

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

# **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)

2009

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal F				gamzation may have to us		,			Inspection
A For			•	r, or tax year beginning 07  C Name of organization	-01-2009	and ending 06-30-20:	10	D Employer id	entification number
B Che Addi		pplicable lange	Please use IRS	RIVERLINK INC				58-186795	5.8
Nam			label or print or	Doing Business As				E Telephone n	
— Initia			type. See Specific					(828) 252-	8474
Tem			Instruc-	Number and street (or P O b 170 LYMAN ST	ox if mail i	s not delivered to street addr	ess) Room/suite	<b>G</b> Gross receipts	\$ 802,149
Ame			tions.	City or town, state or country	and ZID	4			
_				ASHEVILLE, NC 28801	7, and 21P -	- 4			
Г Аррі	ication	pending	- N				<u> </u>		
				ne and address of principa CRAGNOLIN	lofficer		<b>H(a)</b> Is th	ıs a group retur ıtes?	n for
				MAN ST					, 105 / 110
			ASHEV	'ILLE, NC 28801			1 ' '	l affiliates includ	·
 <b>I</b> Тах	-exem	pt status	▼ 501(c)	) ( 3 ) <b>◀</b> (insert no )	(a)(1) or	<del></del>		o," attach a list ip exemption ni	(see instructions)
		: ► river			. , , ,			ip exemption no	iniber P
							<u> </u>		
K Form Par		-	•	ion Trust Association (	Other 🟲		<b>L</b> Year of fo	rmation 1989	M State of legal domicile NC
Pal	1		escribe th	e organization's mission o					
.				nal non-profit spearheadir ace to live, work and play	ng the eco	nomic and environment	al revitalizatio	n of the French	Broad River and its
Governance			u pic	12 o, Hork and play					
<u> </u>									
§€	2	Chackth	us hov 🍽	if the organization discor	atinued it	c operations or dispose	d of more than	25% of its net	accate
				nembers of the governing					15
જ જુ			_	ident voting members of th					15
ij				nployees (Part V, line 2a)			,		
Activities &				lunteers (estimate if nece		6			
٩.	7a	Total gro	ss unrela	ted business revenue from		7:	a		
	b	Net unre	lated busi	ness taxable income from	Form 990	)-T, line 34		7	ь
							Prio	r Year	Current Year
a.	8	8 Contributions and grants (Part VIII, line 1h)						1,035,469	739,627
Rayenue	9			revenue (Part VIII, line 2ç				8,072	2,775
ž	10			ne (Part VIII, column (A),			•	25,368	5,050
_	11 12			art VIII, column (A), lines dd lines 8 through 11 (mus			10	33,962	20,258
	12						16	1,102,871	767,710
	13	Grants	and simila	ar amounts paid (Part IX, c	olumn (A	), lines 1-3 )			0
	14			r for members (Part IX, co					0
80	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						201,804	162,085
Expenses	16a	,	ional fund	raising fees (Part IX, colu	mn (A ), lı	ne 11e)		1,925	3,134
<u>₹</u>	ь			enses (Part IX, column (D), line				,	·
ا ۳	17			(Part IX, column (A), lines	· —			905,390	523,270
	18	Total e	xpenses /	Add lines 13–17 (must eq	ual Part I	X, column (A), line 25)		1,109,119	688,489
	19	Revenu	e less exp	enses Subtract line 18 fr	om line 1	2		-6,248	79,221
. Q4 € 68								g of Current Year	End of Year
Net Assets or Fund Balances	20	Totala	ssets (Dai	t X, line 16)	_			2,813,896	2,487,028
848 848	21			Part X, line 26)				695,875	285,142
울뿔	22		-	d balances Subtract line 2				2,118,021	2,201,886
Par	t II		ture Bl						· ,
				rjury, I declare that I have exar correct, and complete Declaration					
Sign		*****						01-27	
Here			ture of office	er			Date		
				IN EXECUTIVE DIRECTOR					
		Туре	or print nam	e and title					
<b>.</b>		Preparer's signature	07.5	EN C CORLISS		Date 2011-02-10	Check If self-	Preparer's identi (see instructions	
Paid	ے اندیری	_	<u> </u>				empolyed 🕨 🦵		
Prepa		ıf self-em	ne (or yours ployed),	CORLISS & SOLOMON PLLC				EIN Þ	
Use Only		address, a	and ZIP + 4	242 CHARLOTTE STREET S	UITE 1				

ASHEVILLE, NC 28801

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

Phone no 🕨 (828) 236-0206

## Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
---	---------	----------	-----	----------------	---------

Riverlink is	a regional	non-profit	s nearhead	ding th
KIVEIIIIK IS	a reulullai	HOH-DIGHT	Spearilead	alliu tii

	Total program service expenses►\$	603,965		
	(Expenses \$	including grants of \$	) (Revenue \$	)
d	Other program services (Describe		\/Day.a====	
				·
	(Code ) (Expenses	Including grants	of \$ ) (Revenue \$	)
b	(Code ) (Expenses	including grants	of \$ ) (Revenue \$	)
	RIVERLINK CONTINUED WORK ESTABLISHII RIVERFRONT, AND RESTORING TRIBUTARY	STREAM-BANKS PLEASE SEE ATTACHED P	ROGRAM ACCOMPLISHMENTS FOR FY 20	10
а	(Code ) (Expenses		•	, , ,
	Section 501(c)(3) and 501(c)(4) orgalications to others, the total exper	anızatıons and section 4947(a)(1)	trusts are required to report the a	
	If "Yes," describe these changes on Describe the exempt purpose achiev		's three largest program corvides	hy avnansas
	services?			☐ Yes 🔽 No
	If "Yes," describe these new service:  Did the organization cease conducting		ow it conducts any program	
	the prior Form 990 or 990-EZ? .			┌ Yes ┌ No
		ignificant program services during	the year which were not listed on	

Part TV	Checklist	of Regi	uired	Sche	dules
4.11.	CIICCRIISC	OI IXCUI	un cu	2011	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Form	990 (2009)			Page
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νo
b	Is the organization 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	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2009)			Page \$
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_		
_	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N o
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			N.
9	Sponsoring organizations maintaining donor advised funds.	8		No
a	Did the organization make any taxable distributions under section 4966?	9a		N o
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

 $\boldsymbol{b}$  . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12b

170 LYMAN ST

ASHEVILLE, NC 28801 (828) 252-8474

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 15			
Ь	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		No
ь	governing body?	7b		No
		76		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	130	163	
	These to line a of b, describe the process in schedule of (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►NC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection Indicate how you make these available Check all that apply  Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orda	nization	n <b>▶</b> -
	DIVERTINK	.c orya		

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	•	ate_any	<u>c ur</u> r	ent c	r fo	rmer o	ffıc e	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	(C) e Position (check all that apply)				(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KAREN CRAGNOLIN Executive Director	40 00			х				65,140	0	0
MARGIE EBLEN Chair	2 00	х		х				0	0	0
DENISE SNODGRASS Vice Chair	2 00	Х		х				0	0	0
KIRK ROBINSON Treasurer	2 00	х		х				0	0	0
ELEANOR ASHTON Secretary	2 00	Х		х				0	0	0
BOB SHEPHERD Board	1 00	Х						0	0	0
DANIEL HITCHCOCK Board	1 00	х						0	0	0
MARTHA THOMPSON Board	1 00	х						0	0	0
SUZANNE JUDY Board	1 00	х						0	0	0
JERRY JOHNSON Board	1 00	х						0	0	0
ROBERT GRIFFIN Board	1 00	х						0	0	0
ROD BAIRD Board	1 00	х						0	0	0
JAMES A GREEN Board	1 00	х						0	0	0
JANE SLEEVA Board	1 00	х						0	0	0
PAM TURNER Board	1 00	х						0	0	0
DANA STONESTREET Board	1 00	Х						0	0	0

Forr	m 990 (2009)			Page <b>8</b>
1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual	employee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	n the 4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for se rendered to the organization? If "Yes," complete Schedule J for such person	rvices 5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more tha \$100,000 of compensation from the organization	n		
	(A) (E Name and business address Description	of services	( <b>C</b> Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received m \$100,000 in compensation from the organization •	nore than		

Form **990** (2009)

Form 99	•	<u> </u>						Page <b>9</b>
Part V	<b>/1111</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es <b>1b</b>					
S, G	c	Fundraising eve	ents <b>1</b> c					
# <u>#</u> #	d	Related organiz	ations 1d					
<u>∞</u> [ <u>E</u>	e	Government grants	s (contributions) <b>1e</b>	458,364				
tior sign	f	All other contribution	ons, gifts, grants, and <b>1f</b>	281,263				İ
ē Ž	g		butions included in					
Ęĕ								
ပိုန်	h	Total. Add lines	s 1a-1f	· · · •	739,627			
<u> </u>				Business Code				
Program Serwce Revenue	2a	Summer Camp		611,710	2,775	2,775		
₽e.	ь							
<u> </u>	С							
<u>.</u>	d							
Ē	e							
Z 2	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		2,775			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simila	aramounts)	▶	5,050			5,050
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties						
		Gross Rents	(ı) Real 37,139	(II) Personal				
	6a   b	Less rental	28,520					
		expenses Rental income	8,619					
	C	or (loss)	·		0.540	0.540		
	d	Net rental inco	me or (loss)		8,619	8,619		
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities	(II) O ther				
	d		s)					
	8a	Gross income f	rom fundraising					
Other Revenue		events (not inc \$of contributions See Part IV, lin	reported on line 1c)	14,672				
<u> </u>	ь	Less direct ex	penses <b>b</b>	, 5,919				
δ	с	Net income or (	loss) from fundraising	events 📂	8,753			8,753
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		1,729				
	ь	Less cost of g	oods sold <b>b</b>	1,129				
	С		(loss) from sales of inve	entory 🟲	1,729			1,729
		Miscellaneous	s Revenue	Business Code				
	11a	Other		900,099	1,157			1,157
	Ь							
	С							
	d	All other reven						
	e	Total. Add lines			1,157			
	12	lotal revenue.	See Instructions	· · •	767,710	11,394		16,689

	990 (2009)				Page <b>10</b>
Pari					
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c			(D)	
	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	or include amounts reported on lines ob, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	65,140	45,598	13,028	6,514
7	Other salaries and wages	77,755	58,677	17,806	1,272
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	,,,,,,	55,677	17,000	
9	Other employee benefits	6,117	4,374	1,392	351
10	Payroll taxes	13,073	9,347	2,975	751
11	Fees for services (non-employees)				_
а	Management				
ь	Legal	866	831	35	0
С	Accounting	10,155	0	10,155	0
d	Lobbying				
e	Professional fundraising See Part IV, line 17	3,134			3,134
f	Investment management fees	,			, , , , , , , , , , , , , , , , , , ,
g	Other				
12	Advertising and promotion	6,817	6,135	682	0
13	Office expenses	31,219	18,021	7,709	5,489
14	Information technology	01/219	19,621	.,,,,,	5,.55
15	Royalties				
16	Occupancy	16,546	12,410	4,136	0
17	Travel	2,190	<u> </u>	219	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,130	1,3/1	217	
19	Conferences, conventions, and meetings	3,862	2,325	771	766
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,365	6,274	2,091	0
23	Insurance	6,069	,	· · · · · · · · · · · · · · · · · · ·	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,		,	
а	Environmental Contract Services	410,810	410,810	0	0
b	Interest-Land Acquisition	13,327	13,327	0	0
С	Website Maintenance	6,751	5,063	1,688	0
d	Dues & Subscriptions	2,222	1,000	1,222	0
e	Educational/Camp Activities	782	782	0	0
f	All other expenses	3,289	2,468	821	0
25	Total functional expenses. Add lines 1 through 24f	688,489	603,965	66,247	18,277
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		385,676	1	148,514
	2	Savings and temporary cash investments		550,425	2	460,546
	3	Pledges and grants receivable, net		63,910	3	64,850
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of				
		Schedule L			6	
ssets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		981	9	4,447
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	1,969,384			
	ь	Less accumulated depreciation	<b>10b</b> 231,866	1,745,938	10c	1,737,518
	11	Investments—publicly traded securities		34,199	11	34,202
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		32,767	15	36,951
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,813,896	16	2,487,028
	17	Accounts payable and accrued expenses .		227,437	17	13,299
	18	Grants payable			18	
	19	Deferred revenue			19	1,750
	20	Tax-exempt bond liabilities			20	
68	21	Escrow or custodial account liability Complete Part IV of Schedule	D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Lia		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		468,438	23	270,093
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		695,875	26	285,142
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	et e lines 27			
Fund Balance		through 29, and lines 33 and 34.				
<u>8</u>	27	Unrestricted net assets		1,729,342	27	1,881,456
8	28	Temporarily restricted net assets		375,876	28	307,627
Ξ	29	Permanently restricted net assets		12,803	29	12,803
Œ		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	l complet e			
ō		lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.			31	
	32	Retained earnings, endowment, accumulated income, or other fun	as	0.440.004	32	0.004.000
Net	33	Total net assets or fund balances		2,118,021	33	2,201,886
	34	Total liabilities and net assets/fund balances		2,813,896	34	2,487,028

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

#### OMB No 1545-0047

#### **SCHEDULE A Public Charity Status and Public Support**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Inspection

ıv a me	ortne	organ	ıızatı	oη
RIVERL	INK INC	2		

**Employer identification number** 

58-1867958

Pai	rt I	Reaso	n for Pub	lic Charity State	us (All org	anızatıons	must comp	lete this pa	rt.) See in	structions	5	
he o	rganız	zation is	not a private	foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one box	( )			
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of	churches <b>s</b>	ection 170(b)	(1)(A)(i).				
2	Г	A schoo	l described	ın <b>section 170(b)(1)</b>	(A)(ii). (Att	ach Schedu	le E)					
3	Г	A hospi	tal or a coop	erative hospital serv	/ice organiza	atıon descri	bed in <b>sectio</b> r	170(b)(1)(	A)(iii).			
4	Γ	A medic		organization operate						l)(A)(iii).	Enter the	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or op	perated by a	governmenta	al unit des	 cribed in	
		section	170(b)(1)(A	<b>(iv).</b> (Complete Pa	rt II )							
6	Γ	A federa	al, state, or l	ocal government or (	governmenta	al unit desci	nbed in <b>sectio</b>	on 170(b)(1)	(A)(v).			
7	⊽	describe	ed in	normally receives a		part of its :	support from a	a governmen	tal unit or fro	om the ger	neral publ	С
8	Г			described in <b>section</b>		.)(vi) (Com	plete Part II	)				
9	,		n organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
	•			ies related to its exe								
		-		ss investment incom	-	<del>-</del>						5
				anızatıon after June 3						<b>,</b>		
10	Г	•		anized and operated	•			•	•			
11	Ė	-	_	anized and operated	•	•	•			carry out	the purpo	ses of
	,	one or n the box	nore publicly	supported organizates the type of suppo	tions describ	bed in secti zation and c	on 509(a)(1)	or section 5 11e throug	09(a)(2) Se	e section !		.Check
e f g	1	other th section If the or check th Since A	an foundation 509(a)(2) Iganization r Inis box Ugust 17, 20	x, I certify that the on managers and other eceived a written detection of the companization	er than one o	or more pub	licly supporte	ype I, Type	ons describe	d in section	on 509(a)	(1) or
			g persons? rson who dire	ectly or indirectly co	ntrols, eithe	ralone orto	aether with p	ersons desc	ribed in (ii)		Yes	No
				overning body of the	•				,	110	g(i)	+ **
			, -	of a person describ		_					y(ii)	+
		• •	•	ed entity of a person	• •		bove?				ı(iii)	+
h				g information about t							,(/ <sub> </sub>	
	(i) Name suppor rganiza	of rted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in irning	(v) Did you no organizat col (i) o suppo	otify the tion in f your	(vi Is t organiza col (i) or in the l	he ition in ganized		(vii) nount of apport?
				(see instructions))	Yes	No	Yes	No	Yes	No		
				,,		1		1				
						1						
						1		1				

# 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.)

-	ection A. Public Support	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2	009	<b>(f)</b> Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	915,22	4 1,460,655	937,522	1,035,469		739,627	5,088,497
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	915,22	1,460,655	937,522	1,035,469		739,627	5,088,497
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							779,249
6	(f) <b>Public Support.</b> Subtract line 5 from line 4	1						4,309,248
S	ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	915,224	19,081	937,522	1,035,469		739,627	5,088,497
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	12,711	19,081	30,968	25,368		5,050	93,178
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	46,970	45,865	55,315	81,480		57,472	287,102
11	Total support (Add lines 7 through 10)					, ,		5,468,777
12	Gross receipts from related activiti					12		
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	fth tax year as a s	501(c)(3	) organız	ation, ▶
	ection C. Computation of Pul			4.4 l.u. (0)				
14	Public Support Percentage for 200	-		11 column (f))		14		78 800 %
15	Public Support Percentage for 200					15		79 020 %
16a	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qua				ine 14 is 33 1/3%	or more	, check ti	his box <b>►</b> ▼
	33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization median Part IV how the organization medians.	e organization did n qualifies as a p — <b>2009.</b> If the org ition meets the "f	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16 organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b k this box and <b>st</b> e	and line	: 14 Explain	check this
h	organization 10%-facts-and-circumstances test	<b>—2008.</b> If the ora	anization did not c	heck a box on lin	e 13. 16a 16b o	r 17a an	d line	<b>►</b>
	15 is 10% or more, and if the organization supported organization	nızatıon meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	ere.	<b>▶</b> ┌
18	<b>Private Foundation</b> If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and :	s e e	<b>▶</b> □

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	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 Tax revenues levied for the						
4	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	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts 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						
	Add lines 7a and 7b						
8	<b>Public Support</b> (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1)   otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and <b>stop here</b>						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	<b>009</b> (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	. 7		18	
19a	<b>33 1/3% support tests—2009.</b> If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T	ne organization q	ualities as a publ	ıcıy supported		

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

**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

#### **Facts And Circumstances Test**

OTHER INCOME PART II, LINE 10, DESCRIPTION PROGRAM SERVICE REVENUE, 2005 1105, 2006 2631, 2007 4762, 2008 8072, 2009 2775, DESCRIPTION GROSS RENTS-PROGRAM RELATED, 2005 29624, 2006 33129, 2007 33681, 2008 36879, 2009 37139, DESCRIPTION SPECIAL EVENT INCOME, GROSS, 2005 12713, 2006 8265, 2007 15585, 2008 31915, 2009 14672, DESCRIPTION GROSS INVENTORY SALES, 2005 0, 2006 0, 2007 1287, 2008 901, 2009 1729, DESCRIPTION MISCELLANOEUS, 2005 3528, 2006 1840, 2007 0, 2008 3713, 2009 1157,

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 58-1867958

Name: RIVERLINK INC

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Environmental Contract Services	410,810	410,810	0	0
Interest-Land Acquisition	13,327	13,327	0	0
Website Maintenance	6,751	5,063	1,688	0
Dues & Subscriptions	2,222	1,000	1,222	0
Educational/Camp Activities	782	782	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493041006221

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization RIVERLINK INC 58-1867958 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a 24 Total acreage restricted by conservation easements 2b 219 0 Number of conservation easements on a certified historic structure included in (a) 2c 0 Number of conservation easements included in (c) acquired after 8/17/06 11 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ► \_\_\_\_ Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe	r records, check an	y of th	e foll	owing t	hat ar	e a sıgnıfıc	ant u	se of its coll			
	items (check all that apply)		_	_								
а	Public exhibition		d	ļ	Loan o	rexcl	hange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ın how	v the	/ furthe	r the o	organizatioi	n's ex	cempt purpos	e ın		
5	During the year, did the organization solicit of	or receive donations	ofart	t, hıs	torical t	reasu	res or othe	rsım	nılar			
	assets to be sold to raise funds rather than t										Yes	<u> </u>
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Forn	1 990 ——	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions c	or other ass	etsı	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	and complete the	follow	ıng ta	able		Γ			A mou	ınt	
С	Beginning balance						Ī	1c				
d	Additions during the year						ţ	1d				
e	Distributions during the year						ļ	1e				
f	Ending balance						ŀ	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X lin	۵212				L				Yes	
	If "Yes," explain the arrangement in Part XIV		C 2 1 ·							,	. 03	, 110
	rt V Endowment Funds. Complete		n ans	were	d "Yes	to I	Form 990	Par	t IV line 1	n		
	Endownient Fanasi Complete	(a)Current Year		Prior '			o Years Back		Three Years Ba	_	Four Ye	ears Back
1a	Beginning of year balance	32,767			38,349							
ь	Contributions				3,428							
С	Investment earnings or losses	4,395			-8,765							
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses	211			245							
g	End of year balance	36,951			32,767							
2	Provide the estimated percentage of the yea	r end balance held ;	as					<u> </u>		<u> </u>		
а	Board designated or quasi-endowment	65 000 % %										
Ь	Permanent endowment ► 35 000 % %											
	Term endowment ► 0 % %											
c 3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	hata	re held	and a	dministere	d for	the			
54	organization by	Ton or the organiza	a (1011 )		ire ireia	unu u	ummorer c	u 101	tiic		Yes	No
	(i) unrelated organizations								[3	Ba(i)	Yes	
	(1) ameriated organizations								-			
	(ii) related organizations								🗀	a(ii)		Νο
b	(ii) related organizations		d on S	ched	ule R?			٠.	<u>.</u>	a(ii) 3b		N o
4	(ii) related organizations		d on S dowme	ched ent fu	ule R? nds			•	<u>.</u>			N o
4	(ii) related organizations		d on S dowme	ched ent fu	ule R? nds			10.	<u>[</u>			No L
4	(ii) related organizations		d on S dowme	ched ent fu ee F (a)	ule R? nds	00, Pa		other	(c) Accumula	<b>3b</b>	( <b>d)</b> Bo	N o
4 Par	(ii) related organizations		d on S dowme	ched ent fu ee F (a)	ule R? nds orm 99 Cost or	00, Pa	(b)Cost or basis (oth	other	(c) Accumula	<b>3b</b>		
4 Par	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the total Investments—Land, Buildings  Description of investment		d on S dowme	ched ent fu ee F (a)	ule R? nds orm 99 Cost or	00, Pa	(b)Cost or basis (oth	other er)	(c) Accumula depreciatio	<b>3b</b>		ok value
Par	(ii) related organizations		d on S dowme	ched ent fu ee F (a)	ule R? nds orm 99 Cost or	00, Pa	(b)Cost or basis (oth	other er) 5,000	(c) Accumula depreciatio	ted n		ok value 1,645,000
Par 1a b	(ii) related organizations		d on S dowme	ched ent fu ee F (a)	ule R? nds orm 99 Cost or	00, Pa	(b)Cost or obasis (oth	other er) 5,000	(c) Accumula depreciatio	ted n		ok value
Par  la b c d	(ii) related organizations		d on S dowme	ched ent fu ee F (a)	ule R? nds orm 99 Cost or	00, Pa	(b)Cost or obasis (oth	other er) 5,000 0,216	(c) Accumula depreciatio	<b>3b</b> ted n .,652		ok value 1,645,000 38,564

Part VII Investments—Other Securities. So (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related.	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X	, line 15.	(IX Destroyles
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	<b>(b)</b> Book value 36,951
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	36,951
Part IX Other Assets. See Form 990, Part X  (a) Des  Endowment Held with the Community Foundation of WNO  Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) lin  Part X Other Liabilities. See Form 990, Part	ne 15.)	36,951
Part IX Other Assets. See Form 990, Part X  (a) Des  Endowment Held with the Community Foundation of WNO  Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) lin  Part X Other Liabilities. See Form 990, Part	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)	36,951
Total. (Column (b) should equal Form 990, Part X, col.(B) Im  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15.)  rt X, line 25.  (b) A mount	36,951

Schedule D (Form 990) 2009

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	767,710
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	688,489
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	79,221
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	-
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	79,221
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	821,851
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 34,439		
е	Add lines <b>2a</b> through <b>2d</b>	2e	54,141
3	Subtract line <b>2e</b> from line <b>1</b>	3	767,710
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	767,710
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	
1	Total expenses and losses per audited financial statements	1	737,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d 34,439		
e	Add lines 2a through 2d	2e	49,497
3	Subtract line <b>2e</b> from line <b>1</b>	3	688,489
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	688,489
Pai	t XIV Supplemental Information	•	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Pt XII Line 2d		Rental Expense \$28,520 & Event Expense \$5,919
Pt XIII Line 2d		Rental Expense \$28,520 & Event Expense \$5,919
Pt II Line 3		Several conservation easements located in Buncombe County were slightly modified due to the need for the Department of Transportation to have control of access to small portions
Pt II Line 5		Yes, the organization maintains a policy which provides guiding steps to the conservation easement acquiring, modifing, and transferring process
Pt II Line 9		The organization does not capitalize conservation easements and does not recognize income when easements are received by donation All of the organization's easements have been received by donation
Pt V Line 4		The endowment is being held with the hope that in the future it can be built to a size that would provide supplemental income
Pt X		RIVERLINK IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE UNDER THE CODE, HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT RELATED TO THE ORGANIZATION'S TAX- EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME THE ORGANIZATION HAD LESS THAN \$1,000 OF INCOME FROM UNRELATED BUSINESS ACTIVITIES IN THE YEAR ENDED JUNE 30, 2010 AND WAS, THEREFORE, NOT REQUIRED TO FILE FEDERAL FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN) THE OR

#### SCHEDULE M (Form 990)

### **NonCash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**Employer identification number** Name of the organization RIVERLINK INC 58-1867958 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation Not recognized in revenue Х 7 contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► ( \_\_\_ Other ►( \_\_ 26 27 Other ►( \_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . . . . . . 32a Νo b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation		
Part I Line 14	Form 990	The organization does not capitalize conservation easements (CEs)		
Part I Line 14	Form 990	and does not recognize income when CEs are received by donation		
Part I Line 14	Form 990	RiverLink's CEs are small acerage, stream-bank CEs received by		
Part I Line 14	Form 990	donation in connection with water quality work, in accordance		
		PART I LINE 14 WITH THE ORGANIZATION'S EXEMPT PURPOSE & MISSION ,		

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041006221

OMB No 1545-0047

2009

Open to Public Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization RIVERLINK INC

Employer identification number

58-1867958

ldentifier	Return Reference	Explanation
Pt VI-B, Line 11A		The 990 is prepared by independent accountants, reviewed by
Pt VI-B, Line 11A		management, presented to the Executive Committee for review
Pt VI-B, Line 11A		and once it is approved, presented to the entire Board
Pt VI-B, Line 11A		for final approval
Pt VI-B, Line 12c		Every board member and staff person signs a conflict of interest
Pt VI-B, Line 12c		and confidentiality agreement annually Any Board Member with a
Pt VI-B, Line 12c		conflict of interest on any specific issue informs the Board and
Pt VI-B, Line 12c		abstains from voting on the issue

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		In the annual budgeting process, the Board approves a budget line for aggregate

Pt VI-B, Line 15 salary expense Thereafter, individual salaries and salary increases for Pt VI-B, Line 15 employees are determined by the Executive Director. The Board of Directors Pt VI-B, Line 15 sets the Executive Director salary after a performance review and Pt VI-B, Line 15 a check of comparable salary information for nonprofit organizations Pt VI-B, Line 15 with similar budgets. Pt VI-C, Line 19 Copies provided upon request. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# Riverlink

### EIN 58-1867958 2009 Form 990 FYE 6-30-2010 Part X, Line 24, Column B

# Notes Payable

The notes payable balance consisted of the following as of June 30, 2010

Note payable to First Citizens Bank  Note refinanced October 18, 2004 with terms as follows  Monthly principal and interest payments of \$981  for five years with interest at 6 50%, with final balloon  payment due November 6, 2014 Secured by the  RiverLink Warehouse Studios building	\$	43,882
Note payable to HomeTrust Bank In February 2007, the note was extended for an additional 60-month period. Terms are annual, interest-only payments (at 6 5%) of \$1,931 due February 1 each year until January 1, 2012, when principal is due Secured by the Cottonmill property		29,711
Note payable to the Preservation Society Renegotiated December 2005 with initial, one time payment, of \$5,000, 3-year term and 2 50% interest. Due December 31, 2008. Secured by the Cottonmill property		21,500
Note payable to Owner/Seller from October 2006 purchase of EDACO property (now named Karen Cragnolin Park) Terms are four annual payments of \$175,000 plus accrued accrued interest at 5 7% Payments were made November 2007, 2008, and 2009 Secured by property (Also see Note 15)		175,000
Summary of Notes Payable Total Notes Payable Less Current Maturities	\$	270,093 (205,636)
Notes Payable, Net of Current Maturities  Maturities on the above notes for the next five years are as follows		64,457
Years Ending June 30 2011 2012 2013 2014	\$	205,636 39,459 10,400 11,097
2015 Total	2\$7	3,501

# Riverlink

#### EIN 58-1867958

#### 2009 Form 990 FYE 6-30-2009 Statement of Program Service Accomplishments Page 2, Part III, Line 4a

It was a very good year In January 2009, we undertook a strategic planning process which was very productive In our planning, we surveyed our donors and members and got very positive feedback. We also specifically decided to focus on conservation, education, recreation and restoration of the river

We decided to become an accredited land trust with a niche in riparian buffer area of under 100 acres. No land trust in the entire state has this focus, and we felt it was very important that these ecologically sensitive areas be protected in perpetuity. We also undertook a number of stream restorations. We continued our education in the school program and reached a record number of children with our hand-on learning opportunities. We continue to harness the energy and creativity of volunteers and now have close to 500 active volunteers helping us with everything from litter clean ups to office work and trail maintenance.

In 2010, we received a \$50,000 grant to commence our conservation land trust accreditation process. We have gathered all the materials we will need to create for accreditation. We have also interviewed a consultant to help us through that process.

Another huge accomplishment is we were awarded a \$187,000 grant from the Clean Water Management Trust Fund to make the final payment at Karen Cragnolin park

We have been fortunate to work with AmeriCorps volunteer members who have helped us enormously by adding capacity to our organization but not much overhead

We are remediating a Brownfield and did receive funds to conduct clean up at one of our recent purchases a former junk yard. This project is receiving the benefit of \$317,000 in Stimulus Funds to conduct a phytoremediation Brownfield clean up as a demonstration project for the watershed. We will be working with local technical school to create a niche market for phytoremediation native plants. Ultimately, this property will be given to the people of the region when the cleanup is complete as a new addition to the greenway system in Asheville.