

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003

Open to Public Inspection

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

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

A For the 2003 calendar year, or tax year beginning 10/01, 2003, and ending 9/30, 2004

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instructions.RIVER NETWORK  
520 S.W. 6TH AVENUE #1130  
PORTLAND, OR 97204-1511

D Employer Identification Number

93-0969979

E Telephone number

(503) 241-3506

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) \_\_\_\_\_Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes,' enter number of affiliates \_\_\_\_\_

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

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

I Group Exemption Number \_\_\_\_\_

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

G Web site: WWW.RIVERNETWORK.ORG

J Organization type  
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 1,510,826.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support.

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 1,224,285. noncash \$ )

1a 786,077.

1b

1c 438,208.

1d 1,224,285.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 234,939.

3 Membership dues and assessments

3 38,405.

4 Interest on savings and temporary cash investments

4 13,197.

5 Dividends and interest from securities

5

6a Gross rents

b Less: rental expenses

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe \_\_\_\_\_)

7

8a Gross amount from sales of assets other  
than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

8d

d Net gain or (loss) (combine line 8c, columns (A) and (B))

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ \_\_\_\_\_ of contributions  
reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income 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

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 1,510,826.

13 Program services (from line 44, column (B))

13 1,535,198.

14 Management and general (from line 44, column (C))

14 236,616.

15 Fundraising (from line 44, column (D))

15 269,405.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 2,041,219.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -530,393.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 2,184,310.

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 1

20 11,612.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 1,665,529.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 10/03/03

Form 990 (2003)

SCANNED APR 04 2005

RIVER NETWORK

EXPENSES

ASSETS

63  
22

**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
<b>22</b> Grants and allocations (att sch) SEE STM 2 (cash \$ 304,430. non-cash \$ )	22 304,430.	304,430.		
<b>23</b> Specific assistance to individuals (att sch)	23			
<b>24</b> Benefits paid to or for members (att sch)	24			
<b>25</b> Compensation of officers, directors, etc	25 93,798.	46,899.	28,139.	18,760.
<b>26</b> Other salaries and wages	26 665,018.	441,869.	101,291.	121,858.
<b>27</b> Pension plan contributions	27			
<b>28</b> Other employee benefits	28 92,061.	58,028.	18,610.	15,423.
<b>29</b> Payroll taxes	29 69,450.	43,775.	14,040.	11,635.
<b>30</b> Professional fundraising fees	30			
<b>31</b> Accounting fees	31			
<b>32</b> Legal fees	32			
<b>33</b> Supplies	33 23,712.	4,439.	18,412.	861.
<b>34</b> Telephone	34 42,292.	2,210.	39,422.	660.
<b>35</b> Postage and shipping	35 17,016.	6,518.	7,608.	2,890.
<b>36</b> Occupancy	36 99,679.		99,679.	
<b>37</b> Equipment rental and maintenance	37 4,747.	1,279.	3,468.	
<b>38</b> Printing and publications	38 34,646.	25,442.	2,371.	6,833.
<b>39</b> Travel	39 69,808.	62,114.	448.	7,246.
<b>40</b> Conferences, conventions, and meetings	40 10,668.	650.	8,403.	1,615.
<b>41</b> Interest	41			
<b>42</b> Depreciation, depletion, etc (attach schedule)	42 16,184.		16,184.	
<b>43</b> Other expenses not covered above (itemize):				
a SEE STATEMENT 3	43a 497,710.	537,545.	-121,459.	81,624.
b	43b			
c	43c			
d	43d			
e	43e			
<b>44</b> Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 2,041,219.	1,535,198.	236,616.	269,405.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$ .

**Part III Statement of Program Service Accomplishments**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) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

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

a SEE STATEMENT 4		
(Grants and allocations \$ )		1,535,198.
b		
(Grants and allocations \$ )		
c		
(Grants and allocations \$ )		
d		
(Grants and allocations \$ )		
e Other program services (Grants and allocations \$ )		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,535,198.

**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing	72,057.	<b>45</b>	102,273.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b> 182,273.		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	61,338.	<b>47c</b> 182,273.
	<b>48a</b> Pledges receivable	<b>48a</b> 282,100.		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	412,137.	<b>48c</b> 282,100.
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch) SEE ST 5	<b>51a</b> 450,000.		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	489,375.	<b>51c</b> 450,000.
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		30,538.	<b>53</b> 34,153.
	<b>54</b> Investments — securities (attach schedule) SEE ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,036,395.	<b>54</b> 655,430.
	<b>LIABILITIES</b>	<b>55a</b> Investments — land, buildings, & equipment basis	<b>55a</b>	
<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55b</b>	120,396.	<b>55c</b>
<b>56</b> Investments — other (attach schedule)			<b>56</b>	
<b>57a</b> Land, buildings, and equipment, basis		<b>57a</b> 70,992.		
<b>b</b> Less: accumulated depreciation (attach schedule) STATEMENT 7		<b>57b</b> 40,102.	34,663.	<b>57c</b> 30,890.
<b>58</b> Other assets (describe ► SEE STATEMENT 8)			6,374.	<b>58</b> 6,240.
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74)			2,263,273.	<b>59</b> 1,743,359.
<b>60</b> Accounts payable and accrued expenses			78,963.	<b>60</b> 77,830.
<b>61</b> Grants payable			<b>61</b>	
<b>62</b> Deferred revenue			<b>62</b>	
<b>NET ASSETS OR FUND BALANCES</b>	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ►)		<b>65</b>	
	<b>66</b> <b>Total liabilities</b> (add lines 60 through 65)		78,963.	<b>66</b> 77,830.
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted		1,678,478.	<b>67</b> 1,102,626.
	<b>68</b> Temporarily restricted		505,832.	<b>68</b> 562,903.
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>		
<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,184,310.	<b>73</b> 1,665,529.	
<b>74</b> <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		2,263,273.	<b>74</b> 1,743,359.	

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.

BAA

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,531,242.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990.		
(1)	Net unrealized gains on investments \$ 11,612.		
(2)	Donated services and use of facilities \$ 8,804.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	20,416.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,510,826.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	<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>	1,510,826.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,050,023.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990.		
(1)	Donated services and use of facilities \$ 8,804.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	8,804.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	2,041,219.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	2,041,219.

**Part V** List of Officers, Directors, Trustees, and Key Employees (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
SEE STATEMENT 9				
		93,798.	13,132.	0.

**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 — see instructions.

... ☐ Yes ☒ No

**Part VI Other Information** (See instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' enter the name of the organization <b>N/A</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<input type="checkbox"/>	<input type="checkbox"/>
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions <b>81a</b> 0.	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b> 8,804.	<input type="checkbox"/>	<input type="checkbox"/>
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders <b>87a</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0.</b>, section 4912 <b>0.</b>, section 4955 <b>0.</b></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b 501(c)(3) and 501(c)(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 a statement explaining each transaction</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>90a</b> List the states with which a copy of this return is filed <b>OREGON</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions) <b>90b</b> 18	<input type="checkbox"/>	<input type="checkbox"/>
<b>91</b> The books are in care of <b>SUSAN SCHWARTZ</b> Telephone number <b>(503) 241-3506</b> Located at <b>520 S.W. 6TH AVENUE #1130, PORTLAND OR</b> ZIP + 4 <b>97204-1511</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here</b> <b>N/A</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A	<input type="checkbox"/>	<input type="checkbox"/>

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a GAIN ON PROPERTY TRAN					-5,394.
b MANAGEMENT & CONSULT.					74,818.
c PUBLICATION SALES					14,715.
d RIVER RALLY REVENUES					150,800.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					38,405.
95 Interest on savings & temporary cash invmnts.			14	13,197.	
96 Dividends & interest from securities					
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 pers prop					
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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				13,197.	273,344.
105 Total (add line 104, columns (B), (D), and (E))					286,541.

**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** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 10

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

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

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

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

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

**Please Sign**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Susan Alvarado Date 3-17-05

Signature of preparer ATTN: OFFICE / CORP. SECRETARY

Date 3/16/05 Check if self-prepared ☐ Preparer's SSN or PTIN (see General Instruction W)

**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 — (See separate instructions.)

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

OMB No 1545 0047

**2003**

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 and deferred compensation	(e) Expense account and other allowances
SUSAN SCHWARTZ	DIR. OF FINANCE			
	40	67,065.	9,389.	0.
GAYLE KILLAM	DIR. RIVER PROT			
	40	55,148.	7,721.	0.
GEOFFREY DATES	DIR. RIVER WATC			
	40	58,861.	8,241.	0.
WENDY WILSON	DIR. ORG. DEVEL			
	40	54,615.	7,646.	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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2003

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **► \$** N/A

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

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

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

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

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

e Transfer of any part of its income or assets?

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

b Do you have a section 403(b) annuity plan for your employees?

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

**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.)
- 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,828,986.	1,670,869.	4,502,515.	4,795,632.	12,798,002.
<b>16</b> Membership fees received	30,459.		40,392.	21,889.	92,740.
<b>17</b> 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.	1,020,362.	498,373.	106,339.	30,916.	1,655,990.
<b>18</b> 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.	34,132.	49,730.	65,422.	131,469.	280,753.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>SEE STMT 11</b>	-130,115.	365,567.	15,666.		251,118.
<b>23</b> Total of lines 15 through 22	2,783,824.	2,584,539.	4,730,334.	4,979,906.	15,078,603.
<b>24</b> Line 23 minus line 17	1,763,462.	2,086,166.	4,623,995.	4,948,990.	13,422,613.
<b>25</b> Enter 1% of line 23	27,838.	25,845.	47,303.	49,799.	

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test: Enter line 24, column (e)

d Add: Amounts from column (e) for lines 18 280,753. 19 251,118. 22 251,118. 26b 2,116,958.

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

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

<b>26a</b>	268,452.
<b>26b</b>	2,116,958.
<b>26c</b>	13,422,613.
<b>26d</b>	2,648,829.
<b>26e</b>	10,773,784.
<b>26f</b>	80.27 %

**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.

(2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

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.

(2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

c Add: Amounts from column (e) for lines 15 16 17 20 21

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

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

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

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

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

<b>27c</b>	
<b>27d</b>	
<b>27e</b>	
<b>27f</b>	
<b>27g</b>	%
<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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? 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 )			
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? 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.			

**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) Affiliated group totals	(b) To be completed for ALL electing 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>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40.		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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 (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) 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

Yes	No	Amount

- 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**.)

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



## RIVER NETWORK

93-0969979

**STATEMENT 1  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

APPRECIATION IN FAIR VALUE OF INVESTMENT	...	TOTAL	\$ 11,612.
			<u>\$ 11,612.</u>

**STATEMENT 2  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS**CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	LA ENVIRON. ACTION NETWORK	
DONEE'S ADDRESS:	162 CROYDON AVENUE BATON ROUGE, LA 70806	
AMOUNT GIVEN:		\$ 6,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	FRIENDS OF MILWAUKEE'S RIVERS	
DONEE'S ADDRESS:	1845 N FARWELL, SUITE 100 MILWAUKEE, WI 53202	
AMOUNT GIVEN:		1,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	OHIO ENVIRONMENTAL COUNCIL	
DONEE'S ADDRESS:	1207 GRANDVIEW AVENUE #201 COLUMBUS, OH 43212	
AMOUNT GIVEN:		6,500.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	RIVER ALLIANCE OF WISCONSIN	
DONEE'S ADDRESS:	306 EAST WILSON, STE 210 MADISON, WI 53703	
AMOUNT GIVEN:		33,294.
CLASS OF ACTIVITY:	RIVER SMART	
DONEE'S NAME:	PRAIRIE RIVERS NETWORK	
DONEE'S ADDRESS:	809 S 5TH STREET CHAMPAIGN, IL 61820	
AMOUNT GIVEN:		5,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	RIVER SIDES STEWARDSHIP ALL.	
DONEE'S ADDRESS:	511 RICHMOND ST. W TORONTO, ONTARIO M5V 1Y3	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	HURON RIVER WATERSHED COUNCIL	
DONEE'S ADDRESS:	1100 N MAIN STREET, SUITE 210 ANN ARBOR, MI 48104	
AMOUNT GIVEN:		154.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	CALHOUN CONSERVATION DISTRICT	
DONEE'S ADDRESS:	13464 15 MILE RD	

## RIVER NETWORK

93-0969979

STATEMENT 2 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONSCASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:	MARSHALL, MI 49068	\$	500.
CLASS OF ACTIVITY:	RIVER SMART		
DONEE'S NAME:	CANOOCHEE RIVERKEEPER		
DONEE'S ADDRESS:	PO BOX 263 SWAINSBORO, GA 30401		
AMOUNT GIVEN:			5,000.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	PRESCOTT CREEKS PRESERVATION		
DONEE'S ADDRESS:	PO BOX 3004 PRESCOTT, AZ 86302		
AMOUNT GIVEN:			5,706.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	BENNINGTON CTY CONSERVATION		
DONEE'S ADDRESS:	PO BOX 505 BENNINGTON, VT 05201		
AMOUNT GIVEN:			634.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	CHENEY LAKE WATERSHED, INC.		
DONEE'S ADDRESS:	18 E. 7TH SOUTH HUTCHINSON, KS 67505		
AMOUNT GIVEN:			4,534.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	BLUE EARTH RIVER BASIN INIT.		
DONEE'S ADDRESS:	923 NORTH STATE ST, SUITE 140 FAIRMONT, MN 56031-3854		
AMOUNT GIVEN:			5,690.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	FLINT RIVER WS COALITION		
DONEE'S ADDRESS:	432 N. SAGINAW ST. #805 FLINT, MI 48502		
AMOUNT GIVEN:			8,193.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	ERIE CTY SOIL & WATER CONSV.		
DONEE'S ADDRESS:	50 COMMERCE WAY EAST AURORA, NY 14052-2185		
AMOUNT GIVEN:			1,044.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	FRIENDS OF DECKERS CREEK		
DONEE'S ADDRESS:	PO BOX 877 DELLSLOW, WV 26531		
AMOUNT GIVEN:			7,877.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	WIND RIVER ALLIANCE		
DONEE'S ADDRESS:	C/O ESPC, 304 W. MAIN ST. #8 LANDER, WY 82520-3135		

## RIVER NETWORK

93-0969979

**STATEMENT 2 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS**CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN: \$ 11,589.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: MONROE COUNTY  
DONEE'S ADDRESS: 50 W. MAINT ST, #8100  
ROCHESTER, NY 14614

AMOUNT GIVEN: 5,020.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: MT DESERT ISLAND WATER QUALITY  
DONEE'S ADDRESS: PO BOX 911  
MT. DESERT, NE 04660

AMOUNT GIVEN: 1,084.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: NORTH FORK RIVER IMPROVEMENT  
DONEE'S ADDRESS: 2917 L50 LANE  
HOTCHKISS, CO 81419

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: PASO DEL NORTE WS COUNCIL  
DONEE'S ADDRESS: 2147 TAMUS  
COLLEGE STATION, TX 77843-2147

AMOUNT GIVEN: 7,952.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: THORTON CREEK ALLIANCE  
DONEE'S ADDRESS: 12036 35TH AVENUE, NE  
SEATTLE, WA 98125

AMOUNT GIVEN: 1,900.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: UPPER SUGAR WATERSHED ASSOC.  
DONEE'S ADDRESS: PO BOX 314  
MOUNT HOREB, WI 53572

AMOUNT GIVEN: 353.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: AUDUBON MISSISSIPPI  
DONEE'S ADDRESS: 2524 SOUTH FRONTAGE ROAD  
VICKSBURG, MS 39180

AMOUNT GIVEN: 17,532.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: CUMBERLAND RIVER COMPACT  
DONEE'S ADDRESS: PO BOX 41721  
NASHVILLE, TN 37204

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: BLACKFOOT CHALLENGE  
DONEE'S ADDRESS: PO BOX 563  
HELENA, MT 59624

## RIVER NETWORK

93-0969979

STATEMENT 2 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONSCASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN: \$ 1,245.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: FLANDREAU SANTEE SIOUX  
DONEE'S ADDRESS: PO BOX 283  
FLANDREAU, SD 57028

AMOUNT GIVEN: 7,411.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: TRIANGLE J COUNCIL OF GOV'T  
DONEE'S ADDRESS: PO BOX 12276  
RESEARCH TRIANGLE PK, NC 27709

AMOUNT GIVEN: 6,207.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: BATTEN KILL WS ALLIANCE  
DONEE'S ADDRESS: PO BOX 734  
ARLINGTON, VT 05250

AMOUNT GIVEN: 2,836.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: NIOBRARA COUNCIL  
DONEE'S ADDRESS: PO BOX 206  
VALENTINE, NE 69201

AMOUNT GIVEN: 1,997.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: BITTERROOT  
DONEE'S ADDRESS: 120 S. 5TH STREET, SUITE 207  
HAMILTON, MT 59840

AMOUNT GIVEN: 2,989.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: SUASCO WATERSHED COMMUNITY  
DONEE'S ADDRESS: 2 CLOCK TOWER PL, STE 505  
MAYNARD, MA 01754

AMOUNT GIVEN: 21,000.

CLASS OF ACTIVITY: CONSERVATION  
DONEE'S NAME: FRIENDS OF THE NAPA RIVER  
DONEE'S ADDRESS: 68 COMBS STREET  
NAPA, CA 94558

AMOUNT GIVEN: 2,375.

CLASS OF ACTIVITY: RIVER SMART  
DONEE'S NAME: FRIENDS OF THE NORTH FORK  
DONEE'S ADDRESS: PO BOX 746  
WOODSTOCK, VA 22664

AMOUNT GIVEN: 2,077.

CLASS OF ACTIVITY: RIVER SMART  
DONEE'S NAME: FRIENDS OF THE BUFFALO NIAGARA  
DONEE'S ADDRESS: 567 POTOMAC AVENUE  
BUFFALO, NY 14222



## RIVER NETWORK

93-0969979

**STATEMENT 2 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS**CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	4,981.
CLASS OF ACTIVITY:	RIVER SMART		
DONEE'S NAME:	UTAH RIVERS COUNCIL		
DONEE'S ADDRESS:	1055 EAST 2100 SOUTH, STE 207 SALT LAKE CITY, UT 84106		
AMOUNT GIVEN:			4,991.
CLASS OF ACTIVITY:	RIVER SMART		
DONEE'S NAME:	SHARK RIVER CLEANUP COALITION		
DONEE'S ADDRESS:	503 MOORE ROAD NEPTUNE CITY, NJ 07753		
AMOUNT GIVEN:			5,000.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	ICL		
DONEE'S ADDRESS:	6930 CAROLL AVENUE, SUITE 420 TAKOMA PARK, MD 20912		
AMOUNT GIVEN:			16,725.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	AMIGO BRAVOS		
DONEE'S ADDRESS:	PO BOX 238 TAOS, NM 87571		
AMOUNT GIVEN:			5,000.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	TREES, WATER & PEOPLE		
DONEE'S ADDRESS:	633 REMINGTON FORT COLLINS, CO 80524		
AMOUNT GIVEN:			59,430.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	NEUSE RIVER FOUNDATION		
DONEE'S ADDRESS:	112 S BROUNT STREET RALEIGH, NC 27601		
AMOUNT GIVEN:			5,000.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	RIVER COUNCIL OF MINNESOTA		
DONEE'S ADDRESS:	100 SECOND AVENUE, SOUTH #101 SAUK RAPIDS, MN 56379		
AMOUNT GIVEN:			500.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	RED RIVER WATERSHED ASSOCIATIO		
DONEE'S ADDRESS:	PO BOX 1185 SPRINGFIELD, TN 37172		
AMOUNT GIVEN:			3,000.
CLASS OF ACTIVITY:	CONSERVATION		
DONEE'S NAME:	CANNON RIVER WS PARTNERSHIP		
DONEE'S ADDRESS:	8997 EAVES AVENUE NORTHFIELD, MN 55057		

## RIVER NETWORK

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**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN: \$ 500.

CLASS OF ACTIVITY: CONSERVATION  
 DONEE'S NAME: GEORGIA RIVER NETWORK  
 DONEE'S ADDRESS: 1090 S MILLDGE AVENUE  
 ATHENS, GA 30605

AMOUNT GIVEN: 3,610.

CLASS OF ACTIVITY: CONSERVATION  
 DONEE'S NAME: KANE-DUPAGE SOIL & WATER CONS.  
 DONEE'S ADDRESS: 545 S RANDALL ROAD  
 ST. CHARLES, IL 60174

AMOUNT GIVEN: 500.

TOTAL GRANTS AND ALLOCATIONS \$ 304,430.

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ALLOCATION OF INDIRECT COSTS		150,187.	-177,236.	27,049.
CLOSING COSTS	2,167.	2,167.		
DUES & FEES	28,274.	4,313.	22,380.	1,581.
FORGIV. OF DEBT	39,375.	39,375.		
INSURANCE	8,487.		8,487.	
OTHER	41,863.	4,731.	15,504.	21,628.
PROFESSIONAL SERVICES	96,167.	57,972.	9,077.	29,118.
PROGRAM MATERIALS	13,996.	11,713.	35.	2,248.
RALLY EXPENSES	254,441.	254,441.		
TRAINING COSTS	12,940.	12,646.	294.	
TOTAL	\$ <u>497,710.</u>	\$ <u>537,545.</u>	\$ <u>-121,459.</u>	\$ <u>81,624.</u>

**STATEMENT 4**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
RIVER CONSERVANCY PROGRAM - BRINGS CRITICAL RIVERLANDS INTO PUBLIC OWNERSHIP, THEREBY EMPOWERING THE PUBLIC TO OVERSEE MANAGEMENT. THIS PROGRAM IS NO LONGER ACTIVE.		57,546.
WATERSHED CONSERVATION PROGRAM - PROVIDES PUBLICATIONS, TRAINING AND CONSULTATION TO HELP ORGANIZE AND SUPPORT		

## RIVER NETWORK

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**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
LOCAL, STATE AND REGIONAL WATERSHED CONSERVATION ORGANIZATIONS; PROVIDES STATE-OF-THE-ART INFORMATION ON BOTH TECHNICAL AND NON-PROFIT ORGANIZATIONAL DEVELOPMENT ISSUES; FACILITATES THE SHARING OF STRATEGIES AND INFORMATION WITHIN THE RIVER CONSERVATION COMMUNITY; AND HELPS PEOPLE TO LEARN ABOUT RIVER CONSERVATION TECHNIQUES, PROGRAMS AND LAWS THEY MAY EMPLOY TO PROTECT AND RESTORE THEIR RIVERS AND WATERSHEDS.		1,477,652.
	\$ 0.	\$ 1,535,198.

**STATEMENT 5**  
**FORM 990, PART IV, LINE 51**  
**OTHER NOTES AND LOANS RECEIVABLE**

<u>NOTES AND LOANS REPORTED SEPARATELY</u>	<u>BALANCE DUE</u>	<u>DOUBTFUL ACCOUNTS ALLOWANCE</u>
BORROWER'S NAME: THE CSU, CHICO RESEARCH		
BORROWER'S TITLE:		
DATE OF NOTE: 9/28/2001		
MATURITY DATE:		
REPAYMENT TERMS:		
INTEREST RATE:		
SECURITY PROVIDED:		
PURPOSE OF LOAN:		
BORROWER RELATIONSHIP:		
CONSIDERATION:		
CONSIDERATION FMV:		
ORIGINAL AMOUNT: \$ 450,000.		
BALANCE DUE:	\$ 450,000.	\$ 0.
DOUBTFUL ACCT. ALLOW.:		
TOTAL NOTES AND LOANS REPORTED SEPARATELY	\$ 450,000.	\$ 0.
TOTAL NET RECEIVABLES	\$ 450,000.	

**STATEMENT 6**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
DOMESTIC COMMON STOCKS AND EQUITY FUNDS	MARKET VALUE	\$ 295,261.
	TOTAL	\$ 295,261.

STATEMENT 6 (CONTINUED)  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

<u>CORPORATE BONDS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
CORPORATE FIXED INCOME SECURITIES & FUND	MARKET VALUE	\$ 72,033.
	TOTAL	\$ 72,033.
<u>OTHER SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MONEY MARKET FUNDS AND CASH EQUIV.	MARKET VALUE	257,342.
	TOTAL	\$ 257,342.
<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
US GOVERNMENT SECURITIES	MARKET VALUE	30,794.
	TOTAL	\$ 30,794.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 655,430.</u>

STATEMENT 7  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 70,992.	\$ 40,102.	\$ 30,890.
TOTAL	<u>\$ 70,992.</u>	<u>\$ 40,102.</u>	<u>\$ 30,890.</u>

STATEMENT 8  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

DEPOSITS		
	TOTAL	<u>\$ 6,240.</u>

## RIVER NETWORK

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**STATEMENT 9**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CLARENCE ALEXANDER FORT YUKON, AK	TRUSTEE PART-TIME	\$ 0.	\$ 0.	\$ 0.
ADRIENNE T. ATWELL ARMONK, NY	TRUSTEE PART-TIME	0.	0.	0.
CATHERINE ARMINGTON WASHINGTON, DC	TRUSTEE PART-TIME	0.	0.	0.
SALLY BETHEA ATLANTA, GA	TRUSTEE PART-TIME	0.	0.	0.
DAVID BORDEN NEW CASTLE, NH	CHAIRMAN PART-TIME	0.	0.	0.
WILLIAM G.F. BOTZOW, II BENNINGTON, VT	TREASURER PART-TIME	0.	0.	0.
ROB R. BUIRGY LOVELAND, CO	TRUSTEE PART-TIME	0.	0.	0.
KIMBERLY N. CHARLES SAN FRANCISCO, CA	TRUSTEE PART-TIME	0.	0.	0.
GREGORY S. HAWKINS PENNINGTON, NJ	TRUSTEE PART-TIME	0.	0.	0.
DIANNE DILLONRIDGLEY IOWA CITY, IA	VICE CHAIRMAN PART-TIME	0.	0.	0.
PAUL PARYSKI SANTA FE, NM	TRUSTEE PART-TIME	0.	0.	0.
DON ELDER PORTLAND, OR	PRESIDENT/CEO FULL-TIME	93,798.	13,132.	0.

## RIVER NETWORK

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## STATEMENT 9 (CONTINUED)

## FORM 990, PART V

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELIZABETH RAISBECK NOANK, CT	TRUSTEE PART-TIME	\$ 0.	\$ 0.	\$ 0.
MARC TAYLOR SOUTHURY, CT	TRUSTEE PART-TIME	0.	0.	0.
LAURENE VON KLAN CHICAGO, IL	TRUSTEE PART-TIME	0.	0.	0.
JIM WARING SAN DIEGO, CA	CHAIRMAN PART-TIME	0.	0.	0.
JAMES R. WHEATON OAKLAND, CA	TRUSTEE PART-TIME	0.	0.	0.
JIM COMPTON TIBURON, CA	EMERITUS PART-TIME	0.	0.	0.
TOTAL		\$ 93,798.	\$ 13,132.	\$ 0.

STATEMENT 10  
FORM 990, PART VIII

## RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	THE ORGANIZATION PURCHASES AND SELLS LAND AROUND CRITICAL RIVER LANDS AND BRINGS THEM INTO PUBLIC OWNERSHIP, THEREBY EMPOWERING THE PUBLIC TO OVERSEE ITS MANAGEMENT.
93B	THE ORGANIZATION PROVIDES TRAINING AND EDUCATION TO CITIZENS ABOUT RIVER CONSERVATION.
93C	SPECIFIC PUBLICATIONS ARE SOLD BY THE ORGANIZATION TO TEACH SUCCESSFUL STRATEGIES TO RIVER CONSERVATIONISTS.
93D	A NATIONAL TRAINING EVENT OFFERS INTENSIVE WORKSHOPS TO HELP PARTICIPANTS DEVELOP STRATEGIES TO UNDERSTAND, PROTECT AND RESTORE RIVERS AND WATERSHEDS.
94	ANNUAL FEE COLLECTED FROM INDIVIDUALS, AGENCIES AND TRIBES THAT SUBSCRIBE TO THE ORGANIZATION'S PUBLICATION AND BASIC SERVICES.

2003

## FEDERAL STATEMENTS

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RIVER NETWORK

93-0969979

STATEMENT 11  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
MISCELLANEOUS	\$ 0.	\$ 0.	\$ 15,666.	\$ 0.	\$ 15,666.
LITIGATION JUDGEMENT REVENUE	-130,115.	365,567.	0.	0.	235,452.
TOTAL	<u>\$ -130,115.</u>	<u>\$ 365,567.</u>	<u>\$ 15,666.</u>	<u>\$ 0.</u>	<u>\$ 251,118.</u>

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

OMB No 1545 1709

▶ File a separate application for each return.

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

**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 File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	RIVER NETWORK	93-0969979
	Number, street, and room or suite number If a P O box, see instructions	
	520 S.W. 6TH AVENUE #1130	
	City, town or post office For a foreign address, see instructions	state ZIP code
	PORTLAND, OR 97204-1511	

**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 (Section 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 5/15, 20 05, 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 10/01, 20 03, and ending 9/30, 20 04

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 ▶ Emily Logan Title ▶ CPT Date ▶ 2/14/05  
BAA For Paperwork Reduction Act Notice, see instructions. Form **8868** (12-2000)