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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 HACKENSACK RIVERKEEPER INC
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 231 MAIN STREET
 City or town, state or country, and ZIP + 4
 HACKENSACK, NJ 076017304

D Employer identification number
 22-3530496
E Telephone number
 (201) 968-0808
F Accounting method Cash Accrual
 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).

G Web site: WWW HACKENSACKRIVERKEEPER ORG
J Organization type (check only one) 501(c) (3) (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 12 534,704

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)


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

REVENUE	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		257,518
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		137,956
	e	Total (add lines 1a through 1d) (cash \$ 395,474 noncash \$ _____)	1e		395,474
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .	2		6,466
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		1,968
	5	Dividends and interest from securities	5		1,724
	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			
REVENUE	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
			28,136	8a	
	b	Less cost or other basis and sales expenses	33,918	8b	
	c	Gain or (loss) (attach schedule)	-5,782	8c	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		-5,782	
REVENUE	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b) _____	9a		95,432
	b	Less direct expenses other than fundraising expenses	9b		48,591
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		46,841
REVENUE	10a	Gross sales of inventory, less returns and allowances	10a		5,504
	b	Less cost of goods sold	10b		3,665
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		1,839
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		448,530	
EXPENSES	13	Program services (from line 44, column (B))	13		342,564
	14	Management and general (from line 44, column (C))	14		43,425
	15	Fundraising (from line 44, column (D))	15		64,378
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses Add lines 16 and 44, column (A)	17		450,367
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		-1,837
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		361,499
	20	Other changes in net assets or fund balances (attach explanation) _____	20		-2,955
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		356,707

Part III 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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	71,078	63,972	3,553
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	188,026	130,053	14,005
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28	28,467	20,504	2,025
29 Payroll taxes	29	21,592	16,108	1,470
30 Professional fundraising fees	30	3,782		3,782
31 Accounting fees	31	5,925		5,925
32 Legal fees	32			
33 Supplies	33	8,606		8,606
34 Telephone	34	6,534	4,979	614
35 Postage and shipping	35	18,611	18,075	212
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	9,422	9,422	
39 Travel	39	1,928	1,287	641
40 Conferences, conventions, and meetings	40	3,731	3,731	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule) 	42	13,811	12,242	620
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	450,367	342,564	43,425

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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? ▶ THE MISSION OF HACKENSACK RIVERKEEPER IS TO PROTECT, PRESERVE AND RESTORE THE HACKENSACK RIVER WATERSHED AND ITS LIVING RESOURCES. HACKENSACK RIVERKEEPER FIGHTS FOR CLEAN WATER, OPEN SPACE PRESERVATION AND PUBLIC ACCESS TO THE RIVER FOR BOTH ACTIVE AND PASSIVE RECREATION. IT ACCOMPLISHES ITS MISSION BY PROSECUTING POLLUTERS, PARTICIPATING IN THE ADMINISTRATION OF LOCAL AND REGIONAL OPEN SPACE TRUST FUNDS, EDUCATING THE PUBLIC THROUGH SCHOOL AND COMMUNITY BASED PROGRAMS, AND ORGANIZING A VARIETY OF ECO-PROGRAMS INCLUDING CLEANUPS, PONTOON BOAT CRUISES, BIRDING WALKS AND CANOE AND KAYAK RENTALS IN THE MEADOWLANDS.	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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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.)

a QUARTERLY NEWSLETTERS ISSUED, WETLAND ACREAGE PRESERVED, 2,000+ PASSENGERS ON ECO-CRUISES, POLLUTERS EXPOSED AND PROSECUTED (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	338,070
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b OYSTER PLANTING AND MONITORING - BUILDING CAGES AND INSTALLING THEM AT DIFFERENT LOCATIONS THROUGHOUT THE MEADOWLANDS, FILLING THEM WITH IMMATURE OYSTERS, AND MONITORING THEIR HEALTH THROUGHOUT THE YEAR (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	4,494
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c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	342,564
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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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	221,635	45	188,815
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	10,000	49	10,000
	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(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	35,970	54b	50,553
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis	240,255			
b Less accumulated depreciation (attach schedule)	83,450	144,982	57c 156,805	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	3,673	58	188	
59 Total assets (must equal line 74) Add lines 45 through 58	416,260	59	406,361	
Liabilities	60 Accounts payable and accrued expenses	9,917	60	15,091
	61 Grants payable		61	
	62 Deferred revenue	44,844	62	34,563
	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	54,761	66	49,654	
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	356,344	67	349,744
	68 Temporarily restricted	5,155	68	6,963
	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)	361,499	73	356,707
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	416,260	74	406,361

Part VI Other Information (continued)

Yes No

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?

82a Yes

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)

82b 48,600

83a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a Yes

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b Yes

84a Did the organization solicit any contributions or gifts that were not tax deductible?

84a No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year

85b

c Dues assessments, and similar amounts from members

85c

d Section 162(e) lobbying and political expenditures

85d

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h 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?

85h

86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b Gross receipts, included on line 12, for public use of club facilities

86b

87 501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

87b

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

88a No

b 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

88b No

89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0

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

89b No

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Enter Amount of tax on line 89c, above, reimbursed by the organization

e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e No

f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f No

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?

89g No

90a List the states with which a copy of this return is filed NJ

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 5

91a The books are in care of THE ORGANIZATION Telephone no (201) 968-0808 Located at 231 MAIN STREET HACKENSACK, NJ ZIP + 4 076017304

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)?

91b Yes No

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

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

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Interest on savings, Dividends, Net rental income, etc.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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)

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

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

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	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		2008-10-28 Date
	OFFICER, OPERATIONS DIRECTOR Type or print name and title		

Paid Preparer's Use Only	Preparer's signature  ANDREW SILVERSTEIN CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DORFMAN ABRAMS MUSIC LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NJ 07410			EIN  Phone no  (201) 796-9100

**SCHEDULE A
(Form 990 or
990EZ)**

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.)

OMB No 1545-0047

2007

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
HACKENSACK RIVERKEEPER INC

Employer identification number

22-3530496

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
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
None		
Total number of others receiving over \$50,000 for professional services		

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 individual or firms. If there are none, enter "None". See page 2 for 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		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1		No
<p>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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>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)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>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 right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(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					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	411,459	457,867	434,227	371,534	1,675,087
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,302				2,302
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,672	1,303	762	1,889	7,626
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets				2,100	2,100
23 Total of lines 15 through 22	417,433	459,170	434,989	375,523	1,687,115
24 Line 23 minus line 17	415,131	459,170	434,989	375,523	1,684,813
25 Enter 1% of line 23	4,174	4,592	4,350	3,755	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 33,696
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 1,684,813
d Add Amounts from column (e) for lines	18 7,626	19 0			
	22	26b			26d 9,726
e Public support (line 26c minus line 26d total)					26e 1,675,087
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9942 27 %
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 (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 _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(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	32a	
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 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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a 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 9 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)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures	752	0	0	0	752
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence 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 **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return HACKENSACK RIVERKEEPER INC

Business or activity to which this form relates

Identifying number

Form 990 Page 2

22-3530496

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Section 179 expense deduction calculation, including listed property, elected cost, and carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2007.

Table with 7 columns (a-g) for MACRS depreciation details, including classification, basis, recovery period, convention, method, and deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Alternative Depreciation System details, including class life and recovery period.

Part IV Summary (see instructions)

Table with 3 rows for Summary of depreciation amounts, including listed property and total.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

TY 2007 Activities not Previously Reported Explanation

Name: HACKENSACK RIVERKEEPER INC

EIN: 22-3530496

Explanation: PAGE 3, PROGRAM NUMBER 2 ADDED IN 2007

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** HACKENSACK RIVERKEEPER INC**EIN:** 22-3530496**Gross Sales Price:** 28,136**Basis:** 33,918**Sales Expenses:** 0**Total (net):** -5,782

TY 2007 Investments - Securities Schedule

Name: HACKENSACK RIVERKEEPER INC

EIN: 22-3530496

Description	Book Value	Cost/FMV
INVESTMENTS	50,553	C

TY 2007 Land etc. Schedule**Name:** HACKENSACK RIVERKEEPER INC**EIN:** 22-3530496

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PONTOON BOAT - ROBERT BOYLE	21,971	21,971	0
CANOES	10,688	10,688	0
PONTOON BOAT - EDWARD ABBEY	20,330	11,181	9,149
KAYAKS	5,828	5,247	581
TRAILERS	2,604	1,823	781
PADDLES	825	578	247
NEW MOTOR FOR RESCUE BOAT	2,189	545	1,644
NEW PONTOONS FOR BOYLE	2,000	500	1,500
OFFICE EQUIPMENT	2,170	2,170	0
TELEPHONE SYSTEM	5,300	2,915	2,385
FAX MACHINE	276	248	28
EPSON STYLUS PRINTER	526	473	53
SERVER	4,511	3,157	1,354
BUILDING	131,180	18,035	113,145
FORD RANGER	4,225	2,324	1,901
SEA DOO CHALLENGER	7,500	438	7,062
2 PROJECTORS	1,096	109	987
COMPUTERS AND UPGRADE	15,236	1,016	14,220
GLASS BLOCK WINDOWS	1,800	32	1,768

TY 2007 Other Assets Schedule**Name:** HACKENSACK RIVERKEEPER INC**EIN:** 22-3530496

Description	Beginning of Year Amount	End of Year Amount
SUNDRY RECEIVABLES	3,673	188

TY 2007 Other Changes in Net Assets Schedule

Name: HACKENSACK RIVERKEEPER INC

EIN: 22-3530496

Description	Amount
Unrealized Loss on Securities	-2,955

TY 2007 Special Events Schedule

Name: HACKENSACK RIVERKEEPER INC

EIN: 22-3530496

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
ANNUAL AWARDS	70,342	0	70,342	38,888	31,454
OTHER EVENTS	5,691	0	5,691	878	4,813
BIRDFEST	19,399	0	19,399	8,825	10,574

TY 2007 Non Electing Public Charities Statement

Name: HACKENSACK RIVERKEEPER INC

EIN: 22-3530496

Statement: TRAVEL COSTS TO AMERICAN RIVERS LOBBY DAY

TY 2007 Other Income Schedule

Name: HACKENSACK RIVERKEEPER INC

EIN: 22-3530496

Description	2006	2005	2004	2003	Total
OTHER				2,100	2,100

Additional Data

Software ID:

Software Version:

EIN: 22-3530496

Name: HACKENSACK RIVERKEEPER INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISeMENT	43a	2,736	2,736		
b BANK SERVICE CHARGES	43b	2,304	1,152	1,152	
c COST OF SALES	43c	1,307		1,307	
d CONTINUING EDUCATION	43d	864	780		84
e LICENSES AND PERMITS	43e	180		180	
f SCHOLARSHIP	43f	1,000	1,000		
g COMPUTER EXPENSE	43g	654		654	
h DUES AND SUBSCRIPTIONS	43h	1,218		1,218	
i taxes	43i	689	525	65	99
j INSURANCE	43j	15,973	15,973		
k MISCELLANEOUS	43k	1,149	316	755	78
l UTILITIES	43l	4,498	3,427	423	648
m PROGRAM EXPENSE	43m	34,118	34,118		
n EXHIBITING EXPENSE	43n	2,164	2,164		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CAPTAIN BILL SHEEHAN 231 MAIN STREET HACKENSACK, NJ 07601	EXECUTIVE DIRECTOR 40 00	66,329	4,749	0
MARGARET UTZINGER 231 MAIN STREET HACKENSACK, NJ 07601	PRESIDENT 2 00	0	0	0
IVAN KOSSAK CPA 231 MAIN STREET HACKENSACK, NJ 07601	VICE PRESIDENT 2 00	0	0	0
SUSAN GORDON 231 MAIN STREET HACKENSACK, NJ 07601	SECRETARY 2 00	0	0	0
ROBERT F KENNEDY JR 231 MAIN STREET HACKENSACK, NJ 07601	TRUSTEE 2 00	0	0	0
VIRGINIA KORTEWEG 231 MAIN STREET HACKENSACK, NJ 07601	TRUSTEE 2 00	0	0	0
WILLIAM PAT SCHUBER 231 MAIN STREET HACKENSACK, NJ 07601	TRUSTEE 2 00	0	0	0
ELLIE SPRAY 231 MAIN STREET HACKENSACK, NJ 07601	TRUSTEE 2 00	0	0	0
NANCY WYSOCKI 231 MAIN STREET HACKENSACK, NJ 07601	TRUSTEE 2 00	0	0	0
J MICHAEL PARISH 231 MAIN STREET HACKENSACK, NJ 07601	TREASURER 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KELLY PALAZZI 231 MAIN STREET HACKENSACK, NJ 07601	TRUSTEE 2 00	0	0	0