

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2005

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 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

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
instruc-
tions.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
chooses to file a return, be sure to file a complete return. Some states require a
complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,995,700.

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

1a 1,260,824.

b Indirect public support

1b

c Government contributions (grants)

1c 404,785.

d Total (add lines 1a through 1c) (cash \$ 1,665,609. noncash \$)

1d 1,665,609.

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

2 275,703.

3 Membership dues and assessments

3 40,880.

4 Interest on savings and temporary cash investments

4 740.

5 Dividends and interest from securities

5 12,768.

6a Gross rents

6a

b Less: rental expenses

6b

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

6c

7 Other investment income (describe)

7

8a Gross amount from 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

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

8d

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 1,995,700.

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

13 1,567,048.

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

14 296,963.

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

15 151,506.

16 Payments to affiliates (attach schedule)

16

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

17 2,015,517.

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

18 -19,817.

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

19 1,025,689.

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

SEE STATEMENT 1

20 13,574.

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

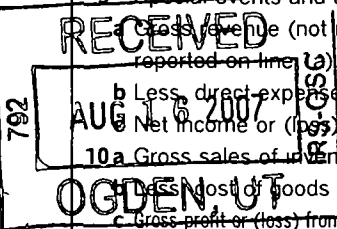
21 1,019,446.

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

TEEA0109L 02/03/06

Form 990 (2005)

SCANNED SEP 10 2007



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 2 (cash \$ 127,505. non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22 127,505.	127,505.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25 101,944.	70,418.	21,028.	10,498.
26	Other salaries and wages	26 679,307.	469,234.	140,122.	69,951.
27	Pension plan contributions	27 7,426.	5,031.	1,663.	732.
28	Other employee benefits	28 87,920.	59,562.	19,689.	8,669.
29	Payroll taxes	29 65,333.	44,261.	14,631.	6,441.
30	Professional fundraising fees	30			
31	Accounting fees	31 11,765.		11,765.	
32	Legal fees	32			
33	Supplies	33 13,332.	3,433.	9,744.	155.
34	Telephone	34 29,427.	4,918.	23,515.	994.
35	Postage and shipping	35 18,831.	3,825.	12,518.	2,488.
36	Occupancy	36 93,107.		93,107.	
37	Equipment rental and maintenance	37 11,931.		11,931.	
38	Printing and publications	38 37,015.	28,988.	791.	7,236.
39	Travel	39 103,252.	82,852.	9,247.	11,153.
40	Conferences, conventions, and meetings	40 8,627.	2,838.	5,161.	628.
41	Interest	41 3,930.		3,930.	
42	Depreciation, depletion, etc (attach schedule)	42 12,915.		12,915.	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 3	43a 601,950.	664,183.	-94,794.	32,561.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 2,015,517.	1,567,048.	296,963.	151,506.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

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

BAA

Form 990 (2005)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► RIVER CONSERVATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a SEE STATEMENT 4

(Grants and allocations \$ 127,505.) If this amount includes foreign grants, check here ► ☐

1,567,048.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

1,567,048.

BAA

Form 990 (2005)

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
ASSETS	45 Cash — non-interest-bearing	120,787.	45	52,545.
	46 Savings and temporary cash investments	51,978.	46	
	47a Accounts receivable	47a 154,699.		
	b Less: allowance for doubtful accounts	47b	203,676.	47c 154,699.
	48a Pledges receivable	48a 421,576.		
	b Less: allowance for doubtful accounts	48b	320,982.	48c 421,576.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	15,450.	53	15,728.
	54 Investments — securities (attach schedule) SEE ST 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	496,167.	54	403,332.
	55a Investments — land, buildings, & equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 70,993.			
b Less: accumulated depreciation (attach schedule) STATEMENT 6	57b 69,527.	14,381.	57c 1,466.	
58 Other assets (describe ► SEE STATEMENT 7)	6,240.	58	6,240.	
59 Total assets (must equal line 74) Add lines 45 through 58	1,229,661.	59	1,055,586.	
LIABILITIES	60 Accounts payable and accrued expenses	153,972.	60	36,140.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	50,000.	64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	203,972.	66	36,140.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	357,034.	67	243,396.
	68 Temporarily restricted	668,655.	68	776,050.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,025,689.	73	1,019,446.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,229,661.	74	1,055,586.

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Form 990 (2005)

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	5,610.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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.	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>OR</u>	90b	16
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
91 a	The books are in care of <u>SUSAN SCHWARTZ</u> Telephone number <u>(503) 241-3506</u> Located at <u>520 S.W. 6TH AVENUE #1130, PORTLAND OR,</u> ZIP + 4 <u>97204-1511</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country _____	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>	N/A	N/A

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the 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 RIVER RALLY REVENUES					189,451.
b MANAGEMENT & CONSULT.					55,536.
c PUBLICATION SALES					30,716.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					40,880.
95 Interest on savings & temporary cash invmnts			14	740.	
96 Dividends & interest from securities			14	12,768.	
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))				13,508.	316,583.
105 Total (add line 104, columns (B), (D), and (E))					330,091.

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 the 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 9
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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 Here

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

Signature of officer: Susan M. Schwarz Date: 8-13-07

Type or print name and title: SUSAN M. SCHWARTZ, SECRETARY

Paid Preparer's Use Only

Preparer's signature: Gary McOee Date: 7/30/07

Firm's name (or yours if self-employed): GARY MCOEE & CO.

Address: 522 S.W. FIFTH AVENUE, ST 1300

City and ZIP: PORTLAND, OR 97204-2130

Check if self-employed: ☐ Preparer's SSN or PTIN (See General Instruction W): N/A

EIN: N/A

Phone no: (503) 222-2515

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 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

2005

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
SEE STATEMENT 10		251,592.	41,334.	0.
Total number of other employees paid over \$50,000		0		

Part II – A 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 II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services		0

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

Schedule A (Form 990 or 990-EZ) 2005

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 ► \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
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)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Do you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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)

- ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____
☐ 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)
☐ 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) Check the box that describes the type of supporting organization ▶ ☐ Type 1 ☐ Type 2 ☐ Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,648,998.	1,354,322.	1,828,986.	1,670,869.	6,503,175.
16 Membership fees received	35,995.	38,405.	30,459.		104,859.
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	236,204.	114,004.	1,020,362.	498,373.	1,868,943.
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	16,548.	13,197.	34,132.	49,730.	113,607.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 11			-130,115.	365,567.	235,452.
23 Total of lines 15 through 22	1,937,745.	1,519,928.	2,783,824.	2,584,539.	8,826,036.
24 Line 23 minus line 17	1,701,541.	1,405,924.	1,763,462.	2,086,166.	6,957,093.
25 Enter 1% of line 23	19,377.	15,199.	27,838.	25,845.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 139,142.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,912,289.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,957,093.
d Add: Amounts from column (e) for lines 18 113,607. 19 235,452. 26b 3,912,289.					26d 4,261,348.
e Public support (line 26c minus line 26d total)					26e 2,695,745.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 38.75 %
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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines 15 17 20 16 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

Yes No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following

32 a

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32 b

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 c

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 d

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

33 a

a Students' rights or privileges?

33 b

b Admissions policies?

33 c

c Employment of faculty or administrative staff?

33 d

d Scholarships or other financial assistance?

33 e

e Educational policies?

33 f

f Use of facilities?

33 g

g Athletic programs?

33 h

h Other extracurricular activities?

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

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34 a

b Has the organization's right to such aid ever been revoked or suspended?

34 b

If you answered 'Yes' to either 34 a 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

35

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4 -Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Lobbying Expenditures During 4 -Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

Yes	No	Amount

BAA

Schedule A (Form 990 or 990-EZ) 2005

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 INVESTMENTS

TOTAL \$ 13,574.
\$ 13,574.

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

CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	OHIO ENVIRONMENTAL COUNCIL	
DONEE'S ADDRESS:	1207 GRANDVIEW AVE #210	
	COLUMBUS, OH 43212	
AMOUNT GIVEN:		\$ 5,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	LOUISIANA BUCKET BRIGADE	
DONEE'S ADDRESS:	5745 BERKSHIRE AVE	
	BATON ROUGE, LA 70806	
AMOUNT GIVEN:		900.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	PASCAGOULA RIVER BASIN	
DONEE'S ADDRESS:	1208 WASHINGTON ST	
	VICKSBURG, MI 39183	
AMOUNT GIVEN:		900.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	COMMUNITY IN-POWER	
DONEE'S ADDRESS:	910 COLORADO AVE	
	PORT ARTHUR, TX 77642	
AMOUNT GIVEN:		900.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	TURKEY CREEK KEEPER	
DONEE'S ADDRESS:	14439 RIPPY ROAD	
	GULFPORT, MI 39503	
AMOUNT GIVEN:		1,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	ALABAMA RIVERS ALLIANCE	
DONEE'S ADDRESS:	2027 2ND AVE NORTH STE A	
	BIRMINGHAM, AL 35203	
AMOUNT GIVEN:		4,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	ATCHAFALAYA BASINKEEPER	
DONEE'S ADDRESS:	162 CROYDON AVE	
	BATON ROUGE, AL 70806	
AMOUNT GIVEN:		900.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	LOUISIANA ENVIRONMENTAL	
DONEE'S ADDRESS:	PO BOX 66323	

RIVER NETWORK

93-0969979

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

AMOUNT GIVEN:	BATON ROUGE, AL 70896	\$ 3,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	LOUISIANA BAYOUKEEPER	
DONEE'S ADDRESS:	4927 DELORAN ANN DRIVE BARATARIA, LA 70036	
AMOUNT GIVEN:		1,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	GULF RESTORATION NETWORK	
DONEE'S ADDRESS:	PO BOX 2245 NEW ORLEANS, LA 70176	
AMOUNT GIVEN:		4,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	MOBILE BAYKEEPER	
DONEE'S ADDRESS:	300 DAUPHIN ST. STE 200 MOBILE, AL 36602	
AMOUNT GIVEN:		5,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	ATAKAPA RELIEF	
DONEE'S ADDRESS:	PO BOX 1021 PORT SULPHUR, LA 70083	
AMOUNT GIVEN:		1,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	CHRISTINE OSZAK	
DONEE'S ADDRESS:	228 E. VERMONT ST VILLA PARK, IL 60181	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	TENNESSEE SCENIC ASSOCIATION	
DONEE'S ADDRESS:	688 SPECH ROAD DUCK RIVER LEBANON, TN 37087	
AMOUNT GIVEN:		5,000.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	WEST CREEK PRESERVATION COMM.	
DONEE'S ADDRESS:	PO BOX 347113 PARMA, OH 44134	
AMOUNT GIVEN:		2,225.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	HURON RIVER WATERSHED COUNCIL	
DONEE'S ADDRESS:	1100 N MAIN ST #210 ANN ARBOR, MI 48104	
AMOUNT GIVEN:		500.
CLASS OF ACTIVITY:	CONSERVATION	
DONEE'S NAME:	COLUMBIA RIVER WATERSHED PARTN	
DONEE'S ADDRESS:	9987 EAVES AVE NORTHFIELD, MN 55057	

RIVER NETWORK

93-0969979

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

AMOUNT GIVEN: \$ 1,069.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: FLINT RIVER WS COALITION
DONEE'S ADDRESS: 423 SAIGINAW ST. STE 1001
FLINT, MI 48502

AMOUNT GIVEN: 5,000.

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

AMOUNT GIVEN: 10,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: OHIO ENVIRONMENTAL
DONEE'S ADDRESS: 1207 GRANDVIEW AVE #201
COLUMBUS, OH 43212

AMOUNT GIVEN: 2,361.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: FRIENDS OF MILWAUKEE
DONEE'S ADDRESS: 1845 N FARWELL, SUITE 100
MILWAUKEE, WI 53202

AMOUNT GIVEN: 250.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: OBED WATERSHED COMMUNITY
DONEE'S ADDRESS: 185 HOOD DRIVE
CROSSVILLE, TN 38555

AMOUNT GIVEN: 3,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: ATAKAPA RELIEF
DONEE'S ADDRESS: PO BOX 1021
SULPHER, LA 70083

AMOUNT GIVEN: 1,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: TENNESSEE CLEAN WATER NETWORK
DONEE'S ADDRESS: 706 WALNUT ST #200
KNOXVILLE, TN 37902

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: UPPER CHATTAHOOCHEE RIVERKEEP
DONEE'S ADDRESS: 3 PURITAN MILL 916 JOSEPH BLVD
ATLANTA, GA 30318

AMOUNT GIVEN: 6,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: CAHABA RIVER SOCIETY
DONEE'S ADDRESS: 2727 7TH AVE #205
SOUTH BIRMINGHAM, AL 35233

RIVER NETWORK

93-0969979

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

AMOUNT GIVEN: \$ 5,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: CLEAN WATER FOR NORTH CAROLINA
DONEE'S ADDRESS: 29 1/2 PAGE AVE
ASHEVILLE, NC 28801

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: CTER FOR WATERSHED PROTECTION
DONEE'S ADDRESS: 8390 MAIN ST 2ND FLOOR
ELLCOTT CITY, MD 21043

AMOUNT GIVEN: 3,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: MINNESOTA ENVIRONMENTAL PARTN.
DONEE'S ADDRESS: 394 LAKE AVE SOUTH STE 401
DILUTH, MN 55802

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: LICKING RIVER WATERSHED WATCH
DONEE'S ADDRESS: 6010 SOMERSET RD
SHARPSBURG, KY 40374

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: KENTUCKY RIVER WATERSHED WATCH
DONEE'S ADDRESS: PO BOX 4307
MIDWAY, KY 40347

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: NEUSE RIVER FOUNDATION
DONEE'S ADDRESS: 112 S BLOUNT ST #103
RALEIGH, NC 27602

AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: CONSERVATION
DONEE'S NAME: LIVING LANDS & WATER
DONEE'S ADDRESS: 17615 ROUTE 84 NORTH
EAST MOLINE, IL 61244

AMOUNT GIVEN: 25,000.

TOTAL GRANTS AND ALLOCATIONS \$ 127,505.

RIVER NETWORK

93-0969979

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
PROFESSIONAL SERVICES	212,466.	184,546.	26,345.	1,575.
RALLY EXPENSES	324,607.	324,607.		
PROGRAM MATERIALS	2,928.	86.	478.	2,364.
INSURANCE	6,951.		6,951.	
DUES & FEES	22,881.	1,000.	20,511.	1,370.
OTHER	14,381.	243.	1,105.	13,033.
TRAINING COSTS	17,736.	10,769.	6,567.	400.
ALLOCATION OF INDIRECT COSTS		142,932.	-156,751.	13,819.
TOTAL	\$ 601,950.	\$ 664,183.	\$ -94,794.	\$ 32,561.

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
WATERSHED CONSERVATION PROGRAM - PROVIDES PUBLICATIONS, TRAINING AND CONSULTATION TO HELP ORGANIZE AND SUPPORT 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.	127,505.	1,567,048.
INCLUDES FOREIGN GRANTS: NO		
	\$ 127,505.	\$ 1,567,048.

STATEMENT 5
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
DOMESTIC COMMON STOCKS AND EQUITY FUNDS	MARKET VALUE	\$ 282,132.
	TOTAL	\$ 282,132.
CORPORATE BONDS	VALUATION METHOD	AMOUNT
CORPORATE FIXED INCOME SECURITIES & FUND	MARKET VALUE	54,811.
	TOTAL	\$ 54,811.

RIVER NETWORK

93-0969979

STATEMENT 5 (CONTINUED)
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

<u>OTHER SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MONEY MARKET FUNDS AND CASH EQUIV.	MARKET VALUE	\$ 56,331.
	TOTAL	\$ 56,331.
<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
US GOVERNMENT SECURITIES	MARKET VALUE	10,058.
	TOTAL	\$ 10,058.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 403,332.</u>

STATEMENT 6
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	\$ 70,993.	\$ 69,527.	\$ 1,466.
TOTAL	<u>\$ 70,993.</u>	<u>\$ 69,527.</u>	<u>\$ 1,466.</u>

STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS

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

RIVER NETWORK

93-0969979

STATEMENT 8
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
CLARENCE ALEXANDER FORT YUKON, AK	TRUSTEE 1	\$ 0.	\$ 0.	\$ 0.
ADRIENNE T. ATWELL ARMONK, NY	TRUSTEE 1	0.	0.	0.
CATHERINE ARMINGTON WASHINGTON, DC	TRUSTEE 1	0.	0.	0.
SALLY BETHEA ATLANTA, GA	TRUSTEE 1	0.	0.	0.
DAVID BORDEN NEW CASTLE, NH	TRUSTEE 1	0.	0.	0.
WILLIAM G.F. BOTZOW, II BENNINGTON, VT	TREASURER 1	0.	0.	0.
ROB R. BUIRGY LOVELAND, CO	TRUSTEE 1	0.	0.	0.
KIMBERLY N. CHARLES SAN FRANCISCO, CA	TRUSTEE 1	0.	0.	0.
JIM WARING LA JOLLA, CA	VICE CHAIR 1	0.	0.	0.
DIANNE DILLON-RIDGLEY IOWA CITY, IA	CHAIR 1	0.	0.	0.
PAUL PARYSKI SANTA FE, NM	TRUSTEE 1	0.	0.	0.
DON ELDER PORTLAND, OR	PRESIDENT/CEO 40	101,944.	10,001.	0.

RIVER NETWORK

93-0969979

STATEMENT 8 (CONTINUED)

FORM 990, PART V-A

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
ROBERT GOMEZ TAOS, NM	TRUSTEE 1	\$ 0.	\$ 0.	\$ 0.
DAVE KATZ ATLANTA, GA	TRUSTEE 1	0.	0.	0.
CHARLES F. SAMS III PORTLAND, OR	TRUSTEE 1	0.	0.	0.
MARC TAYLOR SOUTHBURY, CT	TRUSTEE 1	0.	0.	0.
TODD AMBS MADISON, WI	TRUSTEE 1	0.	0.	0.
JUDITH SPANG DURHAM, NH	TRUSTEE 1	0.	0.	0.
JAMES R. WHEATON OAKLAND, CA	TRUSTEE 1	0.	0.	0.
SUZI WILKINS BERL ASHEVILLE, NC	TRUSTEE 1	0.	0.	0.
	TOTAL	\$ 101,944.	\$ 10,001.	\$ 0.

STATEMENT 9

FORM 990, PART VIII

RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	A NATIONAL TRAINING EVENT OFFERS INTENSIVE WORKSHOPS TO HELP PARTICIPANTS DEVELOP STRATEGIES TO UNDERSTAND, PROTECT AND RESTORE RIVERS AND WATERSHEDS.
93B	THE ORGANIZATION PROVIDES MANAGEMENT AND CONSULTING SERVICES TO MEMBER ORGANIZATIONS.
93C	SPECIFIC PUBLICATIONS ARE SOLD BY THE ORGANIZATION TO TEACH SUCCESSFUL STRATEGIES TO RIVER CONSERVATIONISTS.

RIVER NETWORK

93-0969979

STATEMENT 9 (CONTINUED)

FORM 990, PART VIII

RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
94	ANNUAL FEE COLLECTED FROM INDIVIDUALS, AGENCIES AND TRIBES THAT SUBSCRIBE TO THE ORGANIZATION'S PUBLICATION AND BASIC SERVICES.

STATEMENT 10

SCHEDULE A, PART I

COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
SUSAN SCHWARTZ 520 S.W. 6TH AVENUE, #1130 PORTLAND, OR 97204	CHIEF ADMIN OF. 40	70,410.	11,918.	0.
GAYLE KILLAM 520 S.W. 6TH AVENUE, #1130 PORTLAND, OR 97204	PROGRAM DIR. 40	57,852.	8,695.	0.
GEOFFREY DATES 520 S.W. 6TH AVENUE, #1130 PORTLAND, OR 97204	PROGRAM DIR. 40	64,128.	11,062.	0.
WENDY WILSON 520 S.W. 6TH AVENUE, #1130 PORTLAND, OR 97204	DEVELOP. DIR. 40	59,202.	9,659.	0.
TOTAL		\$ 251,592.	\$ 41,334.	\$ 0.

STATEMENT 11

SCHEDULE A, PART IV-A, LINE 22

OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
LITIGATION JUDGEMENT REVENUE	\$ 0.	\$ 0.	\$ -130,115.	\$ 365,567.	\$ 235,452.
TOTAL	\$ 0.	\$ 0.	\$ -130,115.	\$ 365,567.	\$ 235,452.

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

OMB No 1545-1709

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)

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)****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.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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

- The books are in the care of ► SUSAN SCHWARTZ

Telephone No. ► (503) 241-3506 FAX No. ► _____

- 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-months for a **Form 990-T corporation**) extension of time until 5/15, 20 07, 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 05, and ending 9/30, 20 06

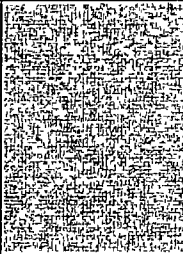
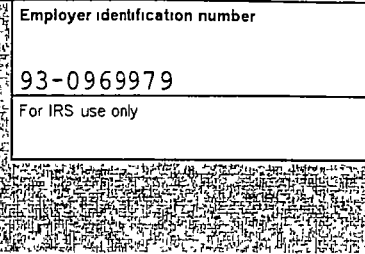
2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.**b** If this application 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.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 12-2004)

- 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	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		For IRS use only
File by the extended due date for filing the return. See instructions	520 S.W. 6TH AVENUE #1130		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	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 (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

- The books are in care of SUSAN SCHWARTZ
Telephone No. (503) 241-3506 FAX No. _____
- 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 8/15, 20 07
- 5 For calendar year _____, or other tax year beginning 10/01, 20 05, and ending 9/30, 20 06
- 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 THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

- 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 CA Date 5/11/07

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 extended 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
	GARY MCGEE & CO.
	Number and street (include suite, room, or apartment number) or a P.O. box number
	522 S.W. FIFTH AVENUE, ST 1300
	City or town, province or state, and country (including postal or ZIP code)
	PORTLAND, OR 97204-2130