

Form **990-EZ**

**Short Form  
Return of Organization Exempt from Income Tax**

OMB No 1545-1150

**2001**

Department of the Treasury  
Internal Revenue Service

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

Open to Public Inspection

**A** For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

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

**C** THE RIVER PROJECT  
4070 LAUREL CANYON BLVD , PMB 101  
STUDIO CITY, CA 91604

**D** Employer Identification Number  
95-4858263

**E** Telephone Number  
(818) 980-9660

**F** Enter 4 digit (GEN) ▶

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Web site ▶ http://theriverproject.org/

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no ) | 4947(a)(1) or | 527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

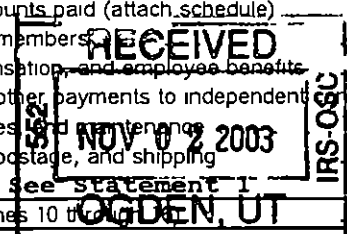
**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 74,845

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

|           |  |           |                |
|-----------|--|-----------|----------------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received   | <b>1</b>  | <u>74,845</u>  |
| <b>2</b>  | Program service revenue including government fees and contracts  | <b>2</b>  |                |
| <b>3</b>  | Membership dues and assessments  | <b>3</b>  |                |
| <b>4</b>  | Investment income  | <b>4</b>  |                |
| <b>5a</b> | Gross amount from sale of assets other than inventory  | <b>5a</b> |                |
| <b>5b</b> | Less cost or other basis and sales expenses  | <b>5b</b> |                |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)   | <b>5c</b> |                |
| <b>6</b>  | Special events and activities (attach schedule)  |           |                |
| <b>6a</b> | Gross revenue (not including \$ _____ of contributions reported on line 1)   | <b>6a</b> |                |
| <b>6b</b> | Less direct expenses other than fundraising expenses   | <b>6b</b> |                |
| <b>6c</b> | Net income or (loss) from special events and activities (line 6a less line 6b)   | <b>6c</b> |                |
| <b>7a</b> | Gross sales of inventory, less returns and allowances  | <b>7a</b> |                |
| <b>7b</b> | Less cost of goods sold  | <b>7b</b> |                |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (line 7a less line 7b)  | <b>7c</b> |                |
| <b>8</b>  | Other revenue (describe ▶ _____)   | <b>8</b>  |                |
| <b>9</b>  | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   | <b>9</b>  | <u>74,845.</u> |
| <b>10</b> | Grants and similar amounts paid (attach schedule)  | <b>10</b> |                |
| <b>11</b> | Benefits paid to or for members  | <b>11</b> |                |
| <b>12</b> | Salaries, other compensation, and employee benefits  | <b>12</b> |                |
| <b>13</b> | Professional fees and other payments to independent contractors  | <b>13</b> |                |
| <b>14</b> | Occupancy, rent, utilities, and maintenance  | <b>14</b> |                |
| <b>15</b> | Printing, publications, postage, and shipping  | <b>15</b> | <u>15</u>      |
| <b>16</b> | Other expenses (describe ▶ <u>See Statement 1</u> )  | <b>16</b> | <u>70,558</u>  |
| <b>17</b> | <b>Total expenses</b> (add lines 10 through 16)  | <b>17</b> | <u>70,573.</u> |
| <b>18</b> | Excess or (deficit) for the year (line 9 less line 17)   | <b>18</b> | <u>4,272</u>   |
| <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of year figure reported on prior year's return) | <b>19</b> | <u>0.</u>      |
| <b>20</b> | Other changes in net assets or fund balances (attach explanation)  | <b>20</b> |                |
| <b>21</b> | Net assets or fund balances at end of year (combine lines 18 through 20)   | <b>21</b> | <u>4,272</u>   |

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**Part II Balance Sheets** — If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

| (See instructions) |  | (A) Beginning of year | (B) End of year |
|--------------------|--|-----------------------|-----------------|
| <b>22</b>          | Cash, savings, and investments   | <b>22</b>             | <u>4,272.</u>   |
| <b>23</b>          | Land and buildings   | <b>23</b>             |                 |
| <b>24</b>          | Other assets (describe ▶ _____)  | <b>24</b>             |                 |
| <b>25</b>          | <b>Total assets</b>  | <b>25</b>             | <u>4,272</u>    |
| <b>26</b>          | <b>Total liabilities</b> (describe ▶ _____)  | <b>26</b>             | <u>0.</u>       |
| <b>27</b>          | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | <b>27</b>             | <u>4,272.</u>   |

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| <b>Part III Statement of Program Service Accomplishments</b> (see instructions)   |   | <b>Expenses</b><br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional program title) |  |
|---|---|---|--|
| What is the organization's primary exempt purpose? <b>See Statement 2</b>   |   |   |  |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title |   |   |  |
| 28  | <u>See Statement 3</u>  |   |  |
|   | (Grants \$ _____)   | 28a   |  |
| 29  | _____   |   |  |
|   | (Grants \$ _____)   | 29a   |  |
| 30  | _____   |   |  |
|   | (Grants \$ _____)   | 30a   |  |
| 31  | Other program services (attach schedule) (Grants \$ _____)        | 31a   |  |
| 32  | <b>Total program service expenses</b> (add lines 28a through 31a) | 32  |  |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See instructions) |  |   |   |  |
|---|--|---|---|--|
| (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 and deferred compensation | (E) Expense account and other allowances |
| <u>See Statement 4</u>  |  | 0   | 0.  | 0  |
| _____   |  |   |   |  |
| _____   |  |   |   |  |
| _____   |  |   |   |  |

| <b>Part V Other Information</b> (Note the attachment requirement in the instructions) |   | <b>See Statement 5</b> | Yes | No  |
|---|---|------------------------|-----|-----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity  |                        |     | X   |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes  |                        |     | X   |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T |                        |     |     |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  |                        |     | X   |
| b   | If 'Yes,' has it filed a tax return on Form 990-T for this year?  |                        |     | N/A |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement)   |                        |     | X   |
| 37a   | Enter amount of political expenditures, direct or indirect, as described in the instructions  | 37a                    | 0.  |     |
| b   | Did the organization file Form 1120-POL for this year?  |                        |     | X   |
| 38a   | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                   |                        |     | X   |
| b   | If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved   | 38b                    | N/A |     |
| 39  | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9  | 39a                    | N/A |     |
| b   | Gross receipts, included on line 9, for public use of club facilities   | 39b                    | N/A |     |
| 40a   | 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 (4) organizations 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 an explanation     |                        |     | X   |
| c   | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958   |                        |     | 0.  |
| d   | Enter Amount of tax on line 40c, above, reimbursed by the organization  |                        |     | 0   |
| 41  | List the states with which a copy of this return is filed ▶ <u>None</u>   |                        |     |     |
| 42  | The books are in care of ▶ <u>Melanie Winter</u> Telephone no ▶ <u>(818) 980-9660</u>   |                        |     |     |
|   | Located at ▶ <u>11950 Ventura Blvd, Ste 7, Studio City,</u> ZIP + 4 ▶ <u>91604</u>  |                        |     |     |
|   | in lieu of Form 1041 - Check here   |                        |     | N/A |
|   | during the tax year   | 43                     |     | N/A |

I am preparing this return on the basis of the information provided in the accompanying schedules and statements and to the best of my knowledge and belief it is based on all information of which preparer has any knowledge

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

**2001**

Department of the Treasury  
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization

**THE RIVER PROJECT**

Employer Identification Number

**95-4858263**

**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 |
|---|--|------------------|---|--|
| None  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| 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 |
|---|---------------------|------------------|
| None  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services ▶  |                     | 0                |

**Part III** Statements About Activities (See instructions)

|  | Yes | No |
|--|-----|----|
| <p>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 <b>▶ \$ _____ N/A _____</b><br/> <b>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</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> |     | X  |
| <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 of property?</p>  | 2a  | X  |
| <p>b Lending of money or other extension of credit?</p>  | 2b  | X  |
| <p>c Furnishing of goods, services, or facilities?</p>   | 2c  | X  |
| <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>   | 2d  | X  |
| <p>e Transfer of any part of its income or assets?</p>   | 2e  | X  |
| <p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>   | 3   | X  |
| <p>4 Do you have a section 403(b) annuity plan for your employees?</p>   | 4   | X  |

**Note** 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

**Part IV** Reason for Non-Private Foundation Status (See 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)
- 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)
- 11 a  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)
- 11 b  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 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 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)<br>2000 | (b)<br>1999 | (c)<br>1998 | (d)<br>1997 | (e)<br>Total |
|---|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)  |             |             |             |             |              |
| 16 Membership fees received   |             |             |             |             |              |
| 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   |             |             |             |             |              |
| 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 |             |             |             |             |              |
| 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.  |             |             |             |             |              |
| 23 Total of lines 15 through 22   |             |             |             |             |              |
| 24 Line 23 minus line 17  |             |             |             |             |              |
| 25 Enter 1% of line 23  |             |             |             |             |              |

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ▶ 26 a

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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26 b

c Total support for Section 509(a)(1) test. Enter line 24, column (e) ▶ 26 c

d Add: Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_ ▶ 26 d  
 22 \_\_\_\_\_ 26 b \_\_\_\_\_

e Public support (line 26c minus line 26d total) ▶ 26 e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26 f 0 %

27 Organizations described on line 12: **N/A**

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:  
 (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

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 11, 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:  
 (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

c Add: Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_ ▶ 27 c  
 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ 27 d

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ 27 e

e Public support (line 27c total minus line 27d total) ▶ 27 e

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27 f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27 g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27 h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions)  
 (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?<br>If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )<br>-----<br>-----<br>----- |     |    |
| 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?<br><br>If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )<br>-----<br>-----   |     |    |
| 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?<br><br>If you answered Yes to any of the above, please explain (If you need more space, attach a separate statement )<br>-----<br>-----<br>-----  |     |    |
| 34a | 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?<br>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 401 through 405 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation  |     |    |

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

N/A

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)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|---|---|-----------------------------------|---|
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) | <b>36</b>   |                                   |   |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) | <b>37</b>   |                                   |   |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37)                             | <b>38</b>   |                                   |   |
| <b>39</b> Other exempt purpose expenditures   | <b>39</b>   |                                   |   |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39)                       | <b>40</b>   |                                   |   |
| <b>41</b> Lobbying nontaxable amount Enter the amount from the following table -        |   |                                   |   |
| <b>If the amount on line 40 is -</b>  | <b>The lobbying nontaxable amount is -</b>        |                                   |   |
| 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 | <b>41</b>                         |   |
| 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                                       |                                   |   |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41)                           | <b>42</b>   |                                   |   |
| <b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36         | <b>43</b>   |                                   |   |
| <b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38         | <b>44</b>   |                                   |   |

**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 )

| Calendar year<br>(or fiscal year<br>beginning in) ▶      | Lobbying Expenditures During 4 -Year Averaging Period |             |             |             |              |
|--|---|-------------|-------------|-------------|--------------|
|  | (a)<br>2001   | (b)<br>2000 | (c)<br>1999 | (d)<br>1998 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |   |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |   |             |             |             |              |
| <b>47</b> Total lobbying expenditures                    |   |             |             |             |              |
| <b>48</b> Grassroots non taxable amount                  |   |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |   |             |             |             |              |
| <b>50</b> 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 instructions )

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 |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

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



## THE RIVER PROJECT

95-4858263

Statement 1  
Form 990-EZ, Part I, Line 16  
Other Expenses

|                         |    |               |
|-------------------------|----|---------------|
| Bank Service Charges    | \$ | 103           |
| Contract Labor          |    | 58,185        |
| Internet Expense        |    | 770           |
| Licenses & Permits      |    | 5             |
| Miscellaneous           |    | 100.          |
| Printing & Reproduction |    | 5,408.        |
| Rent                    |    | 4,050.        |
| Supplies                |    | 62            |
| Telephone               |    | 1,875         |
| Total                   | \$ | <u>70,558</u> |

Statement 2  
Form 990-EZ, Part III  
Organization's Primary Exempt Purpose

The River Project is dedicated to promoting comprehensive watershed based planning for natural resource protection and enhancement in Los Angeles County and in facilitating the creation of river greenways. The River Project provides educational programs, designs and builds river parks, works with communities to revitalize the river in their neighborhood and undertakes scientific research projects that support a healthy watershed

Ongoing activities include participation by Melanie Winter, President in numerous committees, including Los Angeles County's Los Angeles River Master Plan Advisory Committee, Los Angeles & San Gabriel Rivers Watershed Council, Sepulveda Basin Wildlife Areas Steering Committee, San Gabriel & Lower Los Angeles Rivers and Mountains Conservancy, the City of Los Angeles Integrated Resources Plan, the City of Los Angeles, Ad Hoc Committee on the Los Angeles River. These entities are working to develop policies, procedures and strategies to further watershed management and river restoration on the region, and are exploring innovative ways to address storm water, wastewater and water resources for the future of Los Angeles. Also ongoing: presentations to conferences and numerous school groups from K-12 to university and graduate programs about watershed management and river restoration.

Statement 3  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments

| <u>Description</u>   | <u>Grants<br/>and<br/>Allocations</u> | <u>Program<br/>Service<br/>Expenses</u> |
|--|---------------------------------------|---|
| Assisted local more than 3 dozen community, environmental, faith-based, social and environmental justice organizations in organizing a successful grass-roots effort to protect 100 acres of riparian land along the Los Angeles River at Taylor Yard from an industrial development and to preserve it instead for a State Park Provided necessary environmental educational materials to communities and facilitated dialogue between various parties. Project was managed by Melanie Winter, President January 2001 - December 2001 |                                       |   |

## THE RIVER PROJECT

95-4858263

Statement 3 (continued)  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments

| Description  | Grants<br>and<br>Allocations | Program<br>Service<br>Expenses |
|--|------------------------------|--------------------------------|
| Received a grant from the California State Coastal Conservancy to conduct a 6-week environmental educational workshop with elementary school children in Studio City, CA to produce a design for a 1/4 mile stretch of LA river Greenway in that community. The students and local community worked hands-on to create a local park and restore lost habitat. Project was managed by Melanie Winter, President and involved a landscape architect, ecologist, an engineer and a cost estimator. March 2001 - March 2002  |                              |                                |
| Two grants from the California State Coastal Conservancy for scientific studies were conducted under the umbrella of Friends of the River. The first produced a hydrodynamic model and a framework for restoration feasibility of the Tujunga Wash, a principle tributary to the Los Angeles River. The project was managed by Melanie Winter, President and involved an engineer, a geomorphologist and an ecologist. May 2001 - March 2002. The second produced a ground water and surface water model of the Los Angeles River at Taylor Yard that will assist in determining options for future restoration at the site. The project was managed by Melanie Winter, President and involved environmental specialists and engineers. May 2001 - March 2002. |                              |                                |
| Received a grant from the California State Parks Foundation to produce a 2002 Earth Day event on the Los Angeles River at Taylor Yark. The event brought out 200 volunteers to plant trees and pick up trash. The project was managed by Melanie Winter, President and involved a landscape designer, a nursery, a waste management company and numerous volunteers. April 2002.   |                              |                                |
|  | \$ 0                         | \$ 0                           |

Statement 4  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

| Name and Address  | Title and<br>Average Hours<br>Per Week Devoted | Compen-<br>sation | Contri-<br>bution to<br>EBP & DC | Expense<br>Account/<br>Other |
|---|--|-------------------|----------------------------------|------------------------------|
| Melanie Winter<br>4070 Laurel Canyon, PMB #101<br>Studio City, CA 91604 | President<br>40                                | \$ 0              | \$ 0                             | \$ 0                         |

## THE RIVER PROJECT

95-4858263

Statement 4 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Address</u>  | <u>Title and<br/>Average Hours<br/>Per Week Devoted</u> | <u>Compen-<br/>sation</u> | <u>Contri-<br/>bution to<br/>EBP &amp; DC</u> | <u>Expense<br/>Account/<br/>Other</u> |
|--|---|---------------------------|---|---------------------------------------|
| Michael Rogers<br>14646 Vintage Drive<br>San Diego, CA 92129     | Secretary<br>None                                       | \$ 0.                     | \$ 0.   | \$ 0                                  |
| Steve Hartman<br>4444 Longridge Avenue<br>Sherman Oaks, CA 91423 | Treasurer<br>None                                       | 0                         | 0   | 0                                     |
|  | Total   | \$ 0                      | \$ 0.   | \$ 0.                                 |

Statement 5  
Form 990-EZ, Part V  
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? No

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

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**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<br>File by the due date for filing your return See instructions | Name of Exempt Organization<br><b>THE RIVER PROJECT</b>                | Employer Identification Number<br><b>95-4858263</b> |
|   | Number, Street, and Room or Suite Number If a P O Box see instructions |   |
|   | <b>4070 LAUREL CANYON BLVD , PMB 101</b>                               |   |
|   | City Town or Post Office For a foreign address, see instructions       |   |
|   | State  | ZIP Code  |
|   | <b>STUDIO CITY, CA 91604</b>   |   |

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 5/15, 20 03, to file the exempt organization return for the organization named above The extension is for the organization's return for

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 01, and ending 6/30, 20 02

**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 \$ \_\_\_\_\_ 0

**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 \$ \_\_\_\_\_ 0

**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 \$ \_\_\_\_\_ 0

**Signature and Verification**

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, and that I am authorized to prepare this form

Signature ▶ \_\_\_\_\_ Title ▶ **President** Date ▶ \_\_\_\_\_

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

**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<br><br>File by the extended due date for filing the return. See instructions | Name of Exempt Organization<br><b>THE RIVER PROJECT</b>   | Employer identification Number<br><b>95-4858263</b> |
|  | Number Street and Room or Suite Number. If a P.O. Box, See Instructions   | For IRS Use Only                                    |
|  | <b>4070 LAUREL CANYON BLVD., PMB 101</b><br>City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions<br><b>STUDIO CITY, CA 91604</b> |   |

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

Form 990     Form 990 EZ     Form 990 T (Section 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 organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is **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 5/15, 20 03

5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 01 and ending 6/30, 20 02

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: Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

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 \$ \_\_\_\_\_

**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 \_\_\_\_\_ Title **President** Date \_\_\_\_\_

**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 filed 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 a 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<br><b>Mark S Pasternak, C.P.A.</b>   |
|               | Number and Street (include suite, room, or apartment number) or a P.O. Box Number<br><b>102 N Milpas Street</b>   |
|               | City or Town, Province or State and Country (including postal or ZIP code)<br><b>Santa Barbara, CA 93103-3304</b> |
|               |   |