

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>RIVERKEEPER, INC.</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>828 SOUTH BROADWAY</u> City or town, state or country, and ZIP + 4 <u>TARRYTOWN, NY 10591</u>	D Employer identification number <u>13-3204621</u>
		E Telephone number <u>(914) 478-4501</u>	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.RIVERKEEPER.ORG

J Organization type (check only one) 501(c) (03) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,334,052.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

	1	Contributions, gifts, grants, and similar amounts received:							
	a	Contributions to donor advised funds	1a						
	b	Direct public support (not included on line 1a)	1b	4,028,975.					
	c	Indirect public support (not included on line 1a)	1c						
	d	Government contributions (grants) (not included on line 1a)	1d						
	e	Total (add lines 1a through 1d) (cash \$ <u>4,028,975.</u> noncash \$ _____)	1e					4,028,975.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2						
	3	Membership dues and assessments	3						
	4	Interest on savings and temporary cash investments	4					24,402.	
	5	Dividends and interest from securities	5					7,771.	
Revenue	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c						
	7	Other investment income (describe ▶ _____)	7						
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other				
	b	Less: cost or other basis and sales expenses	8a		8b				
	c	Gain or (loss) (attach schedule)	8c						
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d						
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>							
	a	Gross revenue (not including \$ <u>1,755,155.</u> of STMT 1 contributions reported on line 1b). STMT 2.	9a	230,905.					
	b	Less: direct expenses other than fundraising expenses	9b	180,853.					
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c					50,052.	
	10a	Gross sales of inventory, less returns and allowances	10a						
	b	Less: cost of goods sold	10b						
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c						
	11	Other revenue (from Part VII, line 103)	11					41,999.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12					4,153,199.	
Expenses	13	Program services (from line 44, column (B))	13					2,899,706.	
	14	Management and general (from line 44, column (C))	14					236,678.	
	15	Fundraising (from line 44, column (D))	15					667,734.	
	16	Payments to affiliates (attach schedule)	16						
	17	Total expenses. Add lines 16 and 44, column (A)	17					3,804,118.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18					349,081.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19					2,027,547.	
	20	Other changes in net assets or fund balances (attach explanation) STMT 3	20					301.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21					2,376,929.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-43, and 44 Total functional expenses.

Joint Costs. Check [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [X] Yes [] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ 300,346 ; (ii) the amount allocated to Program services \$ 150,173 ;
(iii) the amount allocated to Management and general \$ NONE; and (iv) the amount allocated to Fundraising \$ 150,173.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a RIVERKEEPER FOCUSES ON 3 PROBLEMS FACING THE HUDSON RIVER COMMUNITIES: RESTORATION OF THE ECOSYSTEM, PROTECTION OF NYC'S DRINKING WATER SUPPLY AND IMPROVING PUBLIC ACCESS TO THE HUDSON. RIVERKEEPER HAS INVESTIGATED AND BROUGHT TO JUSTICE HUNDREDS OF ENVIRONMENTAL LAWBREAKERS.

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

2,899,706.

b _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

c _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

d _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) **▶**

2,899,706.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	348,657.	45	35,370.
	46 Savings and temporary cash investments	944,423.	46	1,387,700.
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable	806,728.		
	b Less: allowance for doubtful accounts		48c	806,728.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	28,517.	53	61,988.
	54a Investments - publicly-traded securities		54a	132,289.
	b Investments - other securities (attach schedule)		54b	
	55a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	324,415.		
	b Less: accumulated depreciation (attach schedule)	210,591.	129,391.	57c
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6)	106,467.	58	24,467.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,225,718.	59	2,562,366.	
Liabilities	60 Accounts payable and accrued expenses	198,171.	60	185,437.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	198,171.	66	185,437.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,696,114.	67	1,942,983.
	68 Temporarily restricted	331,433.	68	433,946.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,027,547.	73	2,376,929.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,225,718.	74	2,562,366.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (25), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b 373,175. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c Dues, assessments, and similar amounts from members N/A 85d Section 162(e) lobbying and political expenditures N/A 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 N/A b Gross receipts, included on line 12, for public use of club facilities N/A 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders N/A b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A 88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX X 88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI X 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction X 89b c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? X 89e f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? X 89f g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A 89g 90a List the states with which a copy of this return is filed NEW YORK b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 22 90b 91a The books are in care of RIVERKEEPER, INC. Telephone no. 914-478-4501 Located at 828 SOUTH BROADWAY, TARRYTOWN, NY ZIP + 4 10591 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 91b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,402.	
96 Dividends and interest from securities			14	7,771.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					50,052.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b OTHER REVENUE					41,999.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				32,173.	92,051.
105 Total (add line 104, columns (B), (D), and (E))					124,224.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101& 103B	SPECIAL EVENT AND OTHER REVENUE USED IN THE FUTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
				N/A	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
Totals					

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
				N/A	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No
N/A

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.

Please Sign Here

Signature of officer: *AWEX MATTIessen* Date: 2/12/2009

Type or print name and title: AWEX MATTIessen, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: FEB 12 2009 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CONDON O'NEARA MCGINTY & DONNELLY L
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004-1405

EIN: 13-3628255 Phone no.: 212-661-7777

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: **RIVERKEEPER, INC.** Employer identification number: **13-3204621**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 8				

Total number of other employees paid over \$50,000 . . . ▶ **11**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 9		

Total number of others receiving over \$50,000 for professional services ▶ **NONE**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **NONE**

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 6,348. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .STMT. 10

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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 June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____
d Add: Line 27a total _____ and line 27b total _____
e Public support (line 27c total minus line 27d total) _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns (a) Affiliated group totals and (b) To be completed for all electing organizations. Rows include Total lobbying expenditures to influence public opinion, Total lobbying expenditures to influence a legislative body, Total lobbying expenditures (add lines 36 and 37), Other exempt purpose expenditures, Total exempt purpose expenditures (add lines 38 and 39), Lobbying nontaxable amount, and various sub-categories for nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns (a) 2007, (b) 2006, (c) 2005, (d) 2004, and (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table for reporting lobbying activity with columns Yes, No, and Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Name of organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization RIVERKEEPER, INC.

Employer identification number

13-3204621

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PAUL TUDOR JONES 1275 KING STREET GREENWICH, CT 06831	\$ 205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WALLACE RESEARCH FOUNDATION 221 3RD AVENUE CEDAR RAPIDS, IA 52401	\$ 166,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	AIG, INC. 70 PINE STREET NEW YORK, NY 10270	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	INSURANCE INDUSTRY CHARITABLE FOUNDATION 64 BEAVER STREET NEW YORK, NY 10004	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MOORE CHARITABLE FOUNDATION 1251 AVENUE OF THE AMERICAS, 17TH FLOOR NEW YORK, NY 10020-1104	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HESS FOUNDATION, INC. 4 BECKER FARM ROAD ROSELAND, NJ 07068-1739	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization RIVERKEEPER, INC.

Employer identification number

13-3204621

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JOHN & WENDY NEU FAMILY FOUNDATION, INC. 120 FIFTH AVENUE NEW YORK, NY 10011	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	JEFF RESNICK 85 BROAD STREET NEW YORK, NY 10004	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HOWARD RUBIN P.O. BOX 387 POUND RIDGE, NY 10576	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	FASHION ACCESSORIES BENEFIT BALL, INC. 51 RED COAT ROAD WESTPORT, CT 06880	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DAVID KOWITZ 14 CLIFFORD STREET LONDON, WIS 4JU, ENGLAND	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CONTRIBUTIONS LESS THAN 2% 	\$ 2,687,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization RIVERKEEPER, INC.	Employer identification number 13 3204621
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 828 SOUTH BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TARRYTOWN, NY 10591	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶

Telephone No. ▶ (.....)..... FAX No. ▶ (.....).....

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)..... If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20.....or

▶ tax year beginning **JULY 1**, 20**07**, and ending **JUNE 30**, 20**08**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

SPECIAL EVENTS

1,755,155.

TOTAL

1,755,155.

=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	230,905.	180,853.	50,052.
TOTALS	230,905.	180,853.	50,052.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

301.

TOTAL

301.
=====

CLIENT: RIVERKEEPER, INC.
 EIN: 13-3204621
 FOR THE YEAR ENDED: 06/30/08

DEPRECIATION TAX SCHEDULE

ASSETS

KIND OF PROPERTY	ASSETS				ACCUMULATED DEPRECIATION			
	BEGINNING BALANCE	ADDITIONS	WRITE-OFFS RETIREMENTS(R)	ENDING BALANCE	ALLOWED (OR ALLOWABLE) IN PRIOR YEARS	DEPRECIATION CLAIMED THIS YEAR	DEDUCTIONS RETIREMENTS(R) SALES(S)	ENDING BALANCE
Land	7,500			7,500				
Office Equipment	102,678	10,609		113,287	52,101	17,878		69,979
Boat Equipment & Improvements	163,220	8,473		171,693	111,929	10,384		122,313
Leasehold Improvements	31,935			31,935	11,912	6,387		18,299
TOTAL	305,333	19,082		324,415	175,942	34,649		210,591

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BAD DEBT EXPENSE	113,864.		113,864.	150,173.
DIRECT MAIL EXPENSE	300,346.	150,173.		312.
PUBLIC RELATIONS AND PROGRAM OUTREACH	1,806.	1,446.	48.	
DUES AND SUBSCRIPTIONS	6,616.	5,296.	176.	1,144.
INSURANCE	16,117.	12,900.	431.	2,786.
MISCELLANEOUS	24,550.	19,650.	657.	4,243.
OUTSIDE SERVICES EXPENSE	488,742.	443,188.	44,206.	1,348.
OTHER PROFESSIONAL FEES	109,433.	91,184.	2,446.	15,803.
SPECIAL EVENTS	8,311.			8,311.
TOTALS	1,069,785.	723,837.	161,828.	184,120.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

RIVERKEEPER'S MISSION IS TO SAFEGUARD THE ECOLOGICAL INTEGRITY OF THE HUDSON RIVER WATERSHED BY TRACKING DOWN AND STOPPING POLLUTERS WHO ABUSE THE HUDSON RIVER, ITS TRIBUTARIES AND THE NEW YORK CITY WATERSHED. RIVERKEEPER IS CURRENTLY FOCUSED ON THE FOLLOWING PROGRAMS: HUDSON RIVER STEWARDSHIP; NEW YORK CITY RESERVOIR PROTECTION; PREVENTION OF FISH KILLS BY ELECTRIC POWER PLANTS; HUDSON RIVER ACCESS IMPROVEMENT; AND THE CULTIVATION OF SIMILAR RIVERKEEPER PROGRAMS THROUGHOUT THE NATION.

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
SECURITY DEPOSIT	24,467.
TOTALS	----- 24,467. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ALEX MATHIESSEN 828 SOUTH BROADWAY TARRYTOWN, NY 10591	HUDSON RIVERKEEPER & PRESIDENT 40.00	175,000.	10,815.	NONE
ROBERT F. KENNEDY, JR. 828 SOUTH BROADWAY TARRYTOWN, NY 10591	VICE CHAIR 40.00	47,478. *	NONE	NONE

SEE SCHEDULE ATTACHED

SEE SCHEDULE ATTACHED

NONE

GRAND TOTALS

222,478. 10,815. NONE

* ROBERT F. KENNEDY, JR., VICE CHAIR IS NOT DIRECTLY COMPENSATED BY RIVERKEEPER, INC. RIVERKEEPER, INC. PAYS THE NATURAL RESOURCES DEFENSE COUNCIL FOR THE LEGAL SERVICES PROVIDED BY MR. KENNEDY.

RIVERKEEPER, INC.
EIN: 13-3204621

Officers

Chair	George Hornig
Treasurer	Dr. Howard A. Rubin
Secretary	Peggy Cullen

Executive Committee

Ann Colley
Doni Belau
Amanda Hearst

Board Members

John P. Abplanalp
William Abranowicz
John Adams
Jed Alpert
Joe Boren
Lorraine Bracco
Binta Niambi Brown
Hamilton Fish
Robert Gabrielson
Anne Hearst McInerney
Karen Kelly Klopp
David Kowitz
John McEnroe
Jeff Resnick
Michael Richter
Dennis Rivera
Renee Rockefeller

Time Devoted:	2 hrs/wk
Address:	c/o Riverkeeper, Inc.
Expense Allowance:	None
Compensation:	None
Employee Benefit Plan:	None

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
JOHN LIPSCOMB 828 SOUTH BROADWAY TARRYTOWN, NY 10591	BOAT CAPTIAN 40.00	100,000.	NONE	NONE
ROBERT GOLDSTEIN 828 SOUTH BROADWAY TARRYTOWN, NY 10591	GENERAL COUNSEL 40.00	90,184.	13,622.	NONE
LISA RAINWATER 828 SOUTH BROADWAY TARRYTOWN, NY 10591	POLICY DIRECTOR 40.00	85,000.	2,550.	NONE
TRACY BROWN 828 SOUTH BROADWAY TARRYTOWN, NY 10591	COMMUNICATIONS DIR 40.00	75,208.	NONE	NONE
VICTOR TAFUR 828 SOUTH BROADWAY TARRYTOWN, NY 10591	SENIOR ATTORNEY 40.00	75,000.	750.	NONE
TOTAL COMPENSATION		425,392.	16,922.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
LAMONT DOHERTY LABORATORY COLUMBIA UNIVERSITY - LAMONT CAMPUS PALISADES, NY 10964	WATER QUALITY TESTS	114,106.
HUDSON BASIN RIVER WATCH 238 LITTLE COLFAX ROAD CAMBRIDGE, NY 12816	EDUCATIONAL	92,905.
EVENT ASSOCIATES, INC. 162 WEST 56TH STREET, SUITE 405 NEW YORK, NY 10019	FUNDRAISER	68,448.
STROUD WATER RESEARCH CENTER 970 SPENCER ROAD AVONDALE, PA 19311	EDUCATIONAL	57,988.
	TOTAL COMPENSATION	----- 333,447. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V-A

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) <u>07/01/2007</u> and ending (mm/dd/yyyy) <u>06/30/2008</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization RIVERKEEPER, INC.		d. Fed. employer ID no. (EIN) (##-####-####) 13-3204621
	Number and street (or P.O. box if mail not delivered to street address) Room/suite 828 SOUTH BROADWAY		e. NY State registration no. (###-###-###) 03-42-97
	City or town, state or country and zip + 4 TARRYTOWN, NY 10591		f. Telephone number (914) 478-4501
			g. Email info@riverkeeper.org

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	<i>[Signature]</i>	A. MATTHIESSEN	PRESIDENT	2/12/09
	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treasurer	<i>[Signature]</i>	K. DUPLESSY	V.P. COO	2/12/09
	Signature	Printed Name	Title	Date

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)
 Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)
 Check if total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . . Yes* No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? . . . Yes* No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for **summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:		Submit only one check or money order for the total fee, payable to "NYS Department of Law"
a. Article 7-A filing fee	\$ <u>25.</u>	
b. EPTL filing fee	\$ <u>250.</u>	
c. Total fee	\$ <u>275.</u>	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for **required attachments.**

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser
Fund raising counsel
Commercial co-venturer

2. Name of FRP:

EVENT ASSOCIATES, INC.

Number and street (or P.O. box if mail is not delivered to street address):

162 WEST 56TH STREET, SUITE 405

City or town, state or country and zip + 4:

NEW YORK, NY 10019

3. FRP telephone number:

212-245-6570

4. Services provided by FRP (provide description):

ORGANIZE AND RUN THE ANNUAL GALA. MANAGE AND RUN THE EVENT, WHICH INCLUDES SCHEDULING, PREPARING THE MENU, HIRING ENTERTAINMENT, PRINTING THE INVITATIONS AND PROGRAMS, MAILINGS, RESERVATIONS, AND COLLECTIONS.

5. Compensation arrangement with FRP (provide description):

CONTRACT IS FOR \$60,000.

6. Dates of contract 07/01/2007 through 06/30/2008
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 68,448.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
----------------------------------	------------------

- | | |
|---------------|--|
| ● Article 7-A | Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. |
| ● EPTL | Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. |
| ● Dual | Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee. |

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
<u>Filing Fee</u>		
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"		
<u>Copies of Internal Revenue Service Forms</u>		
<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report (total support & revenue more than \$250,000)
<input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)
<input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)