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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses
 (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?
 PRESERVING AND PROTECTING THE WATERS OF THE MISSISSIPPI, NISSOURI AND ILLINOIS RIVERS WHERE THEY COME TOGETHER IN THE GREATER ST LOUIS AREA ST LOUIS CONFLUENCE RIVERKEEPER DEFEND THE RIVERS BY - PATROLLING THE RIVERS FROM A BOAT TO BE CONSTANTLY ALERT FOR POSSIBLE POLLUTION - REGULAR TESTING OF THE WATER - EDUCATING THOSE WHO LIVE NEARBY AND USE THE RIVERS - MONITORING PERMIT REQUESTS TO DISCHARGE INTO THE RIVERS - TAKING POLLUTERS TO COURT IF NECESSARY - FORMING A LARGE ORGANIZATION OF "RIVER WARRIORS" TO HELP IN THIS CONSTANT EFFORT

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

28 Preserving and protecting the waters of the Mississippi, Missouri and Illinois Rivers where they come together in the greater St Louis area
 (Grants \$ 0) If this amount includes foreign grants, check here

28a 0

29
 (Grants \$) If this amount includes foreign grants, check here

29a

30
 (Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)
 (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. 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 |
|----------------------|--|--|---|--|
| | | | | |
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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Yes No

| | | | | |
|------------|---|------------|-------|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | No |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | No |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | |
| a | 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? | 35a | | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 36 | 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 | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 0 | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | Yes | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> | 38b | 8,596 | |
| 39 | <i>Section 501(c)(7) organizations.</i> Enter | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | | |
| 40a | <i>Section 501(c)(3) organizations.</i> 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 | <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 <input type="checkbox"/> | 40b | | No |
| c | <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 | | 0 | |
| d | <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization | | 0 | |
| e | <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 | 40e | | No |
| 41 | List the states with which a copy of this return is filed ▶ <u>MO</u> | | | |
| 42a | The organization's books are in care of ▶ <u>R MICHAEL BUSH</u> Telephone no ▶ <u>(314) 567-3900</u> 8816 MANCHESTER ROAD SUITE 301 Located at ▶ <u>ST LOUIS, MO</u> ZIP + 4 ▶ <u>63144</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 Accounts. | 42b | | No |
| c | 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 ▶ _____ | 42c | | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 | 43 | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 44 | | No |
| 45 | 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. | 45 | | 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 |
|--|-----|----|
| 46 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 |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | No |
| 48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | No |
| 49b If "Yes," was the related organization a section 527 organization? | | |

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: 2010-08-12

Type or print name and title: R MICHAEL BUSH EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: TABOR GUARD LLC Date: 2010-08-12 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: TABOR & GUARD LLC, 12048 TESSON FERRY ROAD, ST LOUIS, MO 631281727

Preparer's identifying number (See instructions): EIN: Phone no: (314) 843-0307

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

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ST LOUIS CONFLUENCE RIVERKEEPER

Employer identification number 80-0279166

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 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 exempt 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). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

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 |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 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) | | | | | | |
| 6 Public Support. 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 |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | 1,275 | 27,059 | 28,334 |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | 1,275 | 27,059 | 28,334 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 |
| c Add lines 7a and 7b | | | | | | 0 |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 28,334 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | 1,275 | 27,059 | 28,334 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | 1,275 | 27,059 | 28,334 |

14 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

| | | |
|--|-----------|--|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |

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

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

Additional Data**Software ID:****Software Version:****EIN:** 80-0279166**Name:** ST LOUIS CONFLUENCE RIVERKEEPER**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (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 |
|--|---|---|--|---|
| R MICHAEL BUSH 9014 SEDGEWICK PLACE DRIVE ST LOUIS, MO 63124 | PRESIDENT 40 00 | 0 | 0 | 0 |
| TOM BIRKENMEIER 1248 HANLEY INDUSTRIAL CT ST LOUIS, MO 63144 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| JANE GLEASON 150 CARONDELET PLAZA 2302 ST LOUIS, MO 63105 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| PATRICIA HAGEN 3940 CONNECTICUT ST ST LOUIS, MO 63116 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| TERRY HOUSTON 3230 HARTFORD ST LOUIS, MO 63118 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| BROCK LUTZ 748 S SPOEDE ROAD ST LOUIS, MO 63131 | BOARD MEMBER 10 00 | 0 | 0 | 0 |
| RON MARKLAND 15908 WETHERBURN ROAD ST LOUIS, MO 63017 | BOARD MEMBER 10 00 | 0 | 0 | 0 |
| PAUL ROHDE 225 S MERAMEC AVE SUITE 305 ST LOUIS, MO 63105 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| PATRICK MCGINNIS 1216 WOODLAND LANE GODFREY, IL 62035 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| GARY PENROD 17998 EDISON AVE CHESTERFIELD, MO 63005 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| DR RICHARD SPARKS 5800 GODFREY ROAD GODFREY, IL 62035 | BOARD MEMBER 0 00 | 0 | 0 | 0 |
| JOHN WAGNER 921 FOURNIE LANE COLLINSVILLE, IL 62234 | BOARD MEMBER 0 00 | 0 | 0 | 0 |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LOUIS CONFLUENCE RIVERKEEPER

Employer identification number
80-0279166

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| | | | |
|----------|--|---------------------------------------|-----------------------|
| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |
| | | | Yes No |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|--|---------------------------------------|------|-------------------------------|-----------------|-----------------|-----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| R MICHAEL BUSH FUNDS USED FOR OPERATING EXPENSES | X | | 7,076 | 8,596 | No | Yes | | | Yes | No |
| Total ▶ \$ | | | | 8,596 | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| | | |
|--------------------------------------|--|--|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|--------------------------------------|--|--|

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|-----------|
| | | | | Yes | No |

TY 2009 Other Expenses Schedule**Name:** ST LOUIS CONFLUENCE RIVERKEEPER**EIN:** 80-0279166

| Description | Amount |
|---------------------------------|--------|
| BOOKS, SUBSCRIPTIONS, REFERENCE | 424 |
| SUPPLIES | 993 |
| TELEPHONE, TELECOMMUNICATIONS | 1,125 |
| DUES & MEMBERSHIPS | 419 |
| GRAPHIC DESIGN SERVICES | 1,441 |
| WATER TESTING FEES | 555 |
| POSTAGE, MAILING SERVICES | 276 |
| PRINTING & COPYING | 2,039 |
| TRAVEL & CONFERENCES | 211 |
| INSURANCE | 1,409 |

TY 2009 Other Liabilities Schedule

Name: ST LOUIS CONFLUENCE RIVERKEEPER

EIN: 80-0279166

| Description | Beginning of Year Amount | End of Year Amount |
|------------------------|--------------------------|--------------------|
| DUE TO R. MICHAEL BUSH | 7,076 | 8,596 |

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: ST LOUIS CONFLUENCE RIVERKEEPER

EIN: 80-0279166

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.