Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

, 2018, and ending For the 2018 calendar year, or tax year beginning Check if applicable: D Employer identification number Address change COLUMBIA RIVERKEEPER 91-1583492 407 PORTWAY AVE #301 Telephone number Name change HOOD RIVER, OR 97031 (541) 387-3030 Initial return Final return/terminated **G** Gross receipts \$ Amended return 669,859 F Name and address of principal officer: BRETT VANDENHEUVEL H(a) Is this a group return for subordinates Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 501(c) (Website: ► COLUMBIARIVERKEEPER.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation L Year of formation: 1989 Trust M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: COLUMBIA RIVERKEEPER'S MISSION IS TO PROTECT AND RESTORE THE WATER QUALITY OF THE COLUMBIA RIVER AND ALL LIFE CONNECTED TO IT, FROM THE HEADWATERS TO THE PACIFIC OCEAN. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)..... 9 5 34 Total number of volunteers (estimate if necessary)..... 6 400 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, line 38..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 1,509,817. 1,629,624 Program service revenue (Part VIII, line 2g) 87,546. 45,631. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1,088. 886. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 159,087 61,991 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 660,442 12 835,228 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 697,818 849,987 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 340,873. 366,711 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 1,064,529 1,190,860. Revenue less expenses. Subtract line 18 from line 12..... 770,699. 469,582. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 1,973,416. 1,591,612. 21 Total liabilities (Part X, line 26) 136,126. 46,145. Net assets or fund balances. Subtract line 21 from line 20...... 22 1,455,486. 1,927,271. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here BRETT VANDENHEUVEL EXECUTIVE DIR. Type or print name and title Print/Type preparer's name Preparer's signature KRIS OLIVEIRA, CPA P00959389 **Paid** self-employed Preparer ► KERN & THOMPSON, LLC Firm's EIN ► 93-1157146 Use Only Firm's address 1800 SW FIRST AVENUE, SUITE 410 PORTLAND, OR 97201 (503) 222-3338

May the IRS discuss this return with the preparer shown above? (see instructions)......

Yes

Par	t III	Statement of Program S							37
	Duinfle	Check if Schedule O contains		e to any line in this P	Part III				X
1		y describe the organization's mis SCHEDULE O							
	<u> </u>								
2		e organization undertake any signi							
		990 or 990-EZ?					📙	Yes X	No
•		s," describe these new services on						v	
3		ne organization cease conducting s," describe these changes on Sch		ant changes in now i	it conducts, any progra	am services?	· Ш	Yes X	No
Δ		ribe the organization's program s		ments for each of its	s three largest program	n services as	measure	d hv exner	ารคร
-	Section	on 501(c)(3) and 501(c)(4) organ evenue, if any, for each program	nizations are requi	red to report the amo	ount of grants and allo	cations to other	ers, the to	otal expen	ses,
	anu n	evenue, ii any, for each program	i service reported.						
4 a	(Code) (Expenses \$	303 805	including grants of	\$\$) (Revenue	Ś	15 5	Q1)
70									
	<u> </u>								
4 b	(Code	e:) (Expenses \$	319,776.	including grants of	\$) (Revenue	\$)
4 0	: (Code	e:) (Expenses \$	241,408.	including grants of	\$) (Revenue	\$	71,9	65.)
	<u>SEE</u>	SCHEDULE O				_ 			
			- 		- 				
			 						
4 c		program services (Describe in S		ć	\ (2				
Λ.	(Expe		including gran) (Revenu	ie \$)	
46	rotal	program service expenses -	955	,079.					

Form 990 (2018) COLUMBIA RIVERKEEPER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ł	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Χ
(bid 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	I 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
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <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 (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part 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
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X

Form 990 (2018) COLUMBIA RIVERKEEPER 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
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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	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	25a		Х
I	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L. Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt 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		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	© Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2018) COLUMBIA RIVERKEEPER

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a	a 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)?	4 a		Х
ŀ	n 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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
١	services provided to the payor?	7 a		Х
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		Х
	Form 8282?	76		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	10-		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue gualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ŀ	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			
	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ŀ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X

ORGANIZATION,

407 PORTWAY AVE

91-1583492 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

HOOD RIVER,

OR 97031

(541)

387-3030

#301

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

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

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

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

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

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

(C)
Position (do not check more than one box, unless person is both an officer and a director/trustee)
Reportable compensation from CF)

Name and Title	Average hours	thar	than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	0 =		Officer				the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LINDA MCLAIN	5									
PRESIDENT	0	Χ		X				0.	0.	0.
(2) COLLEEN COLEMAN	3	.,						•	•	•
VICE PRESIDENT	0	Χ		X				0.	0.	0.
(3) RUDY SALAKORY	3	37		3.7				0	0	0
SECRETARY (4) TED WOLF	3	Х		Χ				0.	0.	0.
TREASURER	$-\frac{3}{0}$	Х		Χ				0.	0.	0.
(5) PALOMA AYALA	1	71		71				0.	0.	<u> </u>
BOARD MEMBER	0	Х						0.	0.	0.
(6) LAURA GUIMOND	1									
BOARD MEMBER	0	Х						0.	0.	0.
(7) GEORGE KIMBRELL	1									
BOARD MEMBER	0	Χ						0.	0.	0.
(8) EMILY WASHINES	1									
BOARD MEMBER	0	Χ						0.	0.	0.
(9) KAREN TRUSTY	1									
BOARD MEMBER	0	X						0.	0.	0.
(10) BRETT VANDENHEUVEL	<u>40</u>			3.7				00.000	0	0
EXECUTIVE DIR.	0			Χ				82,000.	0.	0.
2.0										
(12)										
										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	1	Key	Em		_	es,	and	Highest Com	pensated Emp	oyees	(conti	inued)
	(B)			((•							
(A) Name and title	Average hours	box	, unle	ess pe	erson	than	n an	(D) Reportable	(E) Reportable	E	(F) stimated	i
Name and the	per week					or/trus		compensation from the organization	compensation from related organizations	amo	unt of ot	ther
	(list any hours for	or div	nstit	Officer	(ey	high:	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	f org	rom the janizatio	n
	related organiza	Individual trustee or director	Institutional trustee	약	Key employee	ist co Dyee	₫				id relate anizatio	
	- tions below	trus	al tro		oyee	mpe						
	dotted line)	tee	istee	l		Highest compensated employee						
				<u></u>		ŏ						
(15)												
(16)												
		•										
(17)												
				<u> </u>								
(18)												
(19)												
	1	•										
(20)												
(21)												
(21)												
(22)												
				<u> </u>								
(23)												
(24)												
(25)												
1 h Cub total								00.000	0			
1 b Sub-total							•	82,000.	0.			0.
d Total (add lines 1b and 1c)							•	82,000.	0.			0.
2 Total number of individuals (including but not limited							ved			ensatio	n	<u> </u>
from the organization • 0												1
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru <i>h individu</i>	stee, ıal	key	em	nploy	/ee,	or h	ighest compensat	ted employee	. 3		Х
,												
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	es,	com	iple	te Schedule J for		4		Х
5 Did any person listed on line 1a receive or accru												Λ
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	anan	dant	t col	ntra	otore	tha	t received more th	nan \$100 000 of			
compensation from the organization. Report compen	sation for	the ca	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year			
(A) Name and business add	ress							(B) Description of	of services	Compe	C) ensatic	nn
Traine and business dud								2000/10011		2311100		
				_								
2 Total number of independent contractors (including t	out not lim	itad t	the)SO	ictor	l abo	VO)	who recoived more	than			
\$100,000 of compensation from the organization		iteu ((ט נוונ	13C I	13150	a abu	vej	WITO TECEIVEU IIIOTE	trial i			

Form 990 (2018) COLUMBIA RIVERKEEPER Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c 4,895. Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 1,504,922. Noncash contributions included in lines 1a-1f: \$ 2,281.				
	h	Total. Add lines 1a-1f ▶	1,509,817.			
Program Service Revenue	2a b	<u>CONTRACTS</u> <u>Business Code</u> 900099	87,546.	87,546.		
Service	c d					
ram	e	All other programs consider a service				
rog		All other program service revenue	07.546			
σ.	3	Investment income (including dividends, interest and other similar amounts)	87,546. 1,088.			1,088.
	4	Income from investment of tax-exempt bond proceeds	1,000.			1,000.
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses				
		Rental income or (loss) Net rental income or (loss)				
		(i) Cogurities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss) ▶				
Other Revenue	8 a	Gross income from fundraising events (not including \$\frac{4,895.}{\text{of contributions reported on line 1c).}}				
Re		See Part IV, line 18 a 6,674.				
her		Less: direct expenses b 9,417.				
ŏ	С	Net income or (loss) from fundraising events ▶	-2,743.			-2,743.
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses				
		Net income or (loss) from gaming activities ▶				
	10 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
	11	Miscellaneous Revenue Business Code				
	11a b	LEGAL SETTLEMENTS REIMB 900099	64,734.	64,734.		
	ח					
	d	All other revenue				
		Total. Add lines 11a-11d	64,734.			
		Total revenue. See instructions	1.660.442.	152,280	0.	-1.655

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a re	<u>'</u>			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(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			3 '	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	82,000.	69,700.	4,100.	8,200.
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.	0.	0.
7	Other salaries and wages	641,827.	518,718.	15,426.	107,683.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	041,027.	310,710.	13,420.	107,003.
9	Other employee benefits	57,851.	47,028.	1,561.	9,262.
10	Payroll taxes	68,309.	55,530.	1,843.	10,936.
11	Fees for services (non-employees):	,	,	,	.,
a	Management				
	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column	111 415	00 001	11 000	7.006
	(A) amount, list line 11g expenses on Schedule O.)	111,417.	92,271.	11,320.	7,826.
	Advertising and promotion	1,877.	663.	495.	719.
13	Office expenses	34,523.	28,706.	751.	5,066.
14	Information technology				
15	Royalties				
16	Occupancy	60,856.	43,576.	1,500.	15,780.
17	Travel	19,565.	16,722.	461.	2,382.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,730.	15,970.	760.	
20	Interest	,	, , , , , ,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,276.	1,441.	55.	780.
23	Insurance	4,944.	3,962.	339.	643.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,	,,,,,		
a	POSTAGE AND PRINTING	48,909.	26,932.	140.	21,837.
Ł	DUES, LICENSES AND MEMBERSHIPS	39,776.	33,860.	937.	4,979.
c					
C					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,190,860.	955,079.	39,688.	196,093.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)			·	

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			884,008.	1	697,630.
	2	Savings and temporary cash investments			295,471.	2	409,356.
	3	Pledges and grants receivable, net			391,201.	3	808,849.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	nplovees	. Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	s defined under		6	
\$	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		<u></u>		8	
As	9	Prepaid expenses and deferred charges			13,562.	9	17,007.
\$	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ĺ		13,302.		17,007.
		Less: accumulated depreciation		34,584. 24,350.	7 270	10 c	10 224
		Investments — publicly traded securities			7,370.	11	10,234.
	11 12	Investments – publicly traded securities		<u></u>		12	
		Investments – program-related. See Part IV, line 11.				13	
	13	Intangible assets				14	
	14			15	20.240		
	15	Other assets. See Part IV, line 11			1 501 610		30,340.
	16 17	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses	34)		1,591,612. 136,126.	16 17	1,973,416. 46,145.
	18	Grants payable	130,120.	18	40,145.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
Ø	21	Escrow or custodial account liability. Complete Part I'		<u> </u>		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, direct Ldisqualit	ors, trustees,		22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			136,126.	26	46,145.
es		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	_				
SE	27	Unrestricted net assets			699,419.	27	909,343.
ala	28	Temporarily restricted net assets			723,370.	28	987,588.
8	29	Permanently restricted net assets			32,697.	29	30,340.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.		-	02,037.		3070101
ō	20	Capital stock or trust principal, or current funds			20		
ets	30 21	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30 31	
58	31	Retained earnings, endowment, accumulated income,		<u> </u>		32	
t A	32	Total net assets or fund balances		<u> </u>	1 455 406	- -	1 007 071
ž	33			<u></u>	1,455,486.	33	1,927,271.
	34	Total liabilities and net assets/fund balances			1,591,612.	34	1,973,416.

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	1,0	560,4	142.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,:	190,8	360.				
3	Revenue less expenses. Subtract line 2 from line 1	3	4	469,582					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments.	5		2,2	203.				
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 in Schedule O).	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		<u>.</u>						
D.	column (B))	10	⊥,	927,2	2/1.				
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?		2a	1	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			37					
	b Were the organization's financial statements audited by an independent accountant?		2k	X					
	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: X Separate basis Consolidated basis Both consolidated and separate basis	te							
	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?		20	X					
If the organization changed either its oversight process or selection process during the tax year, explain in 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?									
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 t	,					
BAA	TEEA0112L 08/03/18		Forr	n 990	(2018)				

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-EZ.

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

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number COLUMBIA RIVERKEEPER 91-1583492 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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.)

Sec	Section A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	719,253.	885,105.	859,812.	1,629,624.	1,509,817.	5,603,611.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 3 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	719,253.	885,105.	859,812.	1,629,624.	1,509,817.	5,603,611.			
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,016,618. 4,586,993.			
Sec	tion B. Total Support						4,300,333.			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	719,253.	885,105.	859,812.	1,629,624.	1,509,817.	5,603,611.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	548.	322.	403.	533.	1,088.	2,894.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3 2 3 4	3221	100.		2,000	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	38,847.	12,566.	13,640.	11,731.	11,569.	88,353.			
	Total support. Add lines 7 through 10						5,694,858.			
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	750,929.			
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶			
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	44 1 (0)						
	Public support percentage for 20 Public support percentage from 2						80.55 % 84.59 %			
	33-1/3% support test—2018. If the and stop here. The organization	ne organization di	d not check the bo	ox on line 13. an	d line 14 is 33-1/3	B% or more, check	this box			
b	33-1/3% support test—2017. If the and stop here. The organization	e organization did	I not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box			
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	r e. Explain in Part	VI how			
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this tion qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	t VI how the▶			

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	osts fisted selett,	prodes semprete :	u. (11.)							
Calend	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,					7				
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										
	Total. 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.)										
	tion B. Total Support				1						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Amounts from line 6										
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
	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.).										
	Total support. (Add lines 9, 10c, 11, and 12.)										
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·								
	tion C. Computation of Pul					, ,					
	Public support percentage for 20	•			•		%				
	Public support percentage from 2					16	0/0				
	tion D. Computation of Inv					1 1					
17	Investment income percentage for	•	• • •	-			0,0				
18	Investment income percentage fi						%				
		this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐				
	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										

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

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
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.	3с		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
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 .	9с		
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)? If 'Yes,' answer 10b below.	10a		
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.)	1 0 b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

	COLUMBIA RIVERKEEPER			183492 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	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		
Sec	ction B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
Sec	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	Distributable Amount. 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 inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

10 Line 8 amount divided by line 9 amount

Pai	₹ V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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 is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2018

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 II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2018	2017	2016	2015	2014
SPECIAL EVENT GROSS RECE	CIPTS				
	\$ 11,569.	\$ 11,731.	\$ 13,640.	\$ 12,566.	\$ 38,847.
TOTAL	\$ 11,569.	\$ 11,731.	\$ 13,640.	\$ 12,566.	\$ 38,847.

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

COLUMBIA RIVERKEEPER		91-1583492
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter numl	per) organization
	4947(a)(1) nonexempt char	ritable trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private for	pundation
	4947(a)(1) nonexempt char	ritable trust treated as a private foundation
	501(c)(3) taxable private for	·
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 bo	oth the General Rule and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, property) from any one contributor.	990-EZ, or 990-PF that received, durin Complete Parts I and II. See instruction	g the year, contributions totaling \$5,000 or more (in money or as for determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)	(A)(vi), that checked Schedule A (Form 99)	Z that met the 33-1/3% support test of the regulations or 990-EZ), Part II, line 13, 16a, or 16b, and that e greater of (1) \$5,000; or (2) 2% of the amount on (i) and II.
For an organization described in sec during the year, total contributions of purposes, or for the prevention of contributor name and address), II, a	uelty to children or animals. Complete	990 or 990-EZ that received from any one contributor, ious, charitable, scientific, literary, or educational Parts I (entering 'N/A' in column (b) instead of the
during the year, contributions <i>exclus</i> \$1,000. If this box is checked, enter charitable, etc., purpose. Don't com	sively for religious, charitable, etc., purphere the total contributions that were r	290 or 990-EZ that received from any one contributor, poses, but no such contributions totaled more than eceived during the year for an <i>exclusively</i> religious, al Rule applies to this organization because 5,000 or more during the year
Caution: An organization that isn't cove 990-PF), but it must answer 'No' on Pa Part I, line 2, to certify that it doesn't m	t IV, line 2, of its Form 990; or check the	ecial Rules doesn't file Schedule B (Form 990, 990-EZ, or ne box on line H of its Form 990-EZ or on its Form 990-PF, B (Form 990, 990-EZ or 990-PE)

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) (2018)

Scriedule D (i oii	11 990, 990	,-LZ, UI	330-FT) (2016,
Name of organization				

COLUMBIA RIVERKEEPER

1 Employer identification number 91-1583492

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additiona	I space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$35,736.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

COLUMBIA RIVERKEEPER

91-1583492

(a) No.	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
(a) No. from Part I (a) No. from Part I	N/A		
		\$	
from	(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
- uiti		(Occ manachons.)	
		İ\$	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 aiti		(See instructions.)	
		İ\$	
		Ť	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		
	<u></u>	\$	

Employer identification number

	IA RIVERKEEPER			91-1583492
Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the	c., contributions to organe vear from any one contrib	nizations c	lescribed in section 501(c)(7), (8), te columns (a) through (e) and
	the following line entry. For organizations of	empleting Part III, enter the total	al of exclusive	ely religious, charitable, etc.,
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. So space is needed.	ee instruction	s.) * \$N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e)		
	Transferee's name, addres	(e) Transfer of gift	Dolo	tionship of transferor to transferee
	Transferee's flame, addres	5, aliu ZIF + 4	Reid	dionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e)		
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of gift		
	Transferee's name. addres	ranster of giπ s. and ZIP + 4	Rela	tionship of transferor to transferee
	,	,		·
(2)	(b)	(c)		(4)
(a) No. from Part I	Purpose of gift	Use of gift		Description of how gift is held
rarti				
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(2)	/65	/-\		1.1/
No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	-			-
	L			
		(e)		
	Transferee's name address	ransier οι giπ s. and 7IP + Δ	Rola	tionship of transferor to transferee
		<i>,</i>		
				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 2018

Open to Public Inspection

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.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- 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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

	xy Tax) (see separate instruc Section 501(c)(4), (5), or (6) o	tions), then organizations: Complete Part III.	` '	•	,
		A RIVERKEEPER		Employer identific	ation number
				91-158349	
Pai	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a s	section 527 organi	zation.
1		organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)			5
3	Volunteer hours for political	campaign activities (see instructions)		·	
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶ ¢	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.				
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3)	
1		pended by the filing organization for section			
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	:tion ▶¢	
3		ditures. Add lines 1 and 2. Enter here and		▶¢	3
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a sereceived that were promptly and directly deal action committee (PAC). If additional spanning	of all section 527 pol mount paid from the fivered to a separate po	itical organizations to v filing organization's fun plitical organization, such	which the filing and a separate
	(a) Name	(b) Address	(c) 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 (Form 990 or 990-EZ) 2018

Part II-A Complete if section 501(the organization is h)).	s exempt under sect	tion 501(c)(3) and f	iled Form 5768 (ele	ection under
A Check ► if the filin	g organization belongs to	o an affiliated group (and li		ed group member's name,	,
_		nare of excess lobbying e			
B Check ► if the filir	ng organization checke	d box A and 'limited cont	rol' provisions apply.	<u>, </u>	
(The term	Limits on Lobbying 'expenditures' means	Expenditures amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence public	opinion (grass roots lob	bying)	252.	
b Total lobbying expenditu	· ·	, ,	· ·	8,253.	
c Total lobbying expenditu	•	•	<u></u>	8,505.	0.
d Other exempt purpose e	•		<u> </u>	1,182,355.	
e Total exempt purpose e			_	1,190,860.	0.
f Lobbying nontaxable an both columns		nt from the following table		194,086.	
If the amount on line 1e, colu		e lobbying nontaxable a	mount is:		
Not over \$500,000		6 of the amount on line 1e.	4500.000		
Over \$500,000 but not over \$1,		0,000 plus 15% of the excess of			
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$		5,000 plus 10% of the excess or 5,000 plus 5% of the excess over			
Over \$17,000,000		000,000.	51 \$1,000,000.		
q Grassroots nontaxable a		,		48,522.	0.
h Subtract line 1g from lin	•	•		0.	0.
i Subtract line 1f from lin	e 1c. If zero or less, er	nter -0		0.	0.
j If there is an amount othe	er than zero on either line	e 1h or line 1i, did the orga	nization file Form 4720 re	eportina	
section 4911 tax for this	year?				Yes No
	4-Y	ear Averaging Period Ur	nder Section 501(h)	·····	Yes No
	4-Y e organizations that m		nder Section 501(h)	mplete all of the five	Yes No
	4-Y e organizations that m columns below	ear Averaging Period Ur	nder Section 501(h) ction do not have to co ctions for lines 2a thro	mplete all of the five ugh 2f.)	Yes No
	4-Y e organizations that m columns below	ear Averaging Period Ur lade a section 501(h) elec See the separate instru	nder Section 501(h) ction do not have to co ctions for lines 2a thro	mplete all of the five ugh 2f.)	Yes No
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable	4-Y e organizations that m columns below Lobbyin (a) 2015	ear Averaging Period Ur lade a section 501(h) elec See the separate instru g Expenditures During 4 (b) 2016	nder Section 501(h) ction do not have to co- ctions for lines 2a thro -Year Averaging Period (c) 2017	mplete all of the five rugh 2f.) (d) 2018	(e) Total
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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 501(n)).					
	(a)		(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Ye	s	No	An	nount	
 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 referendum, through the use of: 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?					
j Total. Add lines 1c through 1i					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
d 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), section 501(c)(5) section 501(c)(6).	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 from the prior	-				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Paranswered 'Yes.'	t III	-A, lir	etion 5 ne 3, is	501(c) 5)
1 Dues, assessments and similar amounts from members.	٠ _	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year.	_	2b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)	-	5			

Part IV | Supplemental Information

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	COLUMBIA RIVERKEEPER			91-1583492
Par	t Organizations Maintaining Dono	r Advised Funds or Othe	r Similar Fun	ds or Accounts.
•	Complete if the organization answ	vered 'Yes' on Form 990,	Part IV, line	6.
		(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the organization			
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, of	or for any other	purpose conferring
Day	impermissible private benefit?			
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990	Part IV line	7
1	Purpose(s) of conservation easements held by			7.
•	Preservation of land for public use (e.g., re			f a historically important land area
	Protection of natural habitat	ecreation of education)		f a certified historic structure
	Preservation of open space	L	Ti reservation o	i a certifica fiistofic structure
2	Complete lines 2a through 2d if the organization h	old a qualified concentration centri	hutian in the form	a of a concentration assembnt on the
2	last day of the tax year.	eiu a quaimeu conservation contri	buttori ili tile torii	Tot a conservation easement on the
				Held at the End of the Tax Year
a	Total number of conservation easements			2a
ŀ	Total acreage restricted by conservation easen	nents		2b
(Number of conservation easements on a certification	ed historic structure included in	ı (a)	2c
	Number of conservation easements included in	(c) acquired after 7/25/06, and	I not on a histor	ic
	structure listed in the National Register			2d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or	terminated by th	ne organization during the
4	Number of states where property subject to conser	vation easement is located >		_
5	Does the organization have a written policy reg			
	and enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, a	and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and e	enforcing conserv	ration easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	uirements of sec	ction 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its rev	enue and expens	se statement, and balance sheet, and
	conservation easements.			
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical T vered 'Yes' on Form 990,	reasures, or Part IV, line	Other Similar Assets. 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finan-	d for public exhibition, education,	or research in fu	nue statement and balance sheet works of rtherance of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or r	esearch in furthe	rance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, I			·
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1	storical treasures, or other similar 16 (ASC 958) relating to these	assets for finan- items:	cial gain, provide the following
a	Revenue included on Form 990, Part VIII, line	1		▶\$
ŀ	Assets included in Form 990, Part X			▶ \$

3 Using the organization's accession, and other records, check any of the following that are a significant use of its cellection items (check all that apply): a Public exhibition d Control Control Control b Scholardy research c Other c Preservation for future generations c Other Part XIII.	Part III Organizations Maintai	ning Collections	s of Art, Histo	rical	Treasures, or	r Other	Similar Ass	ets (co	<u>ntinu</u>	ed)
b Scholarly research c Other	3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check a	ny of th	ne following that a	re a signi	ficant use of its of	collection	1	
c Freservation for future generations Provided as description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if Yes, explain the arrangement in Part XIII and complete the following table: Amount Telegraphic Amount Telegraphic Amount Telegraphic Amount Telegraphic T	a Public exhibition		d Loan	or excl	nange programs					
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 farse funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 90, or reported an amount on Form 990, Part X, line 21 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X: 1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X: 2 a Bidditions during the year. 4 Ending balance. 4 Additions during the year. 5 Eleginning balance. 4 Additions during the year. 5 Eleginning balance. 6 Distributions during the year. 6 Ending balance. 7 Ending balance. 9 End by Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 8 Eleginning of year balance. 9 End Wendment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 9 Eart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance. 9 End of year balance. 9 End of year balance. 9 End of year balance. 9 End of year balance. 9 End of year balance. 9 End of year balance. 9 End of year balance. 9 End of year balance. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 11 Endowment Punds. 12 Endowment Punds. 13 Endowment Punds. 14 Endowment Punds. 15 Endowment Punds. 16 Endowment Punds. 16 Ending balance. 17 Endowment Punds. 18 Endowment Punds. 19 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment Punds. 10 Endowment	b Scholarly research		e Other							
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? collection?	c Preservation for future generation	ations	_							
to be sold to raise funds rather than to be maintained as part of the organization? Ves No		ation's collections and	l explain how they	furthe	r the organization'	s exempt	purpose in			
Time 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? bif Yes; explain the arrangement in Part XIII and complete the following table: Capture	to be sold to raise funds rather th	nan to be maintained	I as part of the o	rganiz	ation's collection	?			[
on Form 990, Part X?. bif 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. e Distributions during the year. 1	line 9, or reported an a	Arrangements. amount on Form	990, Part X,	he or line 2	ganization an 21.	swered	'Yes' on Foi	m 990), Par	ίΙV,
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1 a Is the organization an agent, trus	tee, custodian or oth	ner intermediary	for cor	ntributions or oth	er assets	not included	∃Yes	Г	∃No
c Beginning balance. d Additions during the year. e Distributions during the year. 1 Id e Distributions during the year. 1 If 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										٦٠
d Additions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?			•	J				Amount		
e Distributions during the year. f Ending balance. b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V	c Beginning balance					1 c	;			
f Ending balance.	d Additions during the year					1 d				
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year					1е				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	f Ending balance					1 f				
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance	2 a Did the organization include an a	mount on Form 990,	Part X, line 21,	for es	crow or custodial	account	liability?	Yes		No
1 a Beginning of year balance	b If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explar	nation	has been provide	ed on Par	t XIII	_		1
1 a Beginning of year balance									<u>. </u>	_
1 a Beginning of year balance	Part V Endowment Funds. C	omplete if the or	ganization an	swer	ed 'Yes' on Fo	orm 990), Part IV, Iir	e 10.		
b Contributions		(a) Current year	(b) Prior year	•	(c) Two years back	(d)	Three years back	(e) F	our years	back
c Net investment earnings, gains, and losses	1 a Beginning of year balance	32,697.		0.		0.	0.			0.
and losses	b Contributions		32,6	97.						
and losses	c Net investment earnings, gains									
e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 30,340. 32,697. 0. 0. 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 ▶ 100.00 % c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. 3a(i) x bif '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 (b) Cost or other depreciation (b) Buildings. c Leasehold improvements. d Equipment. 5 Cother 15,693. 15,693. 0. e Other 18,891. 8,657. 10,234.		-1,509.								
and programs	d Grants or scholarships									
g End of year balance 30,340. 32,697. 0. 0. 0. 0. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\) \(\) \(\) \(\) \\ \\ \\ \) \(\)		848.					0.			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f Administrative expenses									
a Board designated or quasi-endowment ►	g End of year balance	30,340.	32,6	97.		0.	0.			0.
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b Buildings c Leasehold improvements d Equipment 15,693 15,693 0 e Other 18,891 8,657 10,234	Description of property	(a) Cos (ir	vestment)			dep	reciation	(u) L	our va	iue
c Leasehold improvements. 15,693. 15,693. 0. e Other. 18,891. 8,657. 10,234.	1 a Land	,	,		` '					
c Leasehold improvements. 15,693. 15,693. 0. e Other. 18,891. 8,657. 10,234.	b Buildings									
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e Other	·				15.693		15.693			
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			rm 990, Part X. o	column						

Schedule D (Form 990) 2018

	Investments -			N/A	
				, Part IV, line 11b. See Form 9	
(a) Desc	cription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financ	cial derivatives				
(2) Closel	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Colui	mn (b) must equal Form 9	990, Part X, column (B) line 12.) 🎙	-		
Part VIII	I Investments -	- Program Related.	E 000	N/A	200 D IV I: 12
				, Part IV, line 11c. See Form 9	
	(a) Description of	rinvestment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)					
(2)					
(3)					
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(8)					
(9)					
(10)	(1) 1 15 (000 D 17 / (D) / 10)			
		990, Part X, column (B) line 13.) •			
Part IX	Other Assets.		N/A	, Part IV, line 11d. See Form 9	990, Part X, line 15
	Other Assets.	e organization answere	N/A	, Part IV, line 11d. See Form 9	990, Part X, line 15 (b) Book value
Part IX (1)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	e organization answere	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answere (a) D	N/A d 'Yes' on Form 990 escription		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answere (a) Do	N/A d 'Yes' on Form 990 escription (B) line 15.)		(b) Book value
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	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	1,892,254.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	231,812.
3 Subtract line 2e from line 1	. 3	1,660,442.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,660,442.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retur	'n
		111
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	· ······	•••
		1,420,469.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 2 229,609	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of	. 1	1,420,469.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) 2 on Form 990, Part IV, line 12a. 2 a 229,609 2 c 2 d	. 1 . 2e	1,420,469. 229,609.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	. 1 . 2e	1,420,469.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IV, line 7b. 4 Amounts included on Form 990, Part IV, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	. 1 . 2e	1,420,469. 229,609.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.)	. 1 . 2 e . 3	1,420,469. 229,609.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	229,609. 1,190,860.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.)	2e 3	1,420,469. 229,609.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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. THE CITY OF PORTLAND
SAMPLES THE WILLAMETTE IN SEVEN LOCATIONS, WHILE THE OREGON HEALTH AUTHORITY TESTS
OCEAN BEACHES. THERE IS A DATA GAP AT THE HEAVILY USED COLUMBIA RIVER SITES. COLUMBIA
RIVERKEEPER FILLS THAT GAP, WHILE ENGAGING VOLUNTEER RIVER STEWARDS. IN 2018,
RIVERKEEPER PROMOTED SAFE SWIMMING AND RECREATING BY COLLECTING E. COLI BACTERIA DATA
AT NINE SWIM BEACHES AND RECREATION LOCATIONS ON THE COLUMBIA RIVER.

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

SMARTPHONE APP AND ON OUR WEBSITE. THE SWIM GUIDE APP NOW HAS OVER 3 MILLION USERS, AND IN 2018 THE E.COLI DATA COLLECTED BY COLUMBIA RIVERKEEPER RECEIVED 291,300 VIEWS, A 60% INCREASE OVER THE PREVIOUS YEAR. 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 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 INCREASED OUR OUTREACH AND ENGAGEMENT EFFORTS TO LATINO COMMUNITIES IN 2018. WE LAUNCHED A LATINO ENVIRONMENTAL LEADERSHIP GROUP WITH THE GOAL OF PROTECTING THE ENVIRONMENT AND INCREASING THE REPRESENTATION OF LATINOS IN DECISION MAKING; 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.

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

PROTECTING OUR REGION FROM FOSSIL FUELS

RIVERKEEPER HAS WORKED WITH TRIBAL NATIONS, LOCAL BUSINESSES, STRONG COALITIONS, AND

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

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 IS CURRENTLY CHALLENGING PLANS TO BUILD THE WORLD'S LARGEST FRACKED-GAS-TO-METHANOL REFINERY IN KALAMA, WA. THE WASHINGTON SHORELINES HEARING BOARD RULED THAT THE PORT OF KALAMA VIOLATED STATE LAW BY FAILING TO EVALUATE THE REFINERY'S FULL GREENHOUSE GAS IMPACT. WASHINGTON GOVERNOR JAY INSLEE RECENTLY ANNOUNCED HIS OPPOSITION TO THE METHANOL REFINERY AFTER THREE YEARS OF GRASSROOTS PRESSURE. IN 2018, FOR EXAMPLE, RIVERKEEPER, KALAMA RESIDENTS, AND NON-PROFIT ALLIES GENERATED OVER 11,000 COMMENTS DURING A 30-DAY PUBLIC COMMENT PERIOD, HELD FOUR PUBLIC MEETINGS FOR 250 PEOPLE, AND OBTAINED FAVORABLE EARNED MEDIA AND EDITORIALS.

IN ADDITION TO THE KALAMA REFINERY, RIVERKEEPER IS CHALLENGING A TWIN METHANOL REFINERY IN PORT WESTWARD, OR. IN 2018, RIVERKEEPER PREVAILED IN COURT OVER THE PORT'S PLANS TO REZONE 800 ACRES OF AGRICULTURAL LANDS, INCLUDING BLUEBERRY FIELDS AND MINT FARMS, TO INDUSTRIAL LAND. THIS REZONING WOULD HAVE PAVED THE WAY FOR THE METHANOL REFINERY AND MORE INDUSTRIAL DEVELOPMENT.

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

FIGHTING FOR CLEAN WATER AND SALMON

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 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 2018, RIVERKEEPER REDUCED TOXIC POLLUTION IN THE COLUMBIA AND ITS TRIBUTARIES BY IDENTIFYING AND STOPPING ILLEGAL POLLUTION, REVIEWING POLLUTION DISCHARGE PERMITS, AND ADVOCATING TO STATE AND FEDERAL AGENCIES FOR BETTER TOXIC REDUCTION POLICIES.

RIVERKEEPER RESEARCHES POLLUTION VIOLATIONS AND ENFORCES THE CLEAN WATER ACT AGAINST ILLEGAL DISCHARGES. RIVERKEEPER REVIEWS MAJOR POLLUTION DISCHARGE PERMITS ON THE

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

COLUMBIA RIVER AND SUBMITS DETAILED TECHNICAL AND LEGAL COMMENTS TO STATE AGENCIES WHEN APPROPRIATE. THE COMMENTS ADVOCATE FOR POLLUTION REDUCTION AND NOTIFY THE AGENCIES WHEN THE POLLUTION PERMITS VIOLATE THE CLEAN WATER ACT. RIVERKEEPER'S ACTIONS RESULTED IN LESS TOXIC POLLUTION, BETTER TREATMENT OR CONTROL SYSTEMS, AND GREATER COMPLIANCE WITH THE LAW.

RIVERKEEPER AND THE NORTHWEST ENVIRONMENTAL DEFENSE CENTER REACHED A LEGAL SETTLEMENT IN 2018 THAT REQUIRES THE STATE OF OREGON MODIFY ITS INDUSTRIAL STORMWATER PERMIT TO STRENGTHEN PROTECTIONS FOR RIVERS. PREVIOUSLY, OREGON'S PERMIT DID NOT PROTECT IMPAIRED RIVERS FROM MORE TOXIC POLLUTION. OREGON WILL ALSO INCREASE CORPORATE ACCOUNTABILITY BY REQUIRING COMPANIES TO REPORT POLLUTION DATA FOUR TIMES PER YEAR INSTEAD OF JUST ONCE. IN ADDITION, OREGON WILL DEVELOP AN EXPERT COMMITTEE TO ASSESS WHETHER NUMERIC PERMIT LIMITS ARE FEASIBLE. IF OREGON ADOPTS NUMERIC LIMITS, INSTEAD OF THE "BENCHMARKS" THAT MOST STATES USE TODAY, OREGON'S STORMWATER PERMIT WILL BE THE NATION'S BEST.

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 RE-LABEL HIGH-LEVEL NUCLEAR WASTE AS "LOW-LEVEL" IN ORDER TO LEAVE IT IN PLACE, INSTEAD OF MORE PROTECTIVE CLEANUP. WORKING WITH YAKAMA NATION, FOR EXAMPLE, WE HELPED GENERATE 800 COMMENTS TO THE U.S. DEPARTMENT OF ENERGY FROM TRIBAL YOUTH AND OTHERS ON AND AROUND THE YAKAMA RESERVATION.

RIVERKEEPER ALSO IDENTIFIES AND PROTECTS KEY SALMON HABITAT IN THE COLUMBIA BASIN

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

FROM INDUSTRIAL DEVELOPMENT AND OTHER THREATS, INCLUDING FOSSIL FUEL INFRASTRUCTURE, NEW SHIPPING TERMINALS, AND CHEMICAL PLANTS. RIVERKEEPER 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 AND STATE AGENCIES TO PROTECT THE COLUMBIA RIVER AND RURAL COMMUNITIES FROM FACTORY FARM POLLUTION. IN JULY, OREGON REVOKED THE PERMIT OF A HUGE MEGA-DAIRY IN EASTERN OREGON THAT THREATENED CRITICAL GROUNDWATER.

IN ADDITION, RIVERKEEPER WORKS 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 2018, RIVERKEEPER UNDERTOOK IMPORTANT LEGAL WORK TO PROTECT SALMON.

FIRST, RIVERKEEPER AND ALLIES PREVAILED IN COURT 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 HAS APPEALED RIVERKEEPER'S VICTORY TO THE NINTH CIRCUIT COURT OF APPEALS. SECOND, AFTER FIVE YEARS OF RIVERKEEPER'S STRATEGIC LITIGATION, THE STATE OF WASHINGTON NOW HAS THE AUTHORITY—FOR THE FIRST TIME EVER—TO FORCE FEDERAL DAMS TO KEEP THE COLUMBIA RIVER COOL ENOUGH FOR SALMON SURVIVAL.

Name of the organization

COLUMBIA RIVERKEEPER

Employer identification number

91–1583492

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.