Form	99 <b>0</b>
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(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For t	he 2019 calen	dar year, or tax	year begin	ining		, 2019	), and endi	ng		,		
В	Check	if applicable:	С							D Employ	/er identi	fication number	
	A	ddress change	COLUMBIA I	RIVERKE	EPER					91-	15834	492	
	Na	ame change	407 PORTW							E Telepho	one numb	er	
	In	itial return	HOOD RIVE	R, OR 9	7031					(54	1) 38	87-3030	
	Fir	nal return/terminated											
	A	mended return								<b>G</b> Gross r	eceipts \$	\$ 2,244,	818.
			F Name and addr	ess of principa	l officer: DD	רוא גע ידידי	ENHEIIVE	т	H(a) Is this	a group retur			XNo
	ш <sup>.</sup>	, , , , , , , , , , , , , , , , , , ,	SAME AS C	ABOVE	DRI	SII VAND	сипсоус	Ц	H(b) Are a	II subordinates ," attach a list	s included		No
1	Tax-	exempt status:	X 501(c)(3)	501(c) (	) <b>◄</b> (i	insert no.)	4947(a)(1) o	or 527	If "No	," attach a list	. (see ins	tructions)	
J		•	LUMBIARIVE						H(c) Group	exemption n	umber 🕨		
ĸ		n of organization:	X Corporation	Trust	Association	Other ►	L	Year of forma		· · ·		egal domicile: WA	
	rt I	Summar							190				
	1		be the organiza	tion's miss	ion or most	significant a	ctivities:CC	LUMBIA	RIVER	KEEPER'	S MIS	SSION IS T	01
0			AND RESTOR										
Governance			ROM THE HE										
rna													
ove	2	Check this bo				ued its opera					net ass	sets.	
۶ G	3		oting members of								3		11
ss é	4		dependent votir	-	-		•				4		11
vitie	5		of individuals e of volunteers (		-			•			5		28
Activities &	-		ed business rev								0 7a		<u>400</u> 0.
A			l business taxat								7a 7b		0.
						550 T, IIIC C	· · · · · · · · · · · · · · · · · · ·			Prior Year	75	Current Ye	
	8	Contributions	and grants (Pa	art VIII. line	1h)					1,509,8	217	2,220,	
Revenue	9		vice revenue (Pa							87,5		2,220,	015.
ven	10		ncome (Part VIII								)88.	4.	565.
Re	11		e (Part VIII, coli							61,9			240.
	12		e – add lines 8							1,660,4		2,244,	
	13	Grants and s	imilar amounts	paid (Part I	IX, column (	(A), lines 1-3	3)			•			
	14	Benefits paid	to or for memb	ers (Part I)	X, column (A	A), line 4)							
	15	Salaries, othe	er compensatior	n, employe	e benefits (F	Part IX, colu	mn (A), line	es 5-10)		849,9	987.	1,062,	988.
ses	16a	Professional	fundraising fees	s (Part IX, d	column (A),	line 11e)						, ,	
Expenses			sing expenses (					51,771.					
EXI	17		sing expenses ( ses (Part IX, col						-	240 0	22	F 0.0	675
	17	•	es. Add lines 13							340,8			675.
	-									1,190,8		1,653,	
or	19	Revenue less	s expenses. Sub		o ironi iine	12				469,5			155.
ta ol Ince	20	Total accote	(Part X, line 16)	\						ing of Currer		End of Ye	
Bala	20		es (Part X, line 2							1,973,4 46,1		<u>2,555</u> ,	349.
Net Assets c Fund Balance	20		fund balances.	,								•	
	22 rt II	Signatur		Subtract II		III le 20			• •	1,927,2	2/1.	2,528,	879.
comp	olete. D	eclaration of prepa	eclare that I have exa arer (other than office	er) is based on	all information of	companying scr of which prepare	r has any know	ements, and to ledge.	o the best of i	my knowledge	and belie	et, it is true, correct,	and
Sic	ın	Signatu	re of officer						D	ate			
Sig He	re	BRE	TT VANDENH	EUVET.					EXEC	UTIVE	DTR		
			print name and title								DIN.		
		Print/Type p	preparer's name		Preparer's sig	Inature		Date		Check	X if	PTIN	
P-	Ы	KRTS	DLIVEIRA, (	СРА						self-employ		P00959389	
Pai Pre	ia epare		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SON LTC					Sen employ		100000000	
Us	e On	ly Firm's addre			T AVENUE	E, SUITE	<i>A</i> 10			Firm's FIN	► 03-	-1157146	
				AND, OR		, JUIIE	410			Phone no.	(503		8
Mav	/ the	IRS discuss th	his return with th			ve? (see ins	tructions)					X Yes	No
				pi spui ci	51151111 400								1.10

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n <b>990 (2019)</b>	COLUMBIA	RIVERKE	EPER				91-1	583492	Р	age <b>2</b>
Par	rt III State	ement of Pro	ogram Serv	vice Accomp	lishments						
	Check	if Schedule O	contains a re	esponse or note	to any line in this F	Part III					Х
1	Briefly descri	ibe the organiz	ation's missio	on:							
	SEE SCHE	DULE O									
2	Did the organi	ization undertak	e any significa	ant program servi	ces during the year w	hich were not	listed on the pri	or			
	Form 990 or								Yes	Х	No
	If "Yes," desci	ribe these new s	services on Sc	hedule O.							
3	Did the organ	nization cease	conducting, o	or make significa	ant changes in how i	it conducts.	any program se	rvices?	Yes	s X	No
	-	ribe these chan	-	-	C C		51 0				
4	Describe the	organization's	program serv	vice accomplish	ments for each of its	s three large	st program serv	vices, as i	neasured by	expension	ses.
	Section 501(	c)(3) and 501(	c)(4) organiza	ations are requir	ed to report the amo	ount of grant	s and allocation	ns to othe	rs, the total	expens	es,
	and revenue,	, if any, for eac	ch program se	ervice reported.							
									•		
4 a	a (Code:	) (Exper	nses \$	692,710.	including grants of	Ş	) (F	Revenue	Ş		)
	<u>SEE SCHE</u>	<u>DULE_O</u>									
41	o (Code:	) (Exper	nses \$	367.461	including grants of	\$	) (F	Revenue	\$		)
	SEE_SCHE		·		5.5	·	^		· ·		
	<u>011 0011</u>										
	Cada	) (Even	¢	205 006	including grants of	ć	٠	Revenue	ć		
40	Code:	) (Exper	ISES \$	295,906.	including grants of	မှ 	) (F	Revenue	ې 		)
	<u>SEE SCHE</u>	<u>DOTE 0</u>									
4 c		m services (De	escribe on Sc								
	(Expenses	\$		including grants			) (Revenue \$			)	
4 e	e Total program	m service expe	enses 🕨	1,356,	077.						

Form 990 (2019) COLUMBIA RIVERKEEPER

Par	t IV Checklist of Required Schedules			
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	Yes X	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part L</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	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	11 c		Х
C	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.	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
t	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	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		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		х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
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Part IV Checklist of Required Schedules (continued) Yes No 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 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a 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.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c 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 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*...... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 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 l*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **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 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 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*..... 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 10 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c TEEA0104L 07/31/19 BAA

Form 990 (2019) COLUMBIA RIVERKEEPER

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	n 990 (2019) COLUMBIA RIVERKEEPER 91-1583	492	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
•				
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	28		
ŀ	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>20</u> 2b	X	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
32	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0			
4 8	<b>a</b> At any time during the calendar 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 account)?	4a		Х
	<b>b</b> If 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	$\mathbf{c}$ If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
6 a	<b>a</b> 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 deductible as charitable contributions?	6a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
-	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?			Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	//		Λ
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Х
				X
	<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ł	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ł	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ł	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
Ł	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	<b>a</b> 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.			
t	<b>b</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			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O			+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.			
		10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If 'Yes,' complete Form 4720, Schedule O.			

1 a	a Enter the number of voting members of the governing body at the end of the tax year       1 a       11         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 on Schedule O.       1 a       11			
ł	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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, 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 990 was filed?	4		Х
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
7 a	a 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?	7 a		Х
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	<u> </u>
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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	10	V	
	<ul> <li>Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise</li> </ul>	12a	Х	
Ľ	to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. 0.	15a	Х	
ł	• 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).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	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 exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(	3)s or	ly)
	Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
<b>D</b> • •	THE ORGANIZATION, 407 PORTWAY AVE, #301 HOOD RIVER, OR 97031 (541) 387-30		000	0010
BAA	TEEA0106L 07/31/19	Form	990 (	(2019)

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

Section A. Governing Body and Management

91-1583492

Page 6

Х

No

Yes

Form 990 (2019) COLUMBIA RIVERKEEPER	91-1583492	Page 7
Part VII Compensation of Officers, Director Independent Contractors	ors, Trustees, Key Employees, Highest Compensated Employe	ees, and
Check if Schedule O contains a response of	or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Ke	ey Employees, and Highest Compensated Employees	
<b>1 a</b> Complete this table for all persons required to be listed organization's tax year.	. Report compensation for the calendar year ending with or within the	
• List all of the organization's <b>current</b> officers, dire compensation. Enter -0- in columns (D), (E), and (F) if	ectors, trustees (whether individuals or organizations), regardless of amount o	of
List all of the organization's current key employe	es if any. See instructions for definition of 'key employee '	

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)	)					
	(A) Name and title	(B) Average hours per	thar	n one b s both a	box, an o	unles officer /truste		on	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	S Č	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1)	BRETT_VANDENHEUVEL	40									
	EXECUTIVE DIR.	0			Х				92,000.	0.	0.
_(2)	RUDY_SALAKORY	5									
	PRESIDENT	0	Х		Х				0.	0.	0.
_(3)	COLLEEN COLEMAN	3									
	VICE PRESIDENT	0	Х		Х				0.	0.	0.
_(4)_	EMILY WASHINES	3									
	SECRETARY	0	Х		Х				0.	0.	0.
_(5)_	LINDA MCLAIN	3									
	TREASURER	0	Х		Х				0.	0.	0.
_(6)_	PALOMA AYALA	1									
	BOARD MEMBER	0	Х						0.	0.	0.
_(7)_	ELIZABETH FURSE	1									
	BOARD MEMBER	0	Х						0.	0.	0.
(8)	KAREN HABERMAN TRUSTY	1									
	BOARD MEMBER	0	Х						0.	0.	0.
<u>(9)</u>	GEORGE KIMBRELL	1									
	BOARD MEMBER	0	Х						0.	0.	0.
(10)	CATHY SAMPSON-KRUSE	1									
	BOARD MEMBER	0	Х						0.	0.	0.
(11)	DAVID SPURR	1									
	BOARD MEMBER	0	Х						0.	0.	0.
(12)	TED_WOLF	1									
	BOARD MEMBER	0	Х						0.	0.	0.
(13)											
(14)											
BAA		TEEA0	107L	07/31/	/19						Form <b>990</b> (2019)

### Form 990 (2019) COLUMBIA RIVERKEEPER

Form 990 (2019) COLUMBIA RIV				_					91-158349	
Part VII Section A. Officers,	Directors, Iru		Key	Em			and	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title		(B) Average hours per week	box, offic	not ch unles	s pers	ion iore thar ion is bo ector/tru	oth an istee)	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Kev employee	Former Hinhest compensated	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>										
(16)										
<u>(17)</u>										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							•	92,000.	0.	0.
c Total from continuation sheets								0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (includ							eived	92,000. more than \$100,00	0. 00 of reportable comp	0. Densation
from the organization <b>b</b> 0										Yes No
3 Did the organization list any for on line 1a? If 'Yes,' complete S	mer officer, direct chedule J for such	or, truste <i>n individu</i>	ee, ke <i>al</i>	ey em	nploy	vee, or	high	nest compensated	l employee	. <b>3</b> X
4 For any individual listed on line the organization and related org such individual	1a, is the sum of ganizations greate	reportab r than \$1	le coi 50,00	mper 00? /i	nsati f 'Ye	on and s,' col	d oth <i>mple</i>	er compensation te Schedule J for	from	. <b>4</b> X
5 Did any person listed on line 1a for services rendered to the org	receive or accrue anization? <i>If 'Yes</i> ,	e comper ,' <i>comple</i>	nsatio ete Sc	n fro chedu	m ai i <i>le J</i>	ny unr <i>for su</i>	elate <i>ich p</i>	ed organization or erson	individual	. <b>5</b> X
Section B. Independent Contr Complete this table for your five		ntod ind	onon	dont	cont	ractor	c tha	t received more t	han \$100,000 of	
compensation from the organization	on. Report compens	sation for	the ca	alend	ar ye	ear enc	ling v	vith or within the or	ganization's tax year	
Name a	(A) and business addr	ess						(B) Description		(C) Compensation
2 Total number of independent cont \$100,000 of compensation from			ited to	o thos	se lis	ted ab	ove)	wno received more	than	

# Form 990 (2019) COLUMBIA RIVERKEEPER Part VIII Statement of Revenue

91-1583492

Page 9

art	t VIII Statement of Revenue Check if Schedule O contains a response or note to any	y line in this Part V			
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
nts	1 a Federated campaigns   1 a				
and Other Similar Amounts	b Membership dues 1b				
Am	c Fundraising events 1c				
ilar	d Related organizations 1d				
Sim	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and				
er	similar amounts not included above 1f 2,220,013.				
ŧ	g Noncash contributions included in lines 1a-1f				
pue	<sup>™</sup> lines 1a-1f	2,220,013.			
	Business Code	2,220,013.			
	2a				
	b				
	c				
	d				
5	e				
P	f All other program service revenue				
•	g Total. / tad inites Ed Et				
	3 Investment income (including dividends, interest, and other similar amounts)	4,565.			4,565
	4 Income from investment of tax-exempt bond proceeds►	1,0001			1,000
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
	7 a Gross amount from sales of assets				
	other than inventory 7a				
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss)►				
	8 a Gross income from fundraising events				
	(not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18				
	b Less: direct expenses 8b c Net income or (loss) from fundraising events►				
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities►				
1	<b>10 a</b> Gross sales of inventory, less,				
	returns and allowances 10a				
	b Less: cost of goods sold 10b				
_	c Net income or (loss) from sales of inventory				
		10.000	10.000		
Ę	11a <u>LEGAL SETTLEMENTS REIMB</u> 900099	18,089.	18,089.		
S	b <u>OTHER_INCOME</u> 900099	2,151.	2,151.		
Kevenue	d All other revenue				
	e Total. Add lines 11a-11d	20,240.			
1	12 Total revenue. See instructions	2,244,818.	20,240.	0.	4,565
		Z, Z44, OIO.	20,240.	υ.	4,30 Form <b>990</b> (20

Form 990 (2019)		 RIVERKEEPER nctional Expenses	

	tion 501(c)(3) and 501(c)(4) organizations must com		per organizations must or	molete column (A)	
300	Check if Schedule O contains a re				X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising 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 for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	92,000.	78,200.	4,600.	9,200.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	. 0.	0.	4,000.	9,200.
7		811,222.	637,033.	16,163.	158,026.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	82,748.	65,525.	1,903.	15,320.
10	Payroll taxes	77,018.	60,988.	1,770.	14,260.
11	Fees for services (nonemployees):				
	<b>a</b> Management				
	b Legal				
	c Accounting				
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. SCH.	239,050.	215,277.	15,308.	8,465.
12	Advertising and promotion.	14,561.	13,761.		800.
13	Office expenses	78,271.	70,155.	429.	7,687.
14	Information technology				
15	Royalties				
16	Occupancy	68,882.	55,683.	1,197.	12,002.
17	Travel	28,355.	26,033.	871.	1,451.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,640.	50,517.	2,001.	3,122.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,359.	2,716.	59.	584.
23	Insurance	5,752.	4,591.	344.	817.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	a POSTAGE AND PRINTING	71,669.	54,979.	194.	16,496.
	DUES, LICENSES AND MEMBERSHIPS	25,136.	20,619.	976.	3,541.
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,653,663.	1,356,077.	45,815.	251,771.
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)				
BAA			/21/10		Form <b>990</b> (2019)

### Form 990 (2019) COLUMBIA RIVERKEEPER

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Part X Balance Sheet

Pa	rt X	Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	697,630.	1	1,170,700.
	2	Savings and temporary cash investments		2	526,297.
	3	Pledges and grants receivable, net	808,849.	3	788,329.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined under		-	
	•	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
2	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges	17,007.	9	20,033.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		-	10,0001
	b	Less: accumulated depreciation		10 c	14,728.
		Investments – publicly traded securities.		11	
		Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	35,141.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,555,228.
	17	Accounts payable and accrued expenses		17	26,349.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ie	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third 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.	46,145.	26	26,349.
Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	909,343.	27	1,324,555.
Ba		Net assets with donor restrictions		28	1,204,324.
		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	1/01///5201	-	1/201/0211
5	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
0				31	
ő	31	Retained earnings, endowment, accumulated income, or other funds			
Net Assets or Fund	31 32	Retained earnings, endowment, accumulated income, or other funds		32	2,528,879.

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Form 990 (2019)

Forr	n 990 (2019) COLUMBIA RIVERKEEPER 91-	1583492		Pa	ige <b>12</b>
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	2,2	44,8	318.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6		
3	Revenue less expenses. Subtract line 2 from line 1	3			L55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			271.
5	Net unrealized gains (losses) on investments.	5			153.
6	Donated services and use of facilities	6		/	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2,5	28,8	379.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
I	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(	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?	, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
-	on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit		54		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA				990	(2019)
	-				()

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-F7 2019 Open to Public

OMB No. 1545-0047

Depart Interna	Department of the Treasury nternal Revenue Service       Copen to Public Inspection						Open to Public Inspection	
Name	of the organization						Employer identifica	ation number
COI	UMBIA RIVER	KEEPER					91-158349	2
Par				rganizations must o				tions.
The o	organization is not	a private found	lation because it is: (	For lines 1 through 12,	check o	nly one	box.)	
1	A church, conv	vention of church	es, or association of cl	hurches described in sect	tion 1 <b>70(</b>	b)(1)(A)	(i).	
2	A school descr	ribed in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ	).)		
3				ization described in sec				
4	A medical res name, city, a	-	tion operated in conju	unction with a hospital o	describe	d in sec	:tion 1 <b>70(b)(1)(A)(iii)</b> . E	nter the hospital's
5	An organizati section 170(b	on operated for <b>)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6 7				ental unit described in <b>s</b>				
,	X An organizatio	n that normally r 0(b)(1)(A)(vi).(	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general put	blic described
8				A)(vi). (Complete Part I				
9				tion 170(b)(1)(A)(ix) oper (see instructions). Enter				
10	from activities investment in	s related to its e come and unre	exempt functions-sub	33-1/3% of its support fr oject to certain exceptic e income (less section Part III.)	ons, and	(2) no	more than 33-1/3% of i	ts support from gross
11	An organizati	on organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).	
12 a	or more publi lines 12a thro <b>Type I.</b> A supp organization(s)	cly supported o ough 12d that de orting organization	rganizations describe escribes the type of s on operated, supervise gularly appoint or elect	ely for the benefit of, to ed in <b>section 509(a)(1)</b> of upporting organization d, or controlled by its sup t a majority of the director	or <b>sectio</b> and com	o <b>n 509(a</b> oplete lin organizat	<b>)(2).</b> See <b>section 509(a</b> ) nes 12e, 12f, and 12g. ion(s). typically by giving	(3). Check the box in the supported
b	<b>Type II.</b> A sup management of	porting organiz	ation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>
с	Type III functio	onally integrated	. A supporting organizat	tion operated in connection	n with, ai	nd functi	onally integrated with, its	supported
d	<b>Type III non-fu</b> functionally ir instructions).	nctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	panization operated in cor must satisfy a distribu is A and D, and Part V.	nnection tion req	with its : uiremen	t and an attentiveness	requirement (see
е	Check this bo	x if the organiz	ation received a writte	en determination from t supporting organizatior	the IRS	that it is	a Type I, Type II, Type	e III functionally
f	Enter the numbe							
			n about the supported	d organization(s).				
	(i) Name of supported o	rganization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Total

#### Sche ER

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	885,105.	859,812.	1,629,624.	1,509,817.	2,103,574.	6,987,932.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	885,105.	859,812.	1,629,624.	1,509,817.	2,103,574.	6,987,932.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						926,452.
6	Public support. Subtract line 5 from line 4						6,061,480.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4	885,105.	859,812.	1,629,624.	1,509,817.	2,103,574.	6,987,932.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	322.	403.	533.	1,088.	4,565.	6,911.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE TART VI	12,566.	13,640.	11,731.	11,569.		49,506.
11	Total support. Add lines 7 through 10						7,044,349.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	822,424.
13	First five years. If the Form 990 is organization, check this box and	for the organizatior	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	► 🔲
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						86.05%
15	Public support percentage from	2018 Schedule A,	Part II, line 14				80.55%
16a	<b>33-1/3% support test–2019.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a put	d not check the b plicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	< this box ► X
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization dic qualifies as a pul	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	theck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	re. Explain in Part ted organization.	· VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

Schedule A (Form 990 or 990-EZ) 2019

91-1583492

edule	А	(Form	990	or	990	-EZ	Z) 20	019	COI	UMB	IA RI	EVERI	KEEP
	-					-							

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
-	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
Sec	tion C. Computation of Pu						
15	Public support percentage for 20						010
16	Public support percentage from				<u></u>		0/0
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	or 2019 (line 10c,	column (f), divid	ed by line 13, col	umn (f))		010
18	Investment income percentage f	rom 2018 Schedu	le A, Part III, line	17			010
19a	33-1/3% support tests-2019. If	the organization o	lid not check the	box on line 14, a	nd line 15 is more	than 33-1/3%, and	l line 17
b	is not more than 33-1/3%, check 33-1/3% support tests – 2018. If the	the organization d	lid not check a bo	ox on line 14 or line	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organi		•				
				,			· · · · · · · · · · · · · · ·

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- **2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9b

9c

10a

10b

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No.' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

### Section D. All Type III Supporting Organizations

Yes No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.*

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

		Yes	No							
	-									
	2a									
	2b									
	3a									
	3b									
1	l or 9	90-F7	2019							

Page 5

Yes

1

2

No

## Schedule A (Form 990 or 990-EZ) 2019 COLUMBIA RIVERKEEPER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

91-1583492

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus <b>instructions.</b> All other Type III non-functionally integrated supporting organization	ons mus	t complete Sections A	through E.
ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
e	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2019

ection D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	poses		
2 Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity	f supported organizatior	ns,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2019	 2018	 2017	 2016	 2015
SPECIAL EVENT GROSS REC	EIPTS	\$ <u>11,569.</u>	\$ <u>11,731.</u>	\$ <u>13,640.</u>	\$ 12,566.
TOTAL	<u>\$0.</u>	\$ 11,569.	\$ 11,731.	\$ 13,640.	\$ 12,566.

91-1583492

Schedule E
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(Form 990, 990-EZ, or 990-PF)

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#### asury Internal Revenue Service

### PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB	No	1545-0047

2019

Name of the organization		Employer identification number				
COLUMBIA RIVERKEEPE	91-1583492					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	on					
Form 990-PF	527 political organization					
	501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations Х under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. 🕨 🕏

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	2	Page <b>2</b>
Name of organization	Employer identification numb	er	
COLUMBIA RIVERKEEPER	91-1583492		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	bace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>50,000</u> .	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$450,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>		\$160,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>65,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$225,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>50,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	2	2	Page <b>2</b>
Name of organization	Employer identification number	r	
COLUMBIA RIVERKEEPER	91-1583492		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$49,251.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8_</u> _		\$55,934.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person        Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page <b>3</b>
Name of organization	Employer iden	tification nu	mber
COLUMBIA RIVERKEEPER	91-1583	492	

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if addition	nal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u>N/A</u>		
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  <sub>\$</sub>	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
		  <sub>\$</sub>	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
		   *	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  <sub>\$</sub>	
AA		Schedule B (Form 990, 990-E2	

	3 (Form 990, 990-EZ, or 990-PF) (2019)			1 1 Page <b>4</b>
Name of organ	nization IA RIVERKEEPER			Employer identification number 91-1583492
	<i>Exclusively</i> religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	utor. Comple	described in section 501(c)(7), (8), te columns (a) through (e) and e/v religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
			·	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
			·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			·	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	·	(d) Description of how gift is held
Part I			·	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			· – – – – – – – –	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
			·	
BAA			Sche	

SCHE	EDU	ILE		С	
(Form	99 <b>0</b>	or	99	90-	EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

		on Form 990, Part IV, line 3, or Form 990-EZ,		I Campaign Activities), th	nen	
• 5	<ul> <li>Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul>					
• Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then						
		that have filed Form 5768 (election under sec			e Part II-B	
• 5	Section 501(c)(3) organization	ns that have NOT filed Form 5768 (election	· · · ·	•		
If the (Pro:	xy Tax) (see separate instruc		(see separate instruc	tions) or Form 990-EZ,	Part V, line 35c	
		organizations: Complete Part III.				
	of organization			Employer identific		
	LUMBIA RIVERKEEPER	rganization is exempt under secti	on 501(a) artic a	91-158349		
		organization's direct and indirect political		5	2411011.	
	(see instructions for definition	on of 'political campaign activities')				
2		xpenditures (see instructions)				
3	Volunteer hours for political	campaign activities (see instructions)				
Par	TI-B Complete if the o	rganization is exempt under secti	on 501(c)(3).	<b>•</b>		
-		cise tax incurred by the organization under				
2		cise tax incurred by organization managers				
3	U U	a section 4955 tax, did it file Form 4720 fo	5			
					····· Yes No	
	If 'Yes,' describe in Part IV.					
		rganization is exempt under secti				
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt functio	on activities 🏲 \$		
2		g organization's funds contributed to other				
3	Total exempt function exper line 17b	nditures. Add lines 1 and 2. Enter here and	l on Form 1120-POL,	►\$		
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No	
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a ns received that were promptly and directly de al action committee (PAC). If additional sp	mount paid from the livered to a separate po	filing organization's fun- plitical organization, such	ds. Also enter the as a separate	
	<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)			-			
(2)			-			
(3)						
(4)			-			
(5)			-			
(6)			-			
BAA	For Paperwork Reduction Act	Notice, see the Instructions for Form 990 or	990-EZ.	Schedule C (Fo	rm 990 or 990-EZ) 2019	

Schedule C (Form 990 or 990-EZ) 2019 COLUMBIA R	IVERKEEPER	91-1583	492 Page <b>2</b>
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► if the filing organization below	ngs to an affiliated group (and list in Part IV each affilia	ed group member's name	,
address, EIN, expenses, a	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grassroots lobbying)	714.	
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)	1,299.	
c Total lobbying expenditures (add lines 1a	and 1b)	2,013.	0.
d Other exempt purpose expenditures		1,651,650.	
e Total exempt purpose expenditures (add I	ines 1c and 1d)	1,653,663.	0.
f Lobbying nontaxable amount. Enter the a	mount from the following table in	· · · ·	
both columns.		232,683.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%	of line 1f)	58,171.	0.
h Subtract line 1g from line 1a. If zero or lea	ss, enter -0	0.	0.
i Subtract line 1f from line 1c. If zero or les	s, enter -0	0.	0.
	er line 1h or line 1i, did the organization file Form 4720 r		Yes No

### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2 a Lobbying nontaxable amount	165,811.	181,453.	194,086.	232,683.	774,033.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,161,050.
<b>c</b> Total lobbying expenditures		1,056.	8,505.	2,013.	11,574.
<b>d</b> Grassroots nontaxable amount	41,453.	45,363.	48,522.	58,171.	193,509.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					290,264.
f Grassroots lobbying expenditures		736.	252.	714.	1,702.

Schedule C (Form 990 or 990-EZ) 2019

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		a)	(b)		
		No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or reference through the use of:	dum,				
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)	)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
i Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
<b>c</b> If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sect section 501(c)(6).	ion 501(c)(5	), or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures					
Part III-B Complete if the organization is exempt under section 501(c)(4), sect (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' answered 'Yes.'	OR (b) Part	III-A, I	ection 5 ine 3, is	01(c)	
1 Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	political				
<b>a</b> Current year		2 a			
<b>b</b> Carryover from last year.		2 b			
<b>c</b> Total		2 c			
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d	lues	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year?	ess blitical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

### Part IV Supplemental Information

Schedule C (Form 990 or 990-EZ) 2019 COLUMBIA RIVERKEEPER

(election under section 501(h)).

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

91-1583492

Page 3

### OMB No 1545-0047 Supplemental Financial Statements SCHEDULE D 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. 19 (Form 990) **Open to Public** Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number COLUMBIA RIVERKEEPER 91-1583492 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . 2 3 Aggregate value of grants from (during year). . . . . . . . Aggregate value at end of year ..... 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 impermissible private benefit?..... No Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds?..... Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)?..... Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 9 conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►Ś (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... ►\$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... ►\$

<b>b</b> Assets included in Form 990, Part X		
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L 8/22/19	Ş

Schedule D (Form 990) 2019

►\$

	<u> </u>			
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	)			
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):				
a Public exhibition d Loan or exchange program				
b Scholarly research e Other				
c Preservation for future generations				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV	lo /			
line 9, or reported an amount on Form 990, Part X, line 21.	/,			
1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII and complete the following table:				
Amount				
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N				
<b>b</b> If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.				
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.				
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ck			
	0.			
b Contributions	0.			
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities				
and programs				
f Administrative expenses				
g End of year balance	0.			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:				
a Board designated or quasi-endowment 🕨 🖇				
b Permanent endowment ► 93.00 %				
c Term endowment ► 7.00 %				
The percentages on lines 2a, 2b, and 2c should equal 100%.				
3 a Are there endowment funds not in the possession of the organization that are held and administered for the				
organization by:	lo			
(i) Unrelated organizations				
(ii) Related organizations	Х			
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?				
4 Describe in Part XIII the intended uses of the organization's endowment funds.				
Part VI Land, Buildings, and Equipment.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line	10.			
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value				
1 a Land.				
b Buildings				
c Leasehold improvements				
d Equipment	0.			
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				
BAA Schedule D (Form 990) 20				

Schedule D (Form 990) 2019 COLUMBIA RIVERKEEP	PER	91-1583492 Page <b>3</b>
Part VII Investments – Other Securities.		N/A
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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨		
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

### Total. Part IX

> Other Assets. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total.	(Column (b) must equal Form 990, Part X, column (B) line 15.)▶	

#### Other Liabilities. Part X

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total, (Column (b) must equal Form 990, Part X, col	ımn (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.....

Schedule D (Form 990) 2019 COLUMBIA RIVERKEEPER	91-1583492	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 2	2,556,231.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	53.	
b Donated services and use of facilities	50.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	311,413.
3 Subtract line 2e from line 1	3 2	2,244,818.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2	2,244,818.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	oer Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 1	L,954,623.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a Donated services and use of facilities	50.	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	300,960.
3 Subtract line 2e from line 1	3 1	L,653,663.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	_	
5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )	5 ]	L,653,663.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### SCHEDULE O (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

### COLUMBIA RIVERKEEPER

Employer identification number 91-1583492

### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO PROTECT AND RESTORE THE WATER QUALITY OF THE COLUMBIA RIVER AND ALL LIFE CONNECTED TO IT, FROM THE HEADWATERS TO THE PACIFIC OCEAN. OUR STRATEGY FOR PROTECTING THE COLUMBIA INCLUDES WORKING IN RIVER COMMUNITIES AND PROTECTING THE PEOPLE, FISH AND WILDLIFE THAT DEPEND ON THE COLUMBIA RIVER.

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PROTECTING OUR REGION FROM FOSSIL FUELS

RIVERKEEPER HAS WORKED WITH TRIBAL NATIONS, LOCAL BUSINESSES, STRONG COALITIONS, AND OUR AMAZING MEMBERS TO DEFEAT NEARLY EVERY NEW FOSSIL FUEL INFRASTRUCTURE PROJECT ON THE COLUMBIA RIVER! THIS INCLUDES THE NATION'S LARGEST OIL-BY-RAIL SHIPPING TERMINAL AND THE NATION'S LARGEST COAL EXPORT TERMINAL. WESTERN NORTH AMERICA HAS HUGE FRACKED GAS, OIL, AND COAL RESERVES, AND THE COLUMBIA RIVER IS A CONVENIENT ROUTE TO SHIP THESE FOSSIL FUELS TO ASIA. WE STAND IN THE WAY. PREVENTING NEW FOSSIL FUEL INFRASTRUCTURE IS A CRITICAL TASK TO PROTECT OUR CLIMATE. IF FOSSIL FUEL CORPORATIONS BUILD NEW INFRASTRUCTURE-SHIPPING TERMINALS, PIPELINES, REFINERIES-THEY WILL LOCK US INTO DECADES OF FOSSIL FUEL USE AT A TIME WHEN WE MUST RAPIDLY MOVE TOWARD CLEAN ENERGY AND FEWER PETROCHEMICALS.

### RIVERKEEPER AND ALLIES ARE FIGHTING TO STOP THE WORLD'S LARGEST

FRACKED-GAS-TO-METHANOL REFINERY IN KALAMA, WA. THE COMPANY WOULD SHIP THE METHANOL TO CHINA TO MAKE PLASTIC OR BURN AS A FUEL. IN 2019 WE PARTNERED WITH LOCAL RESIDENTS AND CLIMATE ACTIVISTS TO PUSH THE STATE OF WASHINGTON TO COMPLETE A NEW ANALYSIS OF GREENHOUSE GAS EMISSIONS FROM THE MASSIVE PETROCHEMICAL REFINERY. WE PRODUCED STRONG EARNED AND SOCIAL MEDIA TO COMMUNICATE BROADLY THE IMPACTS OF THIS PROJECT.

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

IN ADDITION, RIVERKEEPER BUILT POWER IN LOCAL COMMUNITIES BY RECRUITING, INSPIRING, AND TRAINING LOCAL ACTIVISTS ACROSS FIVE COMMUNITIES. WE HELPED ORGANIZE AND TRAIN OVER 150 VOLUNTEER ACTION TAKERS IN 10 COMMUNITIES, INCLUDING: KALAMA, LONGVIEW, AND VANCOUVER, WA, AND WARRENTON, ASTORIA, CLATSKANIE, RAINIER, ST. HELENS, SCAPPOOSE, AND PORTLAND, OR.

WE ALSO PARTNERED WITH COLUMBIA COUNTY RESIDENTS TO OPPOSE PLANS TO REZONE 800 ACRES OF LAND ADJACENT TO PRIME SALMON HABITAT AT PORT WESTWARD, OR FROM AGRICULTURAL TO INDUSTRIAL. THE REZONE WOULD PAVE THE WAY FOR MORE INDUSTRIAL USE. RIVERKEEPER SUPPORTED COMMUNITY ORGANIZING AND PROVIDED LEGAL WORK TO PROTECT SALMON AND FARMLAND. WE ALSO ADVOCATED AGAINST THE EXPANSION OF AN OIL-BY-RAIL TERMINAL AT PORT WESTWARD.

IN PORTLAND, RIVERKEEPER AND ALLIES HELPED PREVENT THE EXPANSION OF ZENITH ENERGY'S OIL-BY-RAIL SHIPPING TERMINAL. WE PUSHED THE CITY OF PORTLAND TO DENY NEW PIPES THAT WOULD ALLOW ZENITH ENERGY TO GREATLY EXPAND TAR SAND CRUDE SHIPMENTS OUT OF PORTLAND.

RIVERKEEPER ALSO PRESSURED THE CITY OF LONGVIEW TO REJECT A HUGE ANHYDROUS AMMONIA PLANT BY USING DEMOGRAPHIC DATA TO HIGHLIGHT ENVIRONMENTAL JUSTICE IMPACTS OF A NEW POLLUTION THREAT ADJACENT TO THE MOST LOW-INCOME NEIGHBORHOODS. RIVERKEEPER WORKED WITH LOCAL RESIDENTS FOR THREE YEARS TO RAISE CONCERNS ABOUT THE HEALTH AND CLIMATE DANGERS OF ANHYDROUS AMMONIA. WE CELEBRATED VICTORY IN 2020 WHEN THE COMPANY PULLED OUT OF THE CONTROVERSIAL PROJECT.

RIVERKEEPER ALSO HELPED LEAD THE POWER PAST FRACKED GAS COALITION BY ACTING AS CO-DIRECTOR AND THE FISCAL SPONSOR.

### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

ENGAGING RIVER COMMUNITIES

RIVERKEEPER WORKS TO ENGAGE RIVER COMMUNITIES TO MAKE A DIFFERENCE FOR CLEAN WATER. WE MONITOR WATER QUALITY, CLEAN UP RIPARIAN AREAS AND BEACHES, CONDUCT OUTREACH TO DIVERSE COMMUNITIES, RESTORE HABITAT, AND EDUCATE STUDENTS.

PEOPLE OFTEN ASK OUR STAFF: "IS IT SAFE TO SWIM?" TO ANSWER THIS QUESTION, RIVERKEEPER PROVIDES REAL-TIME WATER QUALITY DATA FOR POPULAR SWIM BEACHES IN PORTLAND, VANCOUVER, AND THE COLUMBIA RIVER GORGE. RIVERKEEPER HAS BEEN TESTING THE COLUMBIA FOR E. COLI BACTERIA FOR OVER A DECADE. OUR GOAL IS TO ENCOURAGE FAMILIES TO ENJOY OUR RIVERS SAFELY. FECAL BACTERIA IN WATER CAN CAUSE NAUSEA, DIARRHEA, AND INFECTIONS, ESPECIALLY IN CHILDREN AND THE ELDERLY. SURPRISINGLY, NO LOCAL OR STATE AGENCY REGULARLY TESTS POPULAR COLUMBIA RIVER SWIM BEACHES. COLUMBIA RIVERKEEPER FILLS THAT GAP, WHILE ENGAGING VOLUNTEER RIVER STEWARDS. IN 2019, RIVERKEEPER PROMOTED SAFE SWIMMING AND RECREATING BY COLLECTING E. COLI BACTERIA DATA AT NINE SWIM BEACHES AND RECREATION LOCATIONS ON THE COLUMBIA RIVER.

OUR DATA DOES NOT SIT ON A SHELF. WE POST E. COLI DATA THROUGH THE SWIM GUIDE SMARTPHONE APP AND ON OUR WEBSITE. THE SWIM GUIDE APP NOW HAS OVER 4 MILLION USERS. IN 2019 OREGON USERSHIP WAS UP 17%, AND COLUMBIA RIVER BEACHES WERE VIEWED 40,700 TIMES. FORTUNATELY, E. COLI IS TYPICALLY WITHIN SAFE LEVELS, SO OUR DATA ENCOURAGE PEOPLE TO ENJOY THE WATER.

IN ADDITION, RIVERKEEPER IS ENGAGING VOLUNTEERS AND STUDENTS TO RESTORE HABITAT AT THE NICHOLS NATURAL AREA, A FORMER INDUSTRIAL SITE ON THE COLUMBIA RIVER IN HOOD RIVER, OR. THE STUDENTS AND COMMUNITY MEMBERS WHO HELP DESIGN, IMPLEMENT, AND MANAGE

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Name of the organization	Employer identification number
COLUMBIA RIVERKEEPER	91-1583492

### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE NATURAL AREA WILL GAIN PRIDE AND OWNERSHIP BY MAKING A BROWNFIELD TURN GREEN. AT NICHOLS, LEARNING IS NOT CONFINED BY CLASSROOM WALLS. YOUNG STUDENTS LEARN TO PLANT TREES AND INVENTORY BUGS. THEY MAY SOLVE THE MYSTERY OF WHY THE BLACK-CROWNED NIGHT HERONS NEST IN THE NICHOLS BASIN. HIGH SCHOOL STUDENTS HELP PLAN THE RESTORATION SITE AND SAMPLE WATER QUALITY. AND STUDENTS LEARN HOW IMAGINATION AND THE POWER OF COMMUNITY CAN TRANSFORM OUR RIVER.

RIVERKEEPER ALSO INCREASED OUR OUTREACH AND ENGAGEMENT EFFORTS TO LATINO COMMUNITIES IN 2019. WE ENGAGED OVER 300 LATINO STUDENTS AND ADULTS TO HELP RESTORE A HIGH-PROFILE INDUSTRIAL SITE IN THE COLUMBIA RIVER GORGE AND PRODUCED TWENTY BILINGUAL RADIO SHOWS AND PODCASTS, CALLED CONOCE TU COLUMBIA (KNOW YOUR COLUMBIA), ON ENVIRONMENTAL AND SOCIAL JUSTICE ISSUES. OUR SENIOR ORGANIZER ALSO HELPED CREATE A NEW LATINO-LED ORGANIZATION IN THE COLUMBIA RIVER GORGE, CALLED COMUNIDADES, DEDICATED TO SOCIAL AND ENVIRONMENTAL JUSTICE.

### FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

FIGHTING FOR CLEAN WATER AND SALMON

COLUMBIA RIVERKEEPER (RIVERKEEPER) PROTECTS CLEAN WATER AND SALMON BY STOPPING TOXIC POLLUTION AND PROTECTING HABITAT.

TOXIC POLLUTION IN THE COLUMBIA RIVER BASIN HARMS AQUATIC LIFE AND THE PEOPLE THAT DEPEND ON HEALTHY FISH AND WILDLIFE. INDUSTRIAL DISCHARGES, STORMWATER POLLUTION, MUNICIPAL SEWAGE, AND ILLICIT DUMPING ARE PROBLEMS THAT WE CAN ADDRESS RIGHT NOW. SIMPLY PUT, THE COLUMBIA CONTAINS TOO MUCH TOXIC POLLUTION. AND OUR STATE AND FEDERAL REGULATORS ARE NOT SOLVING THE PROBLEM. NUMEROUS STUDIES SHOW THAT FISH, OSPREY, OTTERS, AND OTHER SPECIES FACE UNSAFE LEVELS OF TOXIC POLLUTION, SUCH AS

### FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

MERCURY AND OTHER HEAVY METALS, FLAME RETARDANTS, AND POLYCHLORINATED BIPHENYLS (PCBS). SO DO HUMANS. NATIVE AMERICANS FACE A 1 IN 50 RISK OF CANCER RISK FROM REGULARLY CONSUMING FISH.

MANY IMMIGRANT AND LOW-INCOME FISHERS LIKELY FARE WORSE. LOW-INCOME URBAN RESIDENTS ARE CURRENTLY CATCHING AND FEEDING FISH TO THEIR FAMILIES THAT CONTAIN UNSAFE LEVELS OF POLLUTION. FOR EXAMPLE, RIVERKEEPER TESTED A SUCKER CAUGHT BY A RUSSIAN IMMIGRANT IN VANCOUVER LAKE-THE FISH CONTAINED CANCER-CAUSING PCBS 250% OVER SAFE LEVELS.

IN 2019, RIVERKEEPER REDUCED TOXIC POLLUTION IN THE COLUMBIA AND ITS TRIBUTARIES BY IDENTIFYING AND STOPPING ILLEGAL POLLUTION AND ADVOCATING TO STATE AND FEDERAL AGENCIES FOR BETTER TOXIC REDUCTION POLICIES.

RIVERKEEPER RESEARCHED POLLUTION VIOLATIONS AND ENFORCED THE CLEAN WATER ACT. WE PREVENTED OVER THOUSANDS OF POUNDS OF ILLEGAL POLLUTION FROM ENTERING THE COLUMBIA RIVER BY BRINGING CLEAN WATER ACT ENFORCEMENT ACTIONS. THESE ACTIONS FORCED ILLEGAL POLLUTERS TO SOLVE THE PROBLEM BY RUNNING A CLEANER OPERATION OR INSTALLING BETTER POLLUTION-CONTROL TECHNOLOGY. WE ALSO DETERRED FUTURE POLLUTION BY DEMONSTRATING THAT WE WILL TAKE ACTION WHEN STATE AND FEDERAL REGULATORS DO NOT. IN ADDITION, THE ENFORCEMENT ACTIONS GENERATED PENALTIES PAID BY POLLUTERS TO LOCAL NONPROFIT ORGANIZATIONS AS MITIGATION.

RIVERKEEPER ALSO PUSHED FOR MORE PROTECTIVE POLLUTION-DISCHARGE PERMITS TO REDUCE TOXIC POLLUTION IN OUR REGION. WE REACHED A LEGAL SETTLEMENT IN 2018 THAT REQUIRED THE STATE OF OREGON TO MODIFY ITS INDUSTRIAL STORMWATER PERMIT TO REDUCE TOXIC POLLUTION. IN 2019, RIVERKEEPER SERVED ON OREGON'S INDUSTRIAL STORMWATER ADVISORY

### FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

COMMITTEE AND ADVOCATED FOR THE STATE TO STRENGTHEN PROTECTIONS FOR RIVERS ALREADY OVERBURDENED BY POLLUTION. AS A RESULT OF OUR LAWSUIT AND POST-LITIGATION ADVOCACY, OREGON IS ON TRACK TO ADOPT ONE OF THE NATION'S MOST PROTECTIVE INDUSTRIAL STORMWATER PERMITS.

THE HANFORD NUCLEAR SITE ON THE COLUMBIA RIVER IS THE MOST CONTAMINATED PLACE IN THE WESTERN HEMISPHERE. RIVERKEEPER UTILIZES PUBLIC PRESSURE, GRASSROOTS ORGANIZING, AND TECHNICAL ASSESSMENT OF CLEANUP PLANS TO ADVOCATE FOR THE THOROUGH CLEANUP OF THE SITE. RIVERKEEPER OPPOSED THE FEDERAL GOVERNMENT'S PLANS TO RELABEL HIGH-LEVEL NUCLEAR WASTE AS "LOW-LEVEL" IN ORDER TO LEAVE IT IN PLACE, INSTEAD OF MORE PROTECTIVE CLEANUP. WE ALSO PARTNERED WITH YAKAMA NATION TO HOST THE HANFORD JOURNEY, A RIVERSIDE EVENT AT HANFORD TO INSPIRE PEOPLE TO PROTECT THE COLUMBIA RIVER FROM HANFORD'S NUCLEAR WASTE. THE HANFORD JOURNEY EARNED STRONG MEDIA COVERAGE AND FEATURED A CEREMONY, DYNAMIC SPEAKERS, A PERFORMANCE BY THE YAKAMA NATION SWAN DANCERS, LUNCH, AND TOURS. THE EVENT ALSO HONORED THE LATE DR. RUSSELL JIM, WHO FOUNDED AND SERVED AS PROGRAM MANAGER OF THE YAKAMA NATION'S ENVIRONMENTAL RESTORATION AND WASTE MANAGEMENT PROGRAM.

RIVERKEEPER ALSO IDENTIFIES AND PROTECTS KEY SALMON HABITAT IN THE COLUMBIA BASIN FROM INDUSTRIAL DEVELOPMENT AND OTHER THREATS, INCLUDING FOSSIL FUEL INFRASTRUCTURE (SEE BELOW), NEW SHIPPING TERMINALS, AND CHEMICAL PLANTS. RIVERKEEPER ALSO WORKS TO PROTECT GROUND AND SURFACE WATER FROM NEW FACTORY FARMS IN EASTERN OREGON. FOR EXAMPLE, THOUSANDS OF RIVERKEEPER MEMBERS AND OUR COALITION PARTNERS CALLED ON OREGON GOVERNOR KATE BROWN, LAWMAKERS, AND STATE AGENCIES TO PROTECT THE COLUMBIA RIVER AND RURAL COMMUNITIES FROM FACTORY FARM POLLUTION. OREGON'S LAWS CONTAIN LOOPHOLES THAT IGNORE AIR AND WATER POLLUTION FROM MEGA DAIRIES, MAKING THE STATE

### FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

ATTRACTIVE FOR FACTORY FARM EXPANSION.

IN ADDITION, RIVERKEEPER MADE STRONG PROGRESS IN 2019 TO ADDRESS THE HOT WATER CRISES ON THE COLUMBIA RIVER. HERE IS THE DIFFICULT SITUATION WE FACE: HOT WATER CAUSED BY DAMS AND EXACERBATED BY CLIMATE CHANGE IS KILLING COLUMBIA AND SNAKE RIVER SALMON. THE RIVERS ARE SIMPLY TOO HOT. PUGET SOUND ORCAS FEED ON SALMON AT THE MOUTH OF THE COLUMBIA DURING CRITICAL MONTHS BEFORE CHILDBIRTH. THE LACK OF SALMON CAUSES STARVING ORCAS AND THE TRAGIC LOSS OF ORCA CALVES. THE FEDERAL AGENCIES IN CHARGE OF THE COLUMBIA ARE NOT SOLVING THE PROBLEM. IN 2019, RIVERKEEPER ACHIEVED IMPORTANT VICTORIES TO PROTECT SALMON.

FIRST, RIVERKEEPER AND ALLIES PREVAILED AT THE NINTH CIRCUIT COURT OF APPEAL OVER THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) TO FORCE THE AGENCY TO WRITE A COMPREHENSIVE PLAN, CALLED A TOTAL MAXIMUM DAILY LOAD, TO ADDRESS THE IMPACTS OF DAMS ON WATER TEMPERATURE AND SALMON SURVIVAL. EPA COMPLETED THE PLAN, WHICH IDENTIFIES THE LARGE DAMS ON THE COLUMBIA AND SNAKE RIVERS AS THE MAJOR SOURCE OF HEAT POLLUTION. SECOND, THE STATES OF WASHINGTON AND OREGON, FOR THE FIRST TIME EVER, REQUIRED FEDERAL DAM OPERATORS TO MEET THE SAFE TEMPERATURE LIMIT FOR SALMON, 68 DEGREES FAHRENHEIT. RIVERKEEPER ALSO ADVOCATED FOR A FREEFLOWING LOWER SNAKE RIVER. SNAKE RIVER DAM REMOVAL IS THE BEST WAY TO RESTORE COOL WATER IN THE COLUMBIA RIVER AND PREVENT THE EXTINCTION OF CRITICALLY ENDANGERED SALMON POPULATIONS.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR REVIEWS THE DRAFT FORM 990 AND THEN PROVIDES A COPY OF THE DRAFT TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND COMMITTEE DISCUSS THE FORM AND THEN THE DRAFT IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE SUBMISSION.

### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO BOARD MEMBERS AND REVIEWED ANNUALLY. COLUMBIA RIVERKEEPER ALSO MAINTAINS A BOARD COMMITTEE TO ENSURE COMPLIANCE WITH POLICIES.

## FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR THROUGH THE ANNUAL BUDGETING PROCESS AFTER REVIEWING COMPENSATION OF EXECUTIVE DIRECTORS IN SIMILAR FIELDS.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS CAN BE VIEWED AT THE OFFICE OF COLUMBIA RIVERKEEPER, MAILED OR EMAILED.

### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
PAYROLL FEES PROFESSIONAL SERVICES	TOTAL <u>\$</u>	5,265. 233,785. 239,050.	4,169. 211,108. \$ 215,277.	121. <u>15,187.</u> \$ 15,308.	975. 7,490. \$ 8,465.