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

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009**

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

**C Name of organization**  
SACRAMENTO RIVER WATERSHED PROGRAM  
**Number and street (or P O box, if mail is not delivered to street address) Room/suite**  
P O BOX 188585  
**City or town, state or country, and ZIP + 4**  
SACRAMENTO, CA 95818

**D Employer identification number**  
68-0486576  
**E Telephone number**  
(916) 446-6440  
**F Group Exemption Number**  
▶

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**  
**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** WWW.SACRIVER.ORG  
**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-Exempt status** (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527  
**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 176,944

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

Revenue	
<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b> 164,402
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>
<b>3</b> Membership dues and assessments	<b>3</b>
<b>4</b> Investment income	<b>4</b> 295
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b> 300
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b> 470
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b> -170
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b> 11,947
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b> 15,060
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b> -3,113
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>
<b>b</b> Less cost of goods sold	<b>7b</b> 0
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>
<b>8</b> Other revenue (describe ▶)	<b>8</b>
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b> 161,414
Expenses	
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>
<b>11</b> Benefits paid to or for members	<b>11</b>
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b> 186,010
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b> 550
<b>15</b> Printing, publications, postage, and shipping	<b>15</b> 833
<b>16</b> Other expenses (describe ▶)	<b>16</b> 7,665
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b> 195,058
Net Assets	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b> -33,644
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b> 57,235
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b> 22,131
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b> 45,722

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	63,671	<b>22</b> 6,779
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe ▶)	157,950	<b>24</b> 105,458
<b>25 Total assets</b>	221,621	<b>25</b> 112,237
<b>26 Total liabilities</b> (describe ▶)	164,386	<b>26</b> 66,515
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	57,235	<b>27</b> 45,722

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? To ensure that current and potential uses of the watersheds resources are sustained, restored, and where possible, enhanced, while promoting the long-term social and economic vitality of the region Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> Supporting Local Watershed Groups - SRWP identifies watershed group needs and plans and provide information, technical, financial, and human resources to support and assist local efforts in a coordinated and cooperative way (Grants \$ 70,296)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> Public Education & Outreach - SRWP identifies audiences with interest in improving watershed health and watershed management practices, and provides them with ongoing information, educational opportunities, and promotional events and activities in order to encourage active and balanced support of watershed interests for all stakeholders (Grants \$ 61,351)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> Watershed Monitoring and Technical Support - SRWP undertakes and encourages the efforts of others to acquire, interpret, and disseminate water quality and watershed health data, statistics, and reports in order to help others monitor watershed improvement and comply with government regulations (Grants \$ 24,723)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	156,370

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		No
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .		No
<b>35b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> _____		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .	0	
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	0	
<b>40a</b>	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
<b>40b</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		No
<b>40c</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> _____		
<b>40d</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
<b>40e</b>	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed <input type="checkbox"/> CA _____		
<b>42a</b>	The organization's books are in care of <input type="checkbox"/> MARY LEE KNECHT _____ Telephone no <input type="checkbox"/> (916) 446-6440 P O BOX 188585 Located at <input type="checkbox"/> SACRAMENTO, CA _____ ZIP + 4 <input type="checkbox"/> 95818		
<b>42b</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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b> _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.		No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		No
<b>49b</b> If "Yes," was the related organization a section 527 organization?		No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**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: \*\*\*\*\* Date: 2010-05-17

MARY LEE KNECHT Executive Direc Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: MARTA J WILLIAMS Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Damore Hamric & Schneider Inc, 2856 Arden Way Suite 200, Sacramento, CA 958251379

Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: (916) 481-2856

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	346,340	603,107	1,323,289	656,565	164,402	3,093,703
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				11,382	11,947	23,329
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	346,340	603,107	1,323,289	667,947	176,349	3,117,032
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6.)						3,117,032

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	346,340	603,107	1,323,289	667,947	176,349	3,117,032
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,040	295	1,335
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b				1,040	295	1,335
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				500		500
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						3,118,867
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	99.940 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	99.930 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0.040 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	0.030 %

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Additional Data****Software ID:****Software Version:****EIN:** 68-0486576**Name:** SACRAMENTO RIVER WATERSHED PROGRAM**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
MARY LEE KNECHT PO BOX 188585 SACRAMENTO, CA 95818	Executive Direc 40 00	0		
BUTCH HODGKINS PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
TERRY WILLIAMS PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
JONATHAN SCHUTZ PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
FRASER SIME PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
ROBERT SHANKS PO BOX 188585 SACRAMENTO, CA 95818	Chairman 1 00	0		
IRENIA QUITIQUIT PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
PATRICK SANGER PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
ROBERT MEACHER PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
KEN LINDAUER PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
VANCE HOWARD PO BOX 188585 SACRAMENTO, CA 95818	Treasurer 2 00	0		
CHRIS ELLIOTT PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
DENNIS HEIMAN PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
REN FAIRBANKS PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
DAVE EGGERTON PO BOX 188585 SACRAMENTO, CA 95818	VICE CHAIR 1 00	0		
BEVERLEY ANDERSON-ABBS PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		
TAD ALEXANDER PO BOX 188585 SACRAMENTO, CA 95818	Trustee 1 00	0		

## TY 2009 Other Assets Schedule

**Name:** SACRAMENTO RIVER WATERSHED PROGRAM

**EIN:** 68-0486576

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Miscellaneous	999	599
Machinery and Equipment	4,317	2,590
Furniture and Fixtures	549	
Accounts Receivable	152,085	102,269

## TY 2009 Other Changes in Net Assets Schedule

**Name:** SACRAMENTO RIVER WATERSHED PROGRAM

**EIN:** 68-0486576

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
NET ASSETS RELEASED FROM RESTRICTIONS	22,131

## TY 2009 Other Expenses Schedule

**Name:** SACRAMENTO RIVER WATERSHED PROGRAM

**EIN:** 68-0486576

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
Travel	332
Office Expenses	802
LICENSE & PERMITS	75
Depreciation	2,206
BOARD MEETING EXPENSES	179
BANK SERVICE CHARGES	209
AUTOMOBILE	273
Advertising and Promotion	294

## TY 2009 Other Liabilities Schedule

**Name:** SACRAMENTO RIVER WATERSHED PROGRAM

**EIN:** 68-0486576

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Deferred Revenue	22,131	
Accounts Payable and Accrued Expenses	142,255	66,515