

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **OGEECHEE RIVERKEEPER, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 16206 _____
 City or town, state or province, country, and ZIP or foreign postal code
SAVANNAH GA 31416

D Employer identification number: **58-2636669**

E Telephone number: **866-942-6222**

F Name and address of principal officer:
CLAY MOBLEY
PO BOX 16206
SAVANNAH GA 31416

G Gross receipts \$: **440,266**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number _____

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW. OGEECHEERIVERKEEPER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2001** **M** State of legal domicile: **GA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE PUBLIC EDUCATION AND WATER QUALITY MONITORING FOR THE OGEECHEE AND CANOOCHEE RIVERS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	216,081	318,165
	9 Program service revenue (Part VIII, line 2g)	5,667	29,331
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,355	91,022
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,415	1,748
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,518	440,266
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	155,219	266,304
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	29,294	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	210,230	130,457
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	365,449	396,761	
19 Revenue less expenses. Subtract line 18 from line 12	-59,931	43,505	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,397,048	End of Year 1,214,335
	21 Total liabilities (Part X, line 26)	32,101	25,444
	22 Net assets or fund balances. Subtract line 21 from line 20	1,364,947	1,188,891

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.

Sign Here

Signature of officer: **CLAY MOBLEY** Date: _____
 Type or print name and title: **CHAIR**

Paid Preparer Use Only

Print/Type preparer's name: **SHANNON L. BRETT** Preparer's signature: **SHANNON L. BRETT** Date: _____
 Check if self-employed PTIN: **P00558136**

Firm's name: **HOLLAND, BROMLEY, BARNHILL & BRETT, LLP** Firm's EIN: **58-1941470**
 Firm's address: **530 STEPHENSON AVE, STE 200 SAVANNAH, GA 31405** Phone no.: **912-235-3410**

May the IRS discuss this return with the preparer shown above? See instructions Yes No