

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2000**

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001**

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	<b>C</b> Name of organization <b>RIVER NETWORK</b>	<b>D</b> Employer identification number <b>93-0969979</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>520 SW SIXTH AVENUE</b>	Room/suite <b>1130</b>	<b>E</b> Telephone number <b>(503) 241-3506</b>
	City or town, state or country, and ZIP <b>PORTLAND, OR 97204</b>		<b>F</b> Check <input type="checkbox"/> if application pending
	Please use IRS label or print or type See Specific Instructions		

**G** Organization type (check only one) ► ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 527  
OR ☐ 4947(a)(1)

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

**J** Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ►

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

**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? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)

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

**I** Enter 4-digit group exemption no. (GEN) ►

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ► ☐

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	4,147,562.	
	b	Indirect public support	1b	14,334.	
	c	Government contributions (grants)	1c	371,407.	
	d	Total (add lines 1a through 1c) (cash \$ 4,533,303. noncash \$ )	1d	4,533,303.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	106,339.	
	3	Membership dues and assessments	3	40,392.	
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	65,422.	
		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 sale 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)			
a		Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net gain or (loss) from special events (subtract line 9b from line 9a)	9c		
	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	15,666.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,761,122.	
	13	Program services (from line 44, column (B))	13	3,397,864.	
	14	Management and general (from line 44, column (C))	14	208,987.	
	15	Fundraising (from line 44, column (D))	15	314,059.	
Expenses	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	3,920,910.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	840,212.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,691,039.	
	20	Other changes in net assets or fund balances (attach explanation)	20	-129,150.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,402,101.	

SEE STATEMENT 1

**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.

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
22 Grants and allocations (attach schedule) cash \$299,329. noncash \$	22 299,329.	299,329.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 250,194.	202,888.	16,816.	30,490.
26 Other salaries and wages	26 1,267,382.	1,027,734.	85,188.	154,460.
27 Pension plan contributions	27 126,050.	99,035.	9,650.	17,365.
28 Other employee benefits	28 140,947.	117,808.	8,266.	14,873.
29 Payroll taxes	29 143,161.	115,636.	9,833.	17,692.
30 Professional fundraising fees	30 8,356.			8,356.
31 Accounting fees	31 6,000.		6,000.	
32 Legal fees	32 85,631.	84,313.	1,318.	
33 Supplies	33 25,440.	22,096.	148.	3,196.
34 Telephone	34 36,974.	30,369.	4,111.	2,494.
35 Postage and shipping	35 20,323.	17,658.	252.	2,413.
36 Occupancy	36 233,233.	189,103.	15,766.	28,364.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 71,521.	63,430.	3,354.	4,737.
39 Travel	39 195,057.	170,592.	12,451.	12,014.
40 Conferences, conventions, and meetings	40 149,636.	149,636.		
41 Interest	41 19,870.	19,870.		
42 Depreciation, depletion, etc (attach schedule)	42 25,384.	20,584.	1,716.	3,084.
43 Other expenses (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 2	43e 816,422.	767,783.	34,118.	14,521.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 3,920,910.	3,397,864.	208,987.	314,059.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

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**

What is the organization's primary exempt purpose? ▶

**RIVER CONSERVATION**

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 WATERSHED PROGRAM - SEE STATEMENT # 8	(Grants and allocations \$ 299,329.)	2,276,084.
b RIVER CONSERVANCY PROGRAM - SEE STATEMENT # 8	(Grants and allocations \$ )	916,805.
c LAND CONVEYED TO PUBLIC AGENCIES	(Grants and allocations \$ )	204,975.
d	(Grants and allocations \$ )	
e Other program services (attach schedule)	(Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,397,864.

**Part IV Balance Sheets**

**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
<b>Assets</b>	45 Cash - non-interest-bearing	3,056.	2,864.
	46 Savings and temporary cash investments	879,618.	668,555.
	47 a Accounts receivable	447,364.	
	b Less allowance for doubtful accounts		447,364.
	48 a Pledges receivable	62,925.	
	b Less allowance for doubtful accounts		62,925.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable	450,000.	
	b Less allowance for doubtful accounts		450,000.
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	380,104.	666,744.
	54 Investments - securities STMT 4 STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	730,332.	505,675.
	55 a Investments - land, buildings, and equipment basis	3,998,869.	
	b Less accumulated depreciation		3,998,869.
56 Investments - other			
57 a Land, buildings, and equipment basis	139,257.		
b Less accumulated depreciation	112,527.	26,730.	
58 Other assets (describe <b>DEPOSITS</b> )		4,660.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,505,168.	6,834,386.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	287,370.	140,457.
	61 Grants payable		
	62 Deferred revenue	526,759.	658,483.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		3,633,345.
	65 Other liabilities (describe )		
66 <b>Total liabilities</b> (add lines 60 through 65)	814,129.	4,432,285.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,204,439.	1,124,181.
	68 Temporarily restricted	486,600.	1,277,920.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,691,039.	2,402,101.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	2,505,168.	6,834,386.	

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.

**Part IV-A** Reconciliation of Revenue per Audited  
Financial Statements with Revenue per  
Return

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	4,761,122.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
<b>(1)</b>	Net unrealized gains on investments \$ _____		
<b>(2)</b>	Donated services and use of facilities \$ _____		
<b>(3)</b>	Recoveries of prior year grants \$ _____		
<b>(4)</b>	Other (specify) \$ _____		
	Add amounts on lines <b>(1)</b> through <b>(4)</b>	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	4,761,122.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b>	Other (specify) \$ _____		
	Add amounts on lines <b>(1)</b> and <b>(2)</b>	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	4,761,122.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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a	Total expenses and losses per audited financial statements	a	4,050,060.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ 129,150.		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	129,150.
c	Line a minus line b	c	3,920,910.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,920,910.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated )
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

Form 990 (2000)

N/A	Yes	No
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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**

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>PUBLICATION SALES</b>					22,978.
b <b>RALLY FEES</b>					71,142.
c <b>TRAINING &amp; CONSULTING</b>					12,219.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					40,392.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					65,422.
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>TRAVEL REIMBURSEMENT</b>					2,656.
b <b>MISCELLANEOUS</b>					13,010.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	227,819.
105 Total (add line 104, columns (B), (D), and (E))					227,819.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

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)
1	SEE STATEMENT 5
2	
3	
4	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (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)

Under penalty 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 and correct. I am not aware of any information of which preparer has any knowledge. (Important: See General Instruction W.)

SUSAN SCHWARTZ, SECRETARY

Type or print name and title

Date Check if Preparer's SSN or PTIN

**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 Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

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

OMB No 1545-0047

**2000**

Name of the organization

**RIVER NETWORK**

Employer identification number

**93 0969979**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
<u>CARY SCHAYE</u> 520 SW SIXTH AVE. #1130, PORTLAND, OR 97204	DEVELOP. DIR.	69,311.	10,397.	0.
<u>PATRICIA MUNOZ</u> 520 SW SIXTH AVE. #1130, PORTLAND, OR 97204	PROGRAM MGR.	57,002.	8,550.	0.
<u>GEOFF DATES</u> 520 SW SIXTH AVE. #1130, PORTLAND, OR 97204	PROGRAM MGR.	54,767.	8,215.	0.
<u>THALIA ZEPATOS</u> 520 SW SIXTH AVE. #1130, PORTLAND, OR 97204	COMMUN. DIR.	61,096.	9,164.	0.
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	0	

**Part III Statements About Activities**

	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 ► \$ _____ 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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?		
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)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

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, page 5.)
- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,795,632.	2,799,742.	1,230,639.	1,332,906.	10,158,919.
16 Membership fees received	21,889.	22,838.	28,046.	36,894.	109,667.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	30,916.	31,537.	39,202.	45,871.	147,526.
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	131,469.	41,062.	76,426.	56,823.	305,780.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		51.	SEE STATEMENT 7 10,543.	1,430.	12,024.
23 Total of lines 15 through 22	4,979,906.	2,895,230.	1,384,856.	1,473,924.	10,733,916.
24 Line 23 minus line 17	4,948,990.	2,863,693.	1,345,654.	1,428,053.	10,586,390.
25 Enter 1% of line 23	49,799.	28,952.	13,849.	14,739.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 75,979. (1998) 300,532. (1997) 30,782. (1996) 18,355.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
c Add Amounts from column (e) for lines 15 10,158,919. 16 109,667. 17 147,526. 20 _____ 21 _____					27c 10,416,112.
d Add Line 27a total 425,648. and line 27b total 0.					27d 425,648.
e Public support (line 27c total minus line 27d total)					27e 9,990,464.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f 10,733,916.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 93.0738%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.8487%

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

**Part V Private School Questionnaire****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

	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?		
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?		
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 )		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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 )		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Schedule A (Form 990 or 990-EZ) 2000

**Part VI-A Lobbying Expenditures by Electing Public Charities**(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ☐ If the organization belongs to an affiliated group  
 Check here ☐ If you checked "a" above 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
		N/A	
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		4,761,122.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		4,761,122.
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	388,056.	
42 Grassroots nontaxable amount (enter 25% of line 41)	42		97,014.
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 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	388,056.	386,893.	287,073.	231,307.	1,293,329.
46 Lobbying ceiling amount (150% of line 45(e))					1,939,994.
47 Total lobbying expenditures		9,293.	7,450.	14,240.	30,983.
48 Grassroots nontaxable amount	97,014.	96,723.	71,768.	57,827.	323,332.
49 Grassroots ceiling amount (150% of line 48(e))					484,998.
50 Grassroots lobbying expenditures		1,877.	1,200.	1,172.	4,249.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

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
		0.

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



**Schedule B**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

**2000**

Name of organization

**RIVER NETWORK**

Employer identification number  
**93-0969979**

Organization type (check one)-Section ☒ 501(c)( 3 ) ◀ (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

**All organizations** must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note.** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

RIVER NETWORK

93-0969979

## Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 498,550.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 400,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		-129,150.	
TOTAL TO FORM 990, PART I, LINE 20		-129,150.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	6,295.	4,928.	778.	589.	
LAND PROJECT COSTS	32,280.	32,280.			
MISCELLANEOUS	24,519.	17,276.	7,033.	210.	
PROFESSIONAL SERVICES	548,353.	508,324.	26,307.	13,722.	
LAND CONVEYED TO PUBLIC AGENCIES	204,975.	204,975.			
TOTAL TO FM 990, LN 43	816,422.	767,783.	34,118.	14,521.	

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
WATERSHED PROGRAM GRANTS	SEE ATTACHED SCHEDULE #		NONE	299,329.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				299,329.

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT	4
DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES	
SECURITIES	107,318.				107,318.	
BONDS		102,828.			102,828.	
TO FM 990, LN 54 COL B	107,318.	102,828.			210,146.	

FORM 990	GOVERNMENT SECURITIES			STATEMENT	5
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES		
OBLIGATIONS	295,529.		295,529.		
TOTAL TO FORM 990, LINE 54, COL B	295,529.		295,529.		

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES			STATEMENT	6
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES				
93A	SPECIFIC PUBLICATIONS SOLD BY THE ORGANIZATION TO TEACH SUCCESSFUL STRATEGIES TO RIVER CONSERVATIONISTS.				
93B	NATIONAL TRAINING EVENT OFFERING INTENSIVE WORKSHOPS TO HELP PARTICIPANTS DEVELOP STRATEGIES TO UNDERSTAND, PROTECT AND RESTORE RIVERS AND WATERSHEDS.				
93C	TRAINING/EDUCATING CITIZENS ON RIVER CONSERVATION IS ONE OF THE ORGANIZATIONS MAIN EXEMPT PURPOSES.				

SCHEDULE A	OTHER INCOME			STATEMENT	7
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	
	0.	51.	10,543.	1,430.	
TOTAL TO SCHEDULE A, LINE 22	0.	51.	10,543.	1,430.	



**River Network**  
**Statement #8**  
**EIN 93-0969979**  
**Form 990-2000 Part III**

- a Watershed Program helps organize & support local, state & regional watershed conservation organizations, provides state-of-the-art information on both technical & non-profit organizational development issues, facilitates the sharing of strategies & information within the river conservation community, & helps people learn about river conservation techniques, and programs
- b River Conservancy Program brings critical riverlands into public ownership, thereby empowering the public to oversee management. In the process of buying and selling lands, the River Conservancy may generate donations for River Network

<b>Partner Grants</b>			
Friends of the Chicago river	4075 Dearborn Street #1580	Chicago, IL 60605	\$ 435.00
MS Board of Choctaw Indians	PO Box 6013	Philadelphia, MS 39350	\$ 500.00
Copper River	PO Box 1560	Cordova, AK 99574	\$ 2,000.00
Friends of the Poudre	1242 W Mountain	Ft Collins, CO 80512	\$ 3,000.00
Headwaters	PO Box 729	Ashland, OR 97520	\$ 2,845.00
Ohio River Advocacy	4480 Classic Dr	Blue Ash, OH 45241	\$ 3,000.00
Kinnickinnic River Land Trust	PO Box 87	River Falls, WI	\$ 500.00
Utah Rivers Council	1471 S 1100 E	Salt Lake City, UT 84105	\$ 3,000.00
Glen Canyon Institute	316 E Birch Ave	Flagstaff, AZ 86002	\$ 2,500.00
Portage Crooked Lake	PO Box 584	Deerwood, MN 56444	\$ 1,031.00
St Charles Co Land Trust Inc	PO Box 815	St Charles, MO 63302	\$ 3,000.00
Teton River WS Group	808 52nd Street S	Great Falls, MO 59405	\$ 2,880.00
Vermont River Conservancy	PO Box 157	Montpelier, VT 05602	\$ 3,000.00
Williams Creek WS Council	PO Box 94	Williams, OR 97544	\$ 1,047.00
<b>CWOP Workshop Grants</b>			
Ohio Environmental Council	1207 Grandview Ave	OH 43212	\$ 4,000.00
Amigos Bravos	Box 238	Taos, NM 87571	\$ 7,500.00
Cook Inlet Keeper	PO Box 3269	Homer, AK 99603	\$ 3,000.00
<b>EPA Grants</b>			
City of Alpine	309 W Sul Ross Ave	Alpine, TX 79830	\$ 15,591.83
Southwest Environmental Center	1494 S Solano Ste A	Las Cruces, NM 88001	\$ 3,342.00
Missouri River Comm Ntwk	200 Old Hwy 63 South	Columbia, MO 65201	\$ 3,850.00
Watershed Alliance of Adams Co	57 N 5th Street	Gettysburg, GA 17325	\$ 277.06
Santa Fe Watershed Assn	PO Box 31160	Santa Fe, NM 87594	\$ 9,000.00
Union River WS Coalition	College of the Atlantik-105 Eden St	Bar Harbor, ME 04608	\$ 3,083.80
Browns River WS Council	PO Box 80	Jericho, VT 05465	\$ 2,455.19
Bonner Soil+Water Conservation District	1500 Hwy2 Room#306	Sandpoint, ID 83864	\$ 2,754.62
Little Tchefunte	PO Box 6965	Metairie, LA 70009	\$ 11,229.85
Pomeraug River WS	PO Box 141	Southbury Ct, 06488	\$ 14,969.75
Upper Eel WS Forum	PO Box 701	Covelo, CA 95428	\$ 2,007.50
University of Hawaii	2530 Dole St SAK D-200	Honolulu, HI 96822	\$ 13,475.47
Bull Creek c/o Barber, Benjamin	2700 North Hampden Ct # 12 D	Chicago, IL 60614	\$ 5,318.83
Woonasquat River WS Council	532 Kinsley Ave	Providence, RI 02909	\$ 18,981.74
Friends of Lake Wingra	1000 Edgewood College Dr	Madison, WI 53711	\$ 7,344.18
Yukon River Inter Tribal WS Council	308 G Street Ste 223	Anchorage, AK 99501	\$ 14,586.18
Jones Falls WS Assn	3503 N Charles St	Baltimore, MD 21218	\$ 1,447.95
Friends of the Edisto	PO Box 5151	Columbia, SC 29205	\$ 6,942.50

Blackfoot Challenge	PO Box 563	Helena, MT 59624	\$ 9,367 04
WS Asn Tuskasee River	PO Box 1230	Waynesville, NC 28786	\$ 1,302 97
Graphic Partners	4300 Route 173	Zion, IL 60099	\$ 785 97
Picurus Pueblo	PO Box 127	Penasco, NM 87553	\$ 1,910 73
<b>Mott Reagents</b>			
Huron River WS Council	1100 N Main St, Ste 210	Ann Arbor, MI 48104	\$ 500.00
North Carolina WS Coalition	PO Box 122	Franklin, NC 28744	\$ 500 00
Peachtree/Nancy TAC	354 8th St	Atlanta, GA 30309	\$ 500 00
Tennessee Clean Water Network	PO Box 1521	Knoxville, TN 37901	\$ 20,000 00
Fox Wolf Basin 2000	PO Box 1861	Appleton, WI 54912	\$ 6,319 00
Alabama Rivers Alliance	700 28th St South Ste 202G	Birmingham, AL 35233	\$ 2,000 00
Tennessee River Basin CWP	4511 US Hwy31, South	Decatur, AL 35603	\$ 325 00
Altamaha Riverkeeper	PO Box 2642	Darien, GA 31305	\$ 5,000 00
River Alliance of Wisconsin	306 E Wilson St, Ste 2 W	Madison, WI 53703	\$ 2,500 00
Rivers Council of Minnesota	100 Second Ave Ste 101	Sauk Rapids, MN 56379	\$ 7,500 00
Georgia Rivers Network	1090 S Milledge Ave	Athens, GA 30605	\$ 8,000 00
Coosa River Basin Initiative	408 Broad Street	Rome, GA 30161	\$ 10,000 00
Harpeth Rivers WS Assn	PO Box 1127	Franklin, TN 37065	\$ 15,000 00
Tennessee Valley RC&D	4511 US Hwy 31 S	Decatur, AL 35603	\$ 447 00
Root-Pike WS Initiative	2043 Green Street	Racine, WI 53402	\$ 2,995 00
Great Lake Environment Assn	394 Lake Ave S, Ste 308	Duluth, MN 55802	\$ 12,000 00
Friends of Milwaukee's Rivers	7028 West State Street	Wauwatosa, WI 53213	\$ 6,250 00
Clermont Soil+Water Conservation District	PO Box 549	Owensville, OH 45160	\$ 1,200 00
Ohio Rivers Advocacy	4480 Classic Dr	Blue Ash, OH 45241	\$ 2,000.00
Concerned Citizens for the Protection of the B	15550 Co Rd. F	Bryan, OH 43506	\$ 930 00
Monday Creek Restoration Project	PO Box 128	New Straitsville, OH 43768	\$ 700 00
Scioto River Valley Federation	330 Washington Ave	Bellefontaine, OH 43311	\$ 1,000 00
The Ohio Smallmouth Alliance	330 Washington Ave	Bellefontaine, OH 43311	\$ 420 00
			\$ 299,329.16

	ASSET	DATE ACQ'D	COST OR CURRENT VALUE	DEPR. LIFE (years)	MONTHLY FIRST YEAR DEPR.	ACCUM. DEPR. EXPENSE Thru 9/30/00	DEPR. Exp Thru 9/30/00	ACCUM. DEPR. EXPENSE Thru 9/30/01	NET BOOK VALUE (at 9/30/01)
pdx	Printer	Jan-94	4,060 00	5	-	4,060 00	-	4,060 00	-
pdx	Phone System	Jun-94	11,212 00	5	186 87	11,212.00	-	11,212.00	-
	New Printer	Jun-95	554 00	5	9 23	554.00	-	554 00	-
mt	Printer/Fax	Jul-95	799 00	5	13 32	799.00	-	799 00	-
	Computer/Printer/Fax	Jan-95	4 325 00	5	72 08	4,325 00	-	4,325 00	-
	Computer	Apr-95	2,388 00	5	39 77	2,388 00	-	2,388 00	-
	Computer	Dec-95	1,617 00	5	28 95	1,455 60	161 40	1,617.00	-
	Computer	Dec-95	2,843 00	5	47 38	2,558 40	284 60	2,843 00	-
	DC Copier Upgrade	Jan-96	5,816 00	5	96 93	5,234 80	581.20	5,811	-
	Computer	Feb-96	2,597 00	5	43.28	2,337.60	259 40	2,597	-
	Computer	Mar-96	1,379 00	5	22 98	1,241.20	137 80	1,379	-
	Memory/computer	Jun-96	6,414 00	5	106 90	5,770.20	643.80	6,414	-
	Phone Upgrade	Sep-96	1,500 00	5	25 00	1,200 00	300 00	1,500	-
	Globele Computer	Nov-96	2,068 00	5	34 47	1,854 40	413 60	2,068	-
	Computer	Apr-97	2,328 00	5	38.80	1,882.40	465 60	2,328	-
	HWS Pentium 168 Compu	May-97	2 044 00	5	34 07	1,835.20	408 80	2,044	-
	Pentium 200 Computer	Jul-97	2,444 00	5	40 73	1,955.20	488.80	2,444	-
	Gateway 2000 Computer	Sep-97	2,493 00	5	41 55	1,994 40	498 60	2,493	-
	Gateway Pentium 168	Oct-97	1,401.00	3	38 92	1,401.00	-	1,401	-
	Winbook 1 of 2	Nov-97	2 731.00	3	75 86	2,655 14	75 86	2,731	-
	Gateway Pentium 168	Feb-98	1,473 00	3	40 92	1,309.33	163 67	1,473	-
	Winbook Pentium	Feb-98	2,348 00	3	65 22	2,087.11	260 89	2,348	-
	Gateway Pentium 120	Mar-98	1,423 00	3	39 53	1,225 38	197 64	1,423 00	-
	Winbook	Jun-98	5,012 85	3	139.25	3 898 88	1,113 97	5 012.85	-
	3 each ND Pentium compu	Jul-98	3,762.00	3	104 50	2,821 50	940 50	3,762.00	-
pdx	Xenex group accounting so	Sep-98	2,200 00	3	61 11	1,466 67	733 33	2,200.00	-
	HWS AMD K6-2 333 Com	Jan-99	1,562 50	3	9 43 40	911 46	520 83	1,432.29	130.21
dc	Conference table & chairs	Jan-99	1,100 00	5	9 18 33	385 00	220 00	605 00	495 00
pdx	PowerMac Desktop Compu	Jan-99	3,924 38	3	9 109 01	2,289.22	1,308.13	3,597 35	327 03
	HWS AMD K6-2 350 Com	Apr-99	1,479.00	3	6 41 08	739 50	493 00	1,232.50	246 50
	Polycom SoundStation EX	Apr-99	1 623.00	3	6 45 08	811 50	541.00	1,352.50	270 50
dc	Rowe Communication pho	Jul-99	6 078 00	3	3 168 83	2 532.50	2,028 00	4,558 50	1 519 50
	computers	Sep-97	10,231 00	5	170 52	8,075.20	2,046.20	8,121 40	2,109 60
	filter module		695 00	5	11 58	695 00		695 00	-
pdx	Desktop Projector	Feb-00	3,195.00	3	8 88 75	710 00	1,065 00	1,775 00	1,420 00
pdx	printer	Dec-99	3,159 00	3	10 87 75	877 50	1,053 00	1 930 50	1,228 50
pdx	Lucent Partner Mail	Feb-00	3 502 00	3	8 97.28	778.22	1,167 33	1,945 55	1 556 45
vt	notebook - AR	Mar-00	2,546 00	3	7 70 72	495 06	848 67	1,343 73	1,202.27
vt	computer	Feb-00	1,026 00	3	8 28 50	228 00	342.00	570 00	456 00
vt	2 notebooks - SD, SB	Feb-00	2,350 00	3	8 65.28	522.22	783 33	1,305 55	1,044 45
OR dm	Inspiron 600mhz PIII	Oct-00	2,115 00	3	12 58 75	-	705 00	705 00	1,410 00
DC pm	Dimension 4100 PIII	Nov-00	1 737 49	3	11 48 26	-	530 90	530 90	1,206 59
OR lw	Inspiron 3800 PIII	Dec-00	2,438 00	3	10 67 72	-	677 22	677.22	1,760 78
DC pm	Inspiron 5000e Celeron	Dec-00	2,367 74	3	10 65 77	-	657 71	657 71	1,710 03
OR Office	AMD 750 Server	Jan-01	1,189 00	3	8 33 03	-	264 16	264 16	924 84
VT JD	SVGA Projector	Jan-01	3,030 00	3	9 84 17	-	757 50	757 50	2 272 50
OR lw	Inspiron 3800 Celeron	Feb-01	1,478 00	3	8 41 06	-	328 44	328 44	1,149 56
OR lw	Inspiron 3800 Celeron	Feb-01	1,241 00	3	8 34 47	-	275 78	275 78	965 22
OR tj	Nikon Coolscan 2000 Scar	Feb-01	1,826 35	3	8 50 73	-	405 86	405 86	1,420 49
OR Jean	AMD Computer	Jun-01	" 2,133 00	3	4 59 25	-	237 00	237 00	1,896 00

TOTAL			139,256 31			3,034 96	87,150.77	25,383.52	112,534 28	26,722.02
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Department of the Treasury  
Internal Revenue ServiceApplication for Extension of Time To File an  
Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- 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)

Note 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)Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print	Name of Exempt Organization <b>RIVER NETWORK</b>	Employer identification number <b>93-0969979</b>
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 <b>620 SW SIXTH AVENUE, NO. 1130</b>	
	City, town or post office state and ZIP code For a foreign address, see instructions <b>PORTLAND, OR 97204</b>	

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 |

- 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 month, for 990-T corporation) extension of time until MAY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for ☐ calendar year \_\_\_\_\_ or ☒ tax year beginning OCT 1, 2000 and ending SEP 30, 2001

- 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 \$ \_\_\_\_\_

- 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 \$ \_\_\_\_\_

- 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 \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature ▶ L. Tony [Signature] Title ▶ CPADate ▶ 3/7/02

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer Identification number
	RIVER NETWORK	93-0969979
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	620 SW SIXTH AVENUE, NO. 1130	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PORTLAND, OR 97204	

**Check type of return to be filed (File a separate application for each return)**

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- 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 is for

- 4 I request an additional 3 month extension of time until AUGUST 15, 2002
- 5 For calendar year \_\_\_\_\_, or other tax year beginning OCT 1, 2000 and ending SEP 30, 2001
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO OBTAIN ACCURATE DATA IN ORDER TO COMPLETE FORM 990 CORRECTLY

- 8a 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 \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due** Subtract line 8b from line 8a. 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 \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature L. Hong Title CPA Date 5/10/02

**Notice to Applicant - To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P O box number
	City or town, province or state, and country (including postal or ZIP code)