	Total program service expenses ► 289,565.

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)?			
	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			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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			x
7	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			
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			
5	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	Ť		
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	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			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	110		
	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		X
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	Х	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			٠,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (WARKTOK	
Part IV	Checklis	st of Required S	chedules (co	ntinued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No		
	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			x		
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23				
24 a	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	23a				
-	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,"			٠,,		
	complete Schedule L, Part II	26		X		
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					
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х		
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):					
а	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		Х		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X		
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25				
	contributions? If "Yes," complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations?					
	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					
22	Schedule N, Part II	32		Х		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33				
	Part V, line 1	34	<u></u>	Х		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	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? If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		1		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
38						
_	Note. All Form 990 filers are required to complete Schedule O	38	X			
Pa						
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No		
b						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х			

832004 12-31-18

Form 990 (2018) BLACK WARRIOR RIVERKEEPER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Edg a 4 b If at least one is reported on line 2a, did the organization file all required repolyment is returne? Note: If the sum of lines 1 and 2a is greater than 260, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Why for time 3b, provide an explanation and Schodule 0 b If Yes, "and the the mane of the foreign country." Why to time 3b, provide an explanation and Schodule 0 b If Yes, and the financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shetter transaction of the financial Accounts (FBAR). 5b Was the organization party to a prohibited tax shetter transaction of the signal party of If Yes 1 or line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of endirable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell and the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles of endirable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shell endirable that the podds or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization selection and the value of the opposite provided of the payor? 9 Did the organization selection and th				Yes	No				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 more during the year? 3a Did the organization make unrelated business gross income of \$1,000 more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account; securities account, or other financial account)? 4a X 5b If "Yes," eriter the name of the foreign country; by the same shark account; securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited financial Accounts (FBAR). 5b IV "Yes "to line Sa or 5b, did the organization file Form 88881? 5b IV "Yes "to line Sa or 5b, did the organization file Form 88881? 6c Does the organization and party section of the same section 170(c). 6c Does the organization and party section and section 170(c). 6c Did the organization shart may receive deductible contributions under section 170(c). 6c Did the organization shart may receive deductible contributions under section 170(c). 6c Did the organization shart may receive deductible contributions under section 170(c). 6c Did the organization section and party in the section 170(c). 6c Did the organization section and party for product that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization section and party for product and party for poots and services provided to the payor? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization organization and party for production the form 8889 as required? 7d If the organization received any funds, dire		filed for the calendar year ending with or within the year covered by this return 2a2							
3a X X 1 1 1 1 1 1 1 1	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
b If Yes, *has it flied a Form 990 T for this year? #* Yeb* to line 3b, provide an explanation in Schedule O. 3 At any time during the calendar year, did the organization have an interest in, or a signature on other authority over, a financial account in a foreign country (seuch as a bank account, securities account, or other financial account)? 4 If Yes, *inster the name of the foreign country. ** 5 If Yes, *inster the name of the foreign country. ** 5 See instructions for fliing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 A X b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5 B X Y b Did any taxable party notify the organization fall it was or is a party to a prohibited tax shelter transaction? 5 D Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6 B X Y Pys. ** Idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contribution or a party for goods and services provided? 7 Organizations that many receive deductible contributions under section 170(c). 8 B X Y Yes, ** Idd the organization notify the donor of the value of the goods or services provided? 7 Tyes, ** Idd the organization notify the donor of the value of the goods or services provided? 7 Tyes, ** Idd the organization notify the donor of the value of the goods or services provided? 7 Tyes, ** Idd the organization received a contribution of qualified intellectual property for which it was required to the Form 8282? 7 Tyes, ** Idd the organization received an contribution of underty, to pay premiums on a personal benefit contract? 7 Tyes, ** Idd the organization received an contribution		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If "Yes," enter the name of the foreign country. 5a Was the organization aparty to a prohibeted tax shelter transaction? 5b Was the organization aparty to a prohibeted tax shelter transaction? 5c If "Yes" to lie Sa or 5b, did the organization the fore masser. 6c If "Yes" to lie Sa or 5b, did the organization the forem 88867 can be contributions that were not tax deductible from 88867 can be contributions that were not tax deductible ascharizable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bid the organization stat, any receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stat, any receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 7a X 7b Uffect the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88887. 7c X d If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 10887. 8 Sponsoring organizations make any taxonic post of the payor of the payor of the payor of the payor of th					X				
the interval of the contributions are part of the foreign country (such as a bank account, securities account, or other financial account)? b if 'Yes,' retret the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shefter transaction? 5c I organization state annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b if 'Yes', tidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat many receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution of any party for goods and services provided to the payor? 7 b I'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b I'Yes,' findicate the number of Forms 8282 flied during the year 6 bid the organization cervice a payment in excess of the goods or services provided? 7 c I'A I'Yes,' indicate the number of Forms 8282 flied during the year 6 bid the organization cervice a payment in excess business holdings at any time during the year? 7 b I'D die organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie Form 899 as required? 7 h If the organization have excess business holdings at any time during the year? 8 ponosoring organization make any taxable distributions under section 4966? 9 Section 501(K1) organizations. Enter: a initiation fees and capital contribut									
b If "Yes," enter the name of the foreign country. Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions that was provided to a provided the transaction at any time during the tax year? Sae If "Yes", for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Sae If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Sae If "Yes," did the organization notify the donor of the value of the ogodos or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To I Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? Byponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund the organization file a Form 1098 C? Byponsoring organization make a distribution to a donor, donor adviser, or related person? Section 501(c)(7) organizations. Enter: a intation	4a				.,				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X				
If "Yes," complete Form 4720, Schedule O.					77				
	16		16		X				
		If "Yes," complete Form 4720, Schedule O.	Fa	000	(2040)				

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				Δ				
Sec	tion A. Governing Body and Management								
		i i		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9						
	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	9						
2	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		Х				
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as		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 a		 						
<i>,</i> a			7a	х					
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,		1a						
b			76		x				
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		7b						
8				v					
a	The governing body?		8a	X	-				
b	Each committee with authority to act on behalf of the governing body?		8b	┢┷					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				\ _{3,7}				
	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 R	evenue Code.)							
				Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c								
	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 boo	ly before filing the form?	11a	X					
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	e to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," 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 approv	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•							
а	The organization's CEO, Executive Director, or top management official		15a	Х					
	Other officers or key employees of the organization		15b	Х					
	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 arrange	ment with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic								
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶AL								
 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at	nd 990-T (Section 501(c)(:	3)s only) avail:	able				
	for public inspection. Indicate how you made these available. Check all that apply.	(, = 2y	,					
		in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd finar	ıcial					
	statements available to the public during the tax year.	or or interest policy, al	.u miai	Jai					
20	State the name, address, and telephone number of the person who possesses the organization's bo	noke and records							
20	THE ORGANIZATION - 205-458-0095	ouns and records -							
	712 37TH STREET SOUTH, BIRMINGHAM, AL 35222								
	. L. J. III DIRLLI DOJIII, DIRIIII GIIMI, ML 33222								

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.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM ANDREEN	1.00	x						0.	0.	0
BOARD MEMBER (2) CHARLES SCRIBNER	40.00	^						0.	0.	0
EXECUTIVE DIRECTOR	40.00	x						56,833.	0.	0 .
(3) CHARLES RABOLLI	1.00	 						30,000		
BOARD MEMBER		X						0.	0.	0 .
(4) HEATHER ELLIOTT	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(5) KENYA GOODSON	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0
(6) KIRK MITCHELL	1.00	x						0.	0.	0.
BOARD MEMBER (7) ANDREW ROBERT GREENE	1.00	┢						0.	0.	0.
BOARD MEMBER	1100	x						0.	0.	0.
(8) CINDY MARTIN	1.00									
PRESIDENT				Х				0.	0.	0.
(9) REV. DR. JAYNE POOL	1.00							_	_	_
SECRETARY				Х				0.	0.	0 .
(10) PATRICIA WHITT	1.00	1		,,					0	_
TREASURER	1.00			Х				0.	0.	0 .
(11) GILBERT JOHNSTON, JR. VICE PRESIDENT	1.00	1		х				0.	0.	0 .
VICE INDEEDING										
		1								
		<u> </u>								
		-								
		1								
		1		ı		l				

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimated amount of other					
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	ensati om the nizatio relate nizatio	on d
		_	_		×								
1b Sub-total c Total from continuation sheets to Part V	I, Section A						>	56,833. 0. 56,833.		0.			0. 0.
d Total (add lines 1b and 1c)							no r		,000 of reportabl	-			0
Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		,	Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	d ot		the organization		3		X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr					4		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J i	or st	uch	pers	son .				<u></u>	5		X
Complete this table for your five highest co the organization. Report compensation for										ipens	ation fr	om	
(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	(C) compen		
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se li:	stec	d above) who received m	nore than				
Too,ooo or compensation from the organi	_ation										Form 9	90 (2)	018)

			/		R RIVERKE.	EPER, INC.		/2-153/	394 Page 9
Pa	rt V	Ш	Statement of Reve	nue					
			Check if Schedule O cont	tains a respons	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
							revenue	revenue	sections 512 - 514
nts nts	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		65,611.				
S, G			Fundraising events						
ar /			Related organizations						
s, C mil			Government grants (contribut						
ion			All other contributions, gifts, gran						
the the			similar amounts not included abo		306,317.				
d d		g	Noncash contributions included in lines		100,232.				
аÖ			Total. Add lines 1a-1f			371,928.			
					Business Code				
ø	2	а							
Program Service Revenue		b							
Se		С							
am		d							
og R		е							
Ā		f	All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)	•		7,220.			7,220.
	4		Income from investment of ta						
	5		Royalties		.				
			•	(i) Real	(ii) Personal				
	6	а	Gross rents	.,					
		b	Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss) .						
			Gross amount from sales of	(i) Securities					
			assets other than inventory	96,098	•				
		b	Less: cost or other basis						
			and sales expenses	100,232	. 155.				
		С	Gain or (loss)	-4,134	-155.				
			Net gain or (loss)			-4,289.			-4,289.
Φ	8	а	Gross income from fundraisin	g events (not					
nue			including \$	of					
ě			contributions reported on line	1c). See					
<u>*</u>			Part IV, line 18		a 33,498.				
Other Revenue		b	Less: direct expenses		ь 0.				
O		С	Net income or (loss) from fund	draising events		33,498.			33,498.
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19		a				
		b	Less: direct expenses		b				
		С	Net income or (loss) from gan	ning activities	<u></u>				
	10	а	Gross sales of inventory, less	returns					
			and allowances		a				
		b	Less: cost of goods sold		b				
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu		Business Code				
	11	а	REIMBURSED LEGA	AL EXPEN	900099	41,997.	41,997.		
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d		▶ [41,997.			
	12		Total revenue. See instructions			450,354.	41,997.	0.	36,429.

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 respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-	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,				
	trustees, and key employees	56,833.	34,100.	17,050.	5,683
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	171,417.	171,417.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,669.	13,269.	4,400.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	17,622.	17,622.		
С	Accounting	1,755.		1,755.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,820.		2,820.	
12	Advertising and promotion				
13	Office expenses	5,220.	4,568.	431.	221
14	Information technology				
15	Royalties		4.7.04.0	24 460	4 0 4 5
16	Occupancy	50,717.	17,910.	31,460.	1,347
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	2 546	110	2 424	
22	Depreciation, depletion, and amortization	3,546.	112.	3,434.	200
23	Insurance	19,051.	1,660.	17,183.	208
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	15,690.	15,690.		
b	FUNDRAISING EXPENSES	9,138.	733.		8,405
С	BUSINESS DEVELOPMENT	8,070.	7,891.	179.	
d	NEWSLETTER	2,980.	2,980.		
е	All other expenses	2,893.	1,613.	1,220.	60
25	Total functional expenses. Add lines 1 through 24e	385,421.	289,565.	79,932.	15,924
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)				

Part /	^_	Balance Sneet					
		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			22,385.	1	25,771.
2	2	Savings and temporary cash investments		323,942.	2	350,475.	
3	3	Pledges and grants receivable, net				3	
4	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	nployees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ध		employees' beneficiary organizations (see instr).	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹ 8	8	Inventories for sale or use				8	
9	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	56,948.			
	b	Less: accumulated depreciation	10b	45,496.	9,644.	10c	11,452
1.		Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line			283,954.	12	299,738
13	3	Investments - program-related. See Part IV, line	11			13	
14	4	Intangible assets	Г		14		
15	5	Other assets. See Part IV, line 11				15	
16	6	Total assets. Add lines 1 through 15 (must equ	1	639,925.	16	687,436	
17	7	Accounts payable and accrued expenses	6,245.	17	6,527		
18	8	Grants payable			18		
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete				21	
စ္က 22	2	Loans and other payables to current and former	r officer	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
<mark>-</mark> 23	3	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
24	4	Unsecured notes and loans payable to unrelate	d third p	parties		24	
25	5	Other liabilities (including federal income tax, pa	yables '	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
26	6				6,245.	26	6,527
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and					
ဋ 27	7	Unrestricted net assets			633,680.	27	680,909
<u> </u>	8	Temporarily restricted net assets				28	
Ennd Balances 25 25 25 25 25 25 25 25 25 25 25 25 25	9	•				29	
로		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
Net Assets or		and complete lines 30 through 34.					
8 30 S	0	Capital stock or trust principal, or current funds				30	
88 3·	1	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
<u>a</u> 32		Retained earnings, endowment, accumulated in		—		32	
Z 33	3	Total net assets or fund balances			633,680.	33	680,909
34	4	Total liabilities and net assets/fund balances			639,925.	34	687,436

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BLACK WARRIOR RIVERKEEPER, INC.

Employer identification number 72-1537394

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	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	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai		·	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		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	annual to to a short	
4	Number of states where property subject to conservation ea		
5	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,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accoments during the year
7	\$	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance 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		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	, · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			· ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Other	Similar A	ssets(continu	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	ι 🔲 ι	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	llections and explai	n how th	ey further t	he organizati	on's exem	ot purpose in	Part XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of t	the orgar	nization's c	ollection?			Yes	No_	
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	'Yes" on F	orm 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodic	an or other intermed	diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?							Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
								Amount		
С	Beginning balance						1c			
	Additions during the year						1d			
	B						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?	Yes	No	
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years b	ack (e) Four	years back	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	and administe	red for the	organization	_		
	by:							,	Yes No	
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?) 			3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990), Part X, lir	ne 10.			
	Description of property	(a) Cost or o		(b) Cost	t or other		umulated	(d) Book	value	
		basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			5	6,948.	4	15,496.	11	.,452.	
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colun	nn (B), line	10c.)			11	.,452.	

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 BLACK WARRI	OR RIVERKEEPE	R. INC.	72	-1537394	Page :
Part VII Investments - Other Securities.	<u> </u>				rage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) VANGUARD	299,738.	END-OF-Y	EAR MARKET	VALUE	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	299,738.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market v	alue
(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"		11d. See Form 990,	Part X, line 15.	(In) Declaration	
	Description			(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			+		
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) line	2 15 \				
Part X Other Liabilities.	e 15.)				
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Soo Form	m 000 Part V line 25		
(15)		(b) Book value	11 990, Part X, III le 25.		
		(a) Dook value			
(2)					
(3) (4)					
(4)					

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) 2018

(6) (7) (8)

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

BLACK W	ARRIOR RIVERKEEPER	₹, I	NC.		72-1537	394					
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not					
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a											
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i)											
		Yes	No								
Total			>								
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration					

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I		_							
		of fundraising event contributions and gr		· ·		ots greater than \$5,000.				
			(a) Event #1 AIRWAVE	(b) Event #2 EARTHBOUND	(c) Other events	(d) Total events				
				EARTHEOUND		(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
nue			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	4,148.	18,666.	10,684.	33,498.				
Ä	ľ	G1000 1000 pto	, -	,,,,,,,	, , , , ,					
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)	4,148.	18,666.	10,684.	33,498.				
		Ocal coince								
	4	Cash prizes								
	5	Noncash prizes								
ses										
Sens	6	Rent/facility costs								
ΕXΕ										
Direct Expenses	7	Food and beverages								
		Entartainment								
	8 9	Entertainment Other direct expenses								
	_	Direct expense summary. Add lines 4 through								
11 Net income summary. Subtract line 10 from line 3, column (d)										
Pa	rt l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	1	() Dull take (instent	1	1 . n =				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)				
Revenue						() ()				
Ä	1	Gross revenue								
es	2	Cash prizes								
Direct Expenses	_									
Exp	3	Noncash prizes								
ect	4	Rent/facility costs								
ä	•	There is a surface in the surface in								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	└── No	No No	No No					
	_	Di a	5 ·		_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (a)		P					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•					
			.,							
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _							
		the organization licensed to conduct gaming a		states?		Yes No				
b	If "	No," explain:								
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No				
		Yes," explain:			· y - ······					
		· -								

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 BLACK WARRIOR RIVERKEEPER, INC. 72-1	<u>.537</u> :	<u> 394</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
		13a		%
	The organization's facility	13b		
	An outside facility	ISB		90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
	: in Yes, enter name and address of the third party.			
	Name			
	Address ▶			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	vetain the state gaming license?		Yes	☐ No
	• 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	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. lin	000	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	165 9,	30, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

832083 10-03-18

Schedule G	(Form 990 or 990-EZ)	BLACK	WARRIOR	RIVERKEEPER,	INC.	72-1537394 Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (co	ontinued)			
-						
•						
-						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization BLACK WARRIOR RIVERKEEPER, INC. Employer identification number 72-1537394

Par	rt I Types of Property									
		(a)	(b) Number of	(c)	bution		(d)	.		
		Check if applicable	contributions or	Noncash contri amounts report			Method of de cash contribu		•	c
		арріюавіс		Form 990, Part VI	II, line 1g	110110	Dasir Continue	ition a	mount	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	3	100	,232.	FMV -	- STOCK	EX	CHA	NGE
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other • ()									
26	Other • ()									
27	Other ▶ ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement	29					
									Yes	No
30a	During the year, did the organization receive by	contribution	n any property rep	oorted in Part I, line	es 1 throu	gh 28, tha	at it			
	must hold for at least three years from the date	of the initia	al contribution, and	l which isn't require	ed to be u	sed for				
	exempt purposes for the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandar	d contribu	itions?		31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell	l noncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column	ı (a) is che	cked,				
	describe in Part II.									
НΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 99	0			Schodulo M	l (Eorr	n 990)	2018

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BLACK WARRIOR RIVERKEEPER, INC. **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) (2018)

832211 10-10-18