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EXTENSION ATTACHED 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)

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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

2005	
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Open to Publication	í
Open to rubilcanspection	Į.

	For th	e 2009 calend	dar year,	or tax year b	eginning Oct	1		, 20	09, and	ending	g Sep			, 2010
В	Check if	fapplicable		C Name of or	ganization							D Employ	er Ideni	tification Number
	Ad	dress change	Please use IRS label	Georgia	River Netw	vork,	Inc.					58-	2404	112
	Na	me change	or print or type.		d street (or PO box if				t addr)	Room/su	ııte	E Telepho	one num	ber
	Init	tial return	See specific	126 Sou	th Milledge	. Ave	enue			Suit	e E3	(70	6) 5	49-4508
	Te	rmination	Instruc- tions.	City, town				Sta	ite ZIP d	code + 4		<u> </u>	. '	
	An	nended return		Athens				G.	A 30	605-	5666	G Gross r	eceipts	\$ 581,104.
	П	plication pending	F Name a	and address of pr	incipal officer							a group retur		
	٠ سيا		April	Ingle 126	South Milledge Ave	n Ath	ens		GA 30	605		affiliates inc		Yes No
1	Tax	exempt statu) ◄ (insert no)		4947(a)	(1) or	52	27	If 'No,	attach a list	(see in	structions)
J				vers.or	7						H(c) Group	exemption no	umber •	•
K	Form	of organization	X Corpora			Other	>		L Year of		on 199			legal domicile GA
Pa	rt I	Summa												
	1	Briefly descri	be the org	anızatıon's n	nission or most si	gnifica	nt activit	ies	Promo	ote t	the co	nserva	tio	n of
Ð		Georgia	rivers	and wa	tersheds									
anc														
Activities & Governance														
ģ					zation discontinue			or dis	posed o	of more	than 25	% of its as		la a
∞ ব					overning body (Pa bers of the govern			VI lin	o. 1b)				4	<u>11</u>
ties		Total number		_	_	ring be	ouy (Fait	. VI, IIII	e 10)				5	6
ţi					e if necessary)								6	50
Ac				•	nue from Part VII	I, Icolu	mn (C),	ine 12					7a	0.
	b	Net unrelated	business	taxable inco	me from Form 99	0-T, lir	ne 34						7 b	
											F	Prior Year		Current Year
60	8	Contributions	and gran	ts (Part VIII,	line 1h)									404,368.
ř	9	Program serv	reven	ue (Part VIII,	line 2g)									174,996.
Revenue			-		nn (A), lines 3, 4,		-							650.
ш.			-), lines 5, 6d, 8c,		-	-						1,090.
					11 (must equal f			n (A),	line 12)		1			581,104.
					art IX, column (A		-							69,119.
				· ·	art IX, column (A)		•							
စ			•	•	oyee benefits (Pa		-	A), line	s 5-10)					225,602.
Expenses	16a	Professional	fundraisin	ig fees (Part	IX, column (A), lıı	ne 11e))				**,			*** *** ***
ă	b	Total fundrais	sing exper	nses (Part IX	, column (D), line	25) 🟲			89,8	<u>309.</u>	· · ·	مس بيات		- 特殊人
	17	Other expens	es (Part I	X, column (A), lines 11a-11d,	11f-24	f)							217,141.
	18	Total expense	es Add III	nes 13-17 (m	ust equal Part IX,	, colum	u KA) I (i) 9 26V	/FD					511,862.
	19	Revenue less	expense	s Subtract In	ne 18 from line 12	2				70				69,242.
Net Assets or Fund Balances						052	ALIC	٠.۵	0044	iği	Begi	nning of \	ear (End of Year
Salar		Total assets				Ö	AUG	T. 6	2011	S-OS		286,0	019.	352,598.
a ta	21	Total liabilitie	s (Part X	, line 26)				tatorius s	-	기호			<u>936.</u>	1,270.
•					ct line 21 from lir	ne 20	OGE	EN.	UT			285,0	083.	351,328.
Pa	rt II	Signat	ure Blo	<u>ck</u>		let 1.2			Y	~~~				
		Under penaltie true, correct, a	es of perjury.	I declare that I he Declaration of	nave examined this retu preparer (other than off	irn, includicer) is b	ding accom ased on all	panying informat	schedules lion of whi	and stat	ements, and	d to the best knowledge	of my kr	nowledge and belief, it is
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Sig He	JII ro	Signatura	officer	/\-\-\-	···							ate	41_	11
	_	I An	71	nalo	EVery	ino	Div	001	701/			0.10		
		Type of p	rint name an	nd title	EXCUL	TINE			DY					
	~	+ - 1			<u> </u>		_		Date		1,	Check If	F	Preparer's identifying number see instructions)
Pa	i d			1		1					s	elf- employed	1 11	see instructions)
Pre		Preparer's signature	▶ <i>Y</i>	V10	, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\mathcal{K}	· A		08/	10/1		pioyeu -		
1.	reßs	Firm's name (or Man	reen E.	Buhr, C.P.	Α.			100/	<u> </u>	-			.
	e₹	yours if self- employed),			ngs Mill Ro			300	<u></u> В			EIN ►		
On	y,	address, and ZIP + 4		art	-90 110	<u> </u>	GA		622-2	2549		Phone no	(70	6) 613-1623
May	Pine I				arer shown above	7 (500			<u> </u>			TOTAL TIO	.,,,	X Yes No
_					tion Act Notice c				etions			TEEAOLO	07/2	

	n 990 (2009) Georgia River Network, Inc.	58-2	40411	2	F	Page 2
Rai	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	Promote the conservation of					
	Georgia rivers and watersheds					
2	Did the organization undertake any significant program services during the year which were not listed or	the prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O		لسما		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sei	vices?	П	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.					
4	Describe the exempt purpose achievements for each of the organization's three largest program services	s by expense	s. Section	on 501	(c)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	d állocations	to other	s, the	total	
	expenses, and revenue, if any, for each program service reported.					
48	a (Code:) (Expenses \$ 44,582. including grants of \$ 12,650.) (Revenue	\$	6	0,38	34.)
	We work alongside Georgia's river groups and citizens to					
	advocate for strong protections for Georgia's rivers.					
	(Advocate)	- -				
		· 				
41	b (Code) (Expenses \$ 237,923. including grants of \$ 11,469.) (Revenue	\$	19	[2,5]	<u> (9.</u>)
	We foster local river protection leadership when it emerges	. 				
	and engage new people in river protection activities,					
	including our annual Paddle Georgia event. (Engage)					
4	c (Code) (Expenses \$101,960. including grants of \$50,000.	\ (Bayanya			:E 2/	
41	C (Code) (Expenses 5101, 960. Including grants of 550, 000.) (Revenue	۶		5,20)1.)
	We build the capacity of Georgia river groups to protect and	 -				
	restore their waterways by providing ongoing direct assistance	<i>-</i>				
	training, consulting, facilitation, information, workshops, an					
	annual conference, and grants. (Empower)					
			-			
4	d Other program services. (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue	\$)	
4	e Total program service expenses ► 384,465.			_	_	

Part IV Checklist of Required Schedules

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	х	
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		_x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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		х
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		<u> </u>
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No			
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
١	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		х
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 United States? If 'Yes,' complete Schedule F, Part II	15		х
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 United States? If 'Yes,' complete Schedule F, Part III	16		X
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		x
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		х
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		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		x

Form 990 (2009) Georgia River Network, Inc.

Checklist of Required Schedules (continued)

			Yes	No
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	х	
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 27 If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		<u>x</u> _
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		
25 a	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		x
b	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		X
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		х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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? If 'Yes,' complete Schedule R, Part I	33		x
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		x
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		x
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		х
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		х
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	Х	
ВАА		Forn	n 990	(2009)

, Form 990 (2009) Georgia River Network, Inc. 58-24041 Part V Statements Regarding Other IRS Filings and Tax Compliance	12	F	Page 5
Tart V Statements Regarding Other INS Finings 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	٥		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .	1c		
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	6		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x_
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		х
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	7		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	5 c		
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		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	1	•
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		х
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?	7 e	+	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	+	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	<u> </u>	
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?	8	ļ	ļ
9 Sponsoring organizations maintaining donor advised funds.			i –
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	91	+	
10 Section 501(c)(7) organizations. Enter:		1	
a Initiation fees and capital contributions included on Part VIII, line 12			1
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	1	
11 Section 501(c)(12) organizations. Enter	٦		
a Gross income from other members or shareholders . 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	7		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			•

BAA

Form **990** (2009)

Section A. Governing Body and Management

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

						Yes	No
1 8	a Enter the number of voting members of the governing body	1 a	11				
1	b Enter the number of voting members that are independent	1 b	11		1 1	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business	tionsl	nip with a	any other	2		
	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der th			3		
Δ	Did the organization make any significant changes to its organizational documents	1:			4		<u>X</u>
7	since the prior Form 990 was filed?				-	\dashv	
5	Did the organization become aware during the year of a material diversion of the organization!	c 255	ate 2		5		х
	Does the organization have members or stockholders?	3 U33(- CO		6		X
	-			. f 4h -		 -	
	a Does the organization have members, stockholders, or other persons who may elect one or more governing body?			or the	7a		X
	b Are any decisions of the governing body subject to approval by members, stockholders, or other	•			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undert the following	aken	during th	e year by			
	a The governing body?				8a	Х	
ı	b Each committee with authority to act on behalf of the governing body?				8ь	х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be	reached	at the	9		х
Sec	ction B. Policies (This Section B requests information about policies not i	requ	ired by	the Interna			
Rev	enue Code)	•	,				
						Yes	No
10	a Does the organization have local chapters, branches, or affiliates?				10a		Х
	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such (chapters	, affiliates,	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?							
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13				12a	х	
	b Are officers, directors or trustees, and key employees required to disclose annually interests the	hat co	uld aive	rise			
	to conflicts?		•		12b	Х	
	c Does the organization regularly and consistently monitor and enforce compliance with the police Schedule O how this is done	cy r II	res, ae	escribe in	12c	X	
	Does the organization have a written whistleblower policy?			•	13		X
	Does the organization have a written document retention and destruction policy? .				14		X
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pprov sion?	al by ind	ependent			
	a The organization's CEO, Executive Director, or top management official				15a	X	
	b Other officers of key employees of the organization				15b	X	<u> </u>
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)						
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrang	ement w	ith a taxable	16a		X
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to status with respect to such arrangements?	o eva	luate its ganizatio	participation n's exempt	16b		
Sec	ction C. Disclosures				1 100	!	
17							
18		d 990	T (501(======================================	. – – – aılable	for pu	ıblıc
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public	ents, d	conflict o	f interest polic	y, and	fınand	cial
20		oks a	nd recor	ds of the organ	ıızatıor	ı.	
	► Georgia River Network, Inc. 126 S. Milledge Avenue, Athens, G	<u>A</u>	30605-5	666(7	<u>106)_</u> 5	549-	<u>4508</u>

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 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 employees.'
- 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, and 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 not compensate any current officer, director, or trustee										
(A)	(B)			•	:)			(D)	(E)	(F)
Name and Title	Average hours		_		_	hat app	•	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	יש קונפרטינ מי קונפרטינ	anstitutional trust	Officer	key employee	Higt est connomsated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		الادي 1 ج 1	erson		cydu	st cox	4			organization and related organizations
		2	litrus		yrr	TO BY				organizations
		a	dee			k ted				
April Ingle										.,
Executive Director	40.00				Х			50,473.	0.	0.
Dana Skelton									·	
Director of Admin & Outreach	40.00				X			43,164.	0.	0.
Mr. Doug Barnes										
Director of Devel & Comm	40.00				X			46,642.	0.	0.
Dr. Dorinda Dallmeyer										_
Treasurer	2.00	Х			H		├	0.	0.	<u> </u>
Ms. Christine Rodick	2 20	.,							_	•
Director	2.00	Х.			 			0.	0.	0.
Julie Stuart President	2.00	v						0.	0	0
Victor Johnson	2.00							0.	0.	0.
Director	2.00	v						o.	o.	0.
Kimberly Cofer Harris	2.00		H					0.	0.	
Director	2.00	х						o.,	0.	0.
Duncan Hughes			 							<u>~~</u>
Director	2.00	Х			İ			0.	0.	0.
Dee Stone	<u> </u>									
Director	2.00	Х						0.	0.	0.
John Branch										
Director	2.00	Х						0.	0.	0.
Mickey Desai										
Director	2.00	X					_	0.	0.	0.
Bruno Giri										
Director	2.00	Х	_			<u> </u>		0.	0.	0.
Cari Clark										
Director	2.00	X	<u> </u>	ļ	ļ	ļ	<u> </u>	0.	0.	0.
								-		
	L	<u> </u>			<u> </u>					

Par	990 (2009) Georgia River Network, Int VII Section A. Officers, Directors, Trus	looc k	(0)/	E.	nle				Highart Car	58-2404112		· /	age
rai	(A)	(B)	ley	CII	ipic		es,	and	<u>a nignest Con</u> (D)		oyees		<u>1τ.)</u>
	Name and Title	Average	Posi	tion (-	-	hat a	(vlga	(D) Reportable	(E) Reportable	c.	(F)	
	. Tame and the	hourš per week		Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou com fr org an	stimated unt of oti pensation the anization d relate anization	ner on n d
									= * **				
										•			
											-		
											•		
_	Total Total number of individuals (including but not limited from the organization.	to thos	e list	ted a	abov	/e) v	vho	rece	140,279. ived more than \$	0. 100,000 in reportable	e comp	ensatı	on
	from the organization											Yes	N
	Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3		Х
4	For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com),000	pen)? <i>[f</i>	satı 'Ye	on a	nd o	other lete	compensation from Schedule J for su	om _I ch	4	 :	 }
5	Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Schi	mpensa edule J	ation for s	fror uch	n ar per	ny u s <i>on</i>	nrel	ated	organization for	services	5		- 3
ect	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent c	cont	racto	ors t	hat r	received more that	n \$100,000 of			
	(A) Name and business addres	s							(B Description	of Services	(Compe	C) ensatio	חכ
_	- -					-							_
													_

\$100,000 in compensation from the organization >

Fai	t VIII Statement of Revenue		(A)	(B)	(C)	(D)
	•		(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a			10401100		012, 010, 01 314
AN	b Membership dues 1b	43,107.				
R S	c Fundraising events 1c					
FT S	d Related organizations 1d					
ا ا	e Government grants (contributions) 1 e		Į			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	361,261.				
E O	g Noncash contribns included in Ins 1a-1f \$					
ਲੁ₹	h Total. Add lines 1a-1f	•	404,368.			
핅		Business Code				
KE	2a Conference	9000099	6,436.	6,436.	0.	0.
<u> </u>	b Paddle Georgia	9000099	168,560.	168,560.	0.	0.
NCE	c					
SER	d					
ξ	e					
GR.	f All other program service revenue					
PRC	g Total. Add lines 2a-2f	>	174,996.			
	3 Investment income (including dividends	, interest and	·			
	other similar amounts)		650.	0.	0.	650.
	4 Income from investment of tax-exempt to	bond proceeds 🕨				
	5 Royalties	•				
	(i) Real	(II) Personal				
	6a Gross Rents					
	b Less: rental expenses	ļ				
	c Rental income or (loss)	<u> </u>				i
	d Net rental income or (loss)	<u> </u>				
	7a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
NUE	8a Gross income from fundraising events (not including \$ 10,733.					
Ē	of contributions reported on line 1c)]				
OTHER REVEN	,	a				
H		b				
J	c Net income or (loss) from fundraising e	vents 🟲				
	·	a	:			
		b	-			
	c Net income or (loss) from gaming activities	ties				
	10a Gross sales of inventory, less returns					,
		a 947.				
	g	b <u>0.</u>				
	c Net income or (loss) from sales of inver		947.	0.	0.	947.
	Miscellaneous Revenue	Business Code			- 	<u> </u>
		9000099	143.	143.	0.	0.
	b					
	C					-
	d All other revenue	>	7.40			
	e Total. Add lines 11a-11d	-	143.	175 120		1 505
	12 Total revenue. See instructions		581,104.	175,139.	0.	1,597.

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must compl	lete column (A) but are not rea	quired to complete columns (B), (C), and (D).
All other organizations must compr	iele columni (A) bul are not ret	quired to complete columns (b), (c), and (b).

Do no 6b, 7b	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
a	Grants and other assistance to governments and organizations in the U.S. See Part IV, ine 21	69,119.	69,119.		
	Grants and other assistance to individuals in he U.S. See Part IV, line 22	0.	0.		
3 (Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	. 0.		
	Benefits paid to or for members				
5 (Compensation of current officers, directors, irustees, and key employees	140,279.	73,037.	13,248.	53,994.
6 0	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	48,205.	44,526.	3,512.	167.
· ·	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9 (Other employee benefits	21,834.	13,387.	1,853.	6,594.
10 F	Payroll taxes	15,284.	9,372.	1,297.	4,615.
11 F	ees for services (non-employees)				
	Management	0.	0.	0.	0.
	_egal .	0.	0.	0.	0.
	Accounting	5,822.	0.	5,822.	0.
	Lobbying	5,631.	5,631.	0.	0.
	Prof fundraising svcs. See Part IV, In 17 Investment management fees	0.	0.	0.	0.
	Other	28,668.	23,928.	0.	4,740.
-	Advertising and promotion	20,000.	23,320.		37/30:
	Office expenses				
14 1	Information technology				
15 F	Royalties				
16 (Occupancy	19,585.	16,387.	2,219.	979.
17	Travel .	8,066.	6,548.	1,085.	433.
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings .	565.	185.	380.	0.
	Interest				
	Payments to affiliates		1 000		2 222
	Depreciation, depletion, and amortization	4,284.	1,398.	189.	2,697.
24 (Insurance 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)	5,405.	2,550.	2,855.	0.
_	Bank Charges	5,720.	1,544.	129.	4,047.
_	Dues and Subscriptions	3,485.	2,767.	646.	72.
_	Gifts and Flowers	108.	50.	58.	0.
	License and permits	50.	0.	50.	0.
_	Literature and Publications	347.	127.	24.	196.
	All other expenses	129,405. 511 862	113,909.	4,221.	11,275.
	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► I if following	511,862.	384,465.	37,588.	89,809.
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	د سود نوینیون			
BAA					Form 990 (2009)

Balance Sheet

(A) Beginning of year **(B)** End of year 63,265. 123,229. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 217,366. 217,810. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10a 25,415. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 15,066. 4,178 10 c 10,349. 11 Investments - publicly-traded securities Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 1,210. 1,210. 15 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 286,019. 16 352,598. 17 Accounts payable and accrued expenses 936. 17 1,270. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 25 936. 26 1,270. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 265,871. 27 329,790. 19,212. 28 21,538. Temporarily restricted net assets 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete E U N D lines 30 through 34. 30 30 Capital stock or trust principal, or current funds BALANCES Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. 285,083. 33 351,328. 33 34 Total liabilities and net assets/fund balances 286,019. 352,598. Form 990 (2009) BAA

Form 990 (2009)	Georgia	River	Network.	Inc.

58-2404112

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Pa	rt XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
I	b Were the organization's financial statements audited by an independent accountant?	2b		Х
•	c If 'Yes' to line 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?	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
(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 X Consolidated basis Both consolidated and separate basis			
3	a 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		x
	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	3 b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name	of the	e organization		·					Employer	ıdentıficat	ion number		
		ia River Net								04112			
Par	<u>: I</u>	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	nstructi	ons		
The c	r <u>g</u> a	nization is not a priv	ate foundation becaus	e it is: (For lines 1 throug	gh 11, ct	eck only	y one bo) (x					
1		A church, convention	on of churches or asso	ciation of churches descr	ibed in s	section [*]	1 70(b) (1	χΑχi).					
2		A school described	In section 170(b)(1)(A	Xii). (Attach Schedule E)								
3		A hospital or coope	erative hospital service	organization described in	n sectio i	n 170(b)	(1)(A)(iii	i).					
4	Ш	A medical research	organization operated	in conjunction with a ho	spital de	scribed	ın secti	on 1 70 (Ь)(1)(А)(iii). Ente	r the hospi	tal's	
		name, city, and sta		- 									
5		, 170(b)(1)(A)(iv) . (C	Complete Part II)	of a college or university of		•	-	_	nental u	nit descr	ibed in sec	tion	
6 7	H			overnmental unit describe substantial part of its sup					or from t	he gener	al public de	escribe	ed
8	П	in section 170(b)(1)(A)(vi). (Complete Pa	art II.) 70(b)(1)(A)(vi). (Complete		-				3			
9	X	1		1) more than 33-1/3 % of			contrib	utions i	member	shin faas	and ares	racai	nte
		from activities relat investment income	ed to its exempt functi	ions – subject to certain (is taxable income (less s	exceptio	ns. and	(2) no n	nore tha	ın 33-1/3	3 % of its	s support fr	om ar	oss
10		1		exclusively to test for pub	lic safet	y See s	ection 5	09(a)(4).				
11		more publicly supp	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or s	ection 50	09(a)(2)	ons of, See s e	or carry ection 5	out the 09(a)(3).	purposes o Check the	f one o	or nat
		a Type I	b Type II	c Type III		•		ad.		d□	Type III-	Other	
е		By checking this bo	ox. I certify that the ord	ganization is not controlle i one or more publicly sup	d directl	v or indi	rectly by	one or	more d	ىت - Isqualifie	d persons	other	
f		, , , ,	received a written dete	ermination from the IRS th	hat is a	Гуре І, Т	уре ІІ о	r Type I	II suppo	rting org	anızatıon,		
g		Since August 17, 2	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?		Г <u></u>	
,		(i) a person who	directly or indirectly o	controls, either alone or to	oaether v	vith pers	ons des	cribed i	n (II) an	d (m)		Yes	No
		below, the go	verning body of the su	ipported organization? .					,	,	11 g (i)		
		• • •	iber of a person desci	**							11 g (ii)	igsquare	
			•	described in (i) or (ii) abo							11 g (iii)		
h		Provide the following	ng information about th	ne supported organization	ıs.				,				
	((i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col i in your rning ment?	the organ	ou notify ization in (i) of upport?	organizat	zed in the	(vii) Amour	it of Sup	port
					Yes	No	Yes	No	Yes	No			
Total		· · · · ·									+ +		

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

<u> </u>	(Complete only if you checke	d the box on line	5, 7, or 8 of Part	1)			
<u>Sec</u>	tion A. Public Support		Γ		1		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning 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 form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here .		d, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	<u>►</u> □
	tion C. Computation of Pu						
	Public support percentage for 20	• •	• •	e 11, column (f)		14	<u> </u>
	Public support percentage from 2	·	•			15	<u> </u>
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the book licly supported or	x on line 13, and ganization	the line 14 is 33-1	/3 % or more, chec	k this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, che	ck this box . ► □
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	nd-circumstances	s' test, check this b	oox and stop here.	. Explain in Part IV	0% how ► []
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiz	s' test, check this t ation qualifies as	oox and stop here a publicly support	. Explain in Part IV ed organization	how the □
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a,			
BAA					S	chedule A (Form 99	30 or 990-EZ) 2009

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

	(Complete only if you chec	ked the box on line	e 9 of Part I)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	158,997.	302,378.	350,506.	335,310.	404,368.	1,551,559.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	26, 985.	26,442.	34,428.	48,346.	175,943.	312,144.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2	185,982.	328,820.	384,934.	383,656.	580,311.	1,863,703.
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year					:	
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						1,863,703.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	185,982.	328,820.	384,934.	383,656.	580,311.	1,863,703.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,516.	3,645.	5,174.	1,592.	650.	13,577.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	2,516.	3,645.	5,174.	1,592.	650.	13,577.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	309.	223.	147.	1,726.	143.	2,548.
13	Total support. (add Ins 9, 10c, 11, and 12)						1,879,828.
14 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3) ▶ □
	Public support percentage for 20			13 column (ft)		15	QQ 1 / 0/
		-	•	13, coluinii (i))			99.14%
	Public support percentage from 2 tion D. Computation of Inv					16	98.95%
	•				n (f)	1-7-	0.70%
17 10	Investment income percentage for			•	III (1 <i>))</i>	17	0.72%
18 19 a	Investment income percentage fr 33-1/3 support tests – 2009. If the more than 33-1/3%, check this be	ne organization did	I not check the box	x on line 14, and	line 15 is more th	. 18 nan 33-1/3%, and nanization	0.88 % Ine 17 is not ► [X]
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	ne organization did	I not check a box	on line 14 or 19a.	and line 16 is mo	re than 33-1/3%.	
20	Private foundation. If the organiz	zation did not chec	k a hox on line 14	. 19a or 19b ch	eck this hox and e	ee instructions	▶Ħ

Schedule A (Form 990 or 990-EZ) 2009 Georgia River Network, Inc.	58-2404112	Page 4
Supplemental Information. Complete this part to provide the explanations Part II, line 17a or 17b; and Part III, line 12. Provide any other additional	s required by Part II, line information. See instruc	e 10; tions.
Other Income Part III, Line 12		.
Description: Other income		
2006: 223.		
2007: 147		
2008: 1726.	· 	
2009: 143		
Description: Rebates and refunds		
2005: 309.		·
	·	
	·	
	· 	
	· 	
	·	
	·	
	·	
	·	
	·	
	·	
	-	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 c

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

ii tiie organization answered 165, to rollii 330, rait IV, lille 3 (rioxy 14X), tiit	If the organization answe	ered 'Yes,' to Form	990. Part IV. line 5	(Proxy Tax), the
--	---------------------------	---------------------	----------------------	------------------

• 8	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III	•		
	of organization		<u>-</u>	Employer identifica	tion number
	rqia River Network			58-240411	
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	ection 527 organiz	zation.
	•	rganization's direct and indirect political ca	mpaign activities in P	art IV	
2	Political expenditures			► \$	
	Volunteer hours				·
		rganization is exempt under section			
	•	se tax incurred by the organization under se		► \$	
	· · · · · · · · · · · · · · · · · · ·	se tax incurred by organization managers u		► ş	
	-	section 4955 tax, did it file Form 4720 for the	his year? .		Yes No
	Was a correction made?				∐ Yes ∐ No
	If 'Yes,' describe in Part IV.		F01(-)		_
		rganization is exempt under section			~
'	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	organization's funds contributed to other or	rganizations for sectio	n 527 exempt ► \$	
3	Total of exempt function expeline 17b	enditures Add lines 1 and 2 Enter here and	d on Form 1120-POL,	► \$	
4	Did the filing organization file	Form 1120-POL for this year?		,	Yes No
5	made For each organization contributions received that we	and employer identification number (EIN) or listed, enter the amount paid from the filing ere promptly and directly delivered to a sep e (PAC) If additional space is needed, prov	ı organızatıon's funds arate political organiz	Also enter the amount ation, such as a separa	of political
	(a) Name	(b) Address	(c) EiN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

edule C (Form 990 or 990-EZ) 200	oocorgia iti	VEL NEUWOLK, INC.		58-2404	
artili A Complete if section 501(the organizatio	n is exempt under sec	tion 501(c)(3) an	d filed Form 5768 (ele	ction under
		ngs to an affiliated group			
		cked box A and 'limited cont	rol' provisions apply		
	Limits on Lobbyi	ng Expenditures — ins amounts paid or incurre		(a) Filing organization's totals	(b) Affiliated group totals
a Total lobbying expenditu	ures to influence pul	olic opinion (grass roots lobb	oying)	5,452.	 -
b Total lobbying expenditu	ures to influence a le	egislative body (direct lobby)	ng)	179.	
c Total lobbying expenditu	ures (add lines 1a ai	nd 1b)		5,631.	
d Other exempt purpose e	expenditures			506,231.	
e Total exempt purpose es	xpenditures (add lin	es 1c and 1d)		511,862.	
both columns.		ount from the following table	: in	101,779.	
If the amount on line 1e, col	umn (a) or (b) is.	The lobbying nontaxable ar	nount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000		
Over \$17,000,000		\$1,000,000		25 445	
g Grassroots nontaxable a h Subtract line 1g from lin	•	•		25,445.	
ii Subtract line by irom iii	10 11 ZEIO OI 1655	. enter -u-			
i Subtract line 1f from line	e 1c If zero or less	•			
i Subtract line 1f from linej If there is an amount other	ner than zero on eitl	enter -0-	organization file Forn	0.	
	ner than zero on eitl	enter -0- ner line 1h or line 1i, did the		0.	Yes X
j If there is an amount off section 4911 tax for this	ner than zero on eith	enter -0-	nder Section 501(h)	0 . 0 . 4720 reporting	Yes X
j If there is an amount off section 4911 tax for this	ner than zero on eith year? ne organizations the column	enter -0- ner line 1h or line 1i, did the 4-Year Averaging Period U at made a section 501(h) ele	nder Section 501(h) ection do not have to ons for lines 2a throug	0 . n 4720 reporting	Yes X
j If there is an amount ott section 4911 tax for this (Son	ner than zero on eith year? ne organizations the column	enter -0- ner line 1h or line 1i, did the 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction	nder Section 501(h) ection do not have to ons for lines 2a throug	0 . n 4720 reporting	Yes X
j If there is an amount ott section 4911 tax for this (Son Calendar year (or fiscal year beginning in)	ner than zero on eit year? ne organizations the columi	enter -0- ner line 1h or line 1i, did the 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During	nder Section 501(h) ection do not have to ons for lines 2a throug 4-Year Averaging Per	0. n 4720 reporting complete all of the five th 2f.) iod (d) 2009	
j If there is an amount off section 4911 tax for this (Son Calendar year (or fiscal year beginning in)	ner than zero on eit year? ne organizations the columi	enter -0- ner line 1h or line 1i, did the 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During	nder Section 501(h) ection do not have to ons for lines 2a throug 4-Year Averaging Per	0. n 4720 reporting complete all of the five gh 2f.)	
j If there is an amount off section 4911 tax for this (Son Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e))	ner than zero on eit year? ne organizations the columi	enter -0- ner line 1h or line 1i, did the 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During	nder Section 501(h) ection do not have to ons for lines 2a throug 4-Year Averaging Per (c) 2008	0. n 4720 reporting complete all of the five th 2f.) iod (d) 2009	
j If there is an amount off section 4911 tax for this (Son Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures	ne organizations the column Lob (a) 2006	enter -0- ner line 1h or line 1i, did the 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During	nder Section 501(h) ection do not have to ons for lines 2a throug 4-Year Averaging Per (c) 2008	0. n 4720 reporting complete all of the five th 2f.) iod (d) 2009	
(Son Calendar year (or fiscal year beginning in) 2	ner than zero on eit year? ne organizations the columi	enter -0- ner line 1h or line 1i, did the 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During	nder Section 501(h) ection do not have to ons for lines 2a throug 4-Year Averaging Per (c) 2008	0. n 4720 reporting complete all of the five th 2f.) iod (d) 2009	

Schedule C (F	orm 990 or 990 EZ) 2009 Georgia River Network, Inc.	58	-240	4112 Page 3
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ filed	For	
		(a	a)	(b)
		Yes	No	Amount
legisla	g the year, did the filing organization attempt to influence foreign, national, state or local atton, including any attempt to influence public opinion on a legislative matter or referendum, in the use of			
a Volun	teers?			
b Paid s	staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media	advertisements?			
d Mailin	gs to members, legislators, or the public?			
e Public	ations, or published or broadcast statements?			
f Grant	s to other organizations for lobbying purposes?			
g Dırect	contact with legislators, their staffs, government officials, or a legislative body?	Ĺ		
h Rallie	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other	activities? If 'Yes,' describe in Part IV			
•	Add lines 1c through 1i			
2a Did th	e activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	s,' enter the amount of any tax incurred under section 4912			
	s,' enter the amount of any tax incurred by organization managers under section 4912			
	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		L	
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection 501(c)(6).
				Yes No
	substantially all (90% or more) dues received nondeductible by members?			1
	e organization make only in-house lobbying expenditures of \$2,000 or less?			2
	e organization agree to carryover lobbying and political expenditures from the prior year?			3
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	(c)(5) 3 is a	, or s nswe	ection 501(c)(6) red 'Yes.'
1 Dues,	assessments and similar amounts from members		1	
2 Section exper	on 162(e) non-deductible lobbying and political expenditures (do not include amounts of political uses for which the section 527(f) tax was paid).			
a Curre	nt year		2a	
b Carry	over from last year .		2b	
c Total			2c	
3 Aggre	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If noti	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	al		
•	Iditure next year?	•	4	·
	ble amount of lobbying and political expenditures (see instructions) Supplemental Information		5	
Complete th	nis part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	Part II	l-B, lın	e 1ı.
Also, comp	lete this part for any additional information.			
			- - -	

Schedule C (Form 990 or 990-EZ) Z009 Georgia River Network, inc.	58-2404112	Page 4
Rantive Supplemental Information (continued)		
		·
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		- ·
		_ .

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Georgia River Network, Inc.			58-2404112	
Part I Organizations Maintaining Donor	Advised Funds or Other Similar Fun	ids or Acco		e if
the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
	(a) Donor advised funds	(b) F	unds and other acc	counts
 Total number at end of year 			<u></u>	
2 Aggregate contributions to (during year)				
3 Aggregate grants from (during year)				
4 Aggregate value at end of year				
5 Did the organization inform all donors and don- funds are the organization's property, subject t	or advisors in writing that the assets held in dor the organization's exclusive legal control?	nor advised	Yes	☐ No
6 Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene-	ne benefit of the donor or donor advisor or for a	s may be ny other	Yes	☐ No
Part II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 99	0, Part IV, line	7.
1 Purpose(s) of conservation easements held by			<u> </u>	
Preservation of land for public use (e g , re	ecreation or pleasure) Preservation of	of an historica	illy important land	area
Protection of natural habitat	Preservation of	of certified his	toric structure	
Preservation of open space				
2 Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in the	he form of a c	onservation easem	ent on the
last day of the tax year.			Held at the End o	f the Vear
a Total number of conservation easements		2a	Held at the Life o	i the rear
b Total acreage restricted by conservation easen	nents .	2b		
c Number of conservation easements on a certific		2c		-
d Number of conservation easements included in	(c) acquired after 8/17/06	2d		•
3 Number of conservation easements modified, t	ransferred, released, extinguished, or terminate	ed by the orga	nization during the	tax
year ►	· · · · · · · · · · · · · · · · · · ·	, -	•	
4 Number of states where property subject to con	nservation easement is located >	_		
5 Does the organization have a written policy reg and enforcement of the conservation easemen	parding the periodic monitoring, inspection, hand	dling of violati	ons,	Пис
6 Staff and volunteer hours devoted to monitorin during the year ▶		nents	∐ Yes	∐ No
7 Amount of expenses incurred in monitoring, insiduring the year ►	specting, and enforcing conservation easements	s		<u> </u>
8 Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec \hdots .	tion	Yes	☐ No
9 In Part XIV, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	expense state scribes the or	ement, and balance ganization's accou	e sheet, and nting for
Part III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Sin 8.	nilar Assets	
1 a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statement	ic exhibition, education, or research in furtherar	nt and balanc nce of public s	e sheet works of an ervice, provide, in	rt, historical Part XIV,
b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	SFAS 116, to report in its revenue statement a c exhibition, education, or research in furtherar	nd balance sh nce of public s	eet works of art, hervice, provide the	istorical following
(i) Revenues included in Form 990, Part VIII,	line 1 .		► \$	
(ii) Assets included in Form 990, Part X			► \$	
2 If the organization received or held works of ar amounts required to be reported under SFAS 1	16 relating to these items	or financial ga	in, provide the follo	wing
a Revenues included in Form 990, Part VIII, line	1		► \$	<u> </u>
b Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 George Part III Organizations Mainta				rical Treasure	s, or O	58-240 Other Similar Ass			Page 2 <i>ed</i>)
,3 Using the organization's acquisition items (check all that apply):								•	
a Public exhibition			d Loan d	r exchange progr	ams				
b Scholarly research			e 🗌 Other						
c Preservation for future generation									
4 Provide a description of the organ Part XIV							n		
5 During the year, did the organizations assets to be sold to raise funds re	tion solicit or	receive	donations of art,	historical treasure	es, or oth	ner sımılar	Yes	Г	No
Part IV Escrow and Custodia 9, or reported an amo	l Arranger	nents	Complete if o	rganization an				rt IV,	
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiai	n, or oth	er intermediary fo	or contributions of	other as	ssets not	Yes		
b If 'Yes,' explain the arrangement	ın Part XIV a	nd comp	lete the following	table					
							Amount	:	
c Beginning balance						1 c			
d Additions during the year			•	•		1d			
e Distributions during the year						1 e			
f Ending balance	_					1f	_		
2a Did the organization include an a		m 990, l	Part X, line 217			!	Yes	L	_ No
b If 'Yes,' explain the arrangement			-4	d Wast to Es	000	D 10			
Part V Endowment Funds Co			T				1		
1 a Paginning of year halance	(a) Curren	t year	(b) Prior year	(c) Two yea	irs dack	(d) Three years back	(e)	Four years	3 Dack
1 a Beginning of year balance b Contributions				-			+		
b Contributions			<u> </u>				 		——
c Net Investment earnings, gains, and losses									
d Grants or scholarships						<u> </u>	<u> </u>		
 Other expenditures for facilities and programs 									
f Administrative expenses			, .				ļ		
g End of year balance .	<u>-</u>		<u> </u>	L		<u> </u>			
2 Provide the estimated percentage	-	end bala	nce held as:						
a Board designated or quasi-endow	vment ►		8						
b Permanent endowment ►	——	;							
c Term endowment ►	8								
3a Are there endowment funds not in organization by:	n the possess	sion of th	ne organization th	at are held and a	dmınıste	red for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related of	rganizations	listed as	required on Sch	edule R?			3b		
4 Describe in Part XIV the intended									
Part VI Investments-Land, B	Buildings, a	and Eg	uipment. See	Form 990, Pa	<u>art X, Iı</u>				
Description of investment	t		st or other basis nvestment)	(b) Cost or oth basis (other)		(c) Accumulated Depreciation	(d) [Book Va	alue
1 a Land									
b Buildings		<u> </u>							
c Leasehold improvements		<u> </u>							
d Equipment				25,4	15.	15,066.		10,	<u>,349.</u>
e Other		<u>L</u>							
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Forn	1 990, Part X, co	lumn (B), lıne 10(c).)	. ·			<u>,349.</u>
BAA						Sched	lule D (F	orm 9°	90) 2009

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Georgia River Net	work, Inc.	58-240	58-2404112 Page 3		
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iır	ne 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value		
Financial derivatives		•			
Closely-held equity interests					
Other					
			·· · · · ·		
					
					
		· · - · · -			
	· · · · · ·				
					
Total (Column (h) must savel Form 000 Part V sel (P) (res 10)					
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)	000 D+ V I	12)			
Part VIII Investments-Program Related (See I	Y				
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value		
					
			· · · · · · · · · · · · · · · · · · ·		
·-·					
			·"		
					
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)					
Part IX Other Assets (See Form 990, Part X,	line 15)	·			
	scription		(b) Book value		
Rent deposit			1,210.		
			1/2201		
			_		
					
-					
	· · · · · · · · · · · · · · · · · · ·				
Total (Column (b) must be at 5 and 5 and 5	- 15)				
Total. (Column (b) must equal Form 990, Part X, col (B), III		<u> </u>	1,210.		
Part X Other Liabilities (See Form 990, Part					
(a) Description of Liability	(b) Amount		i 		
Federal Income Taxes					
			!		
			!		
					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		 			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote in Part XIV, provide the footnote in	ote to the ergenization!	financial statements that	roomania de la latat		
- in the country in all viv, provide the text of the tooth	ote to the organization's	o imanciai statements that reports the oi	ryanization's liability		

	-2404112 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	
1 Total revenue, gains, and other support per audited financial statements	_1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	··
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments . 2b	
c Other losses 2c	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5
Part 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, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part information	nes 1b and 2b; Part V, to provide any additional

Schedule D (Form 990) 2009 Georgia River	Network, Inc.	58-2404112 Page 5
Part XIV Supplemental Information (contin	nued)	
		•

SCHEDULEI	(Form 990)

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number Department of the Treasury Internal Revenue Service

58-2404112

≗ □

X Yes

Georgia River Network, Inc.
Part | General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

ו מוניו א מוום סבוובמחוב ו ו מוווי ססל וו ממחונוסו ומו			Section 1				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Altamaha Riverkeeper P.O. Box 2642 Darien GA 31305	58-2448037		10,000.				Етромег
Altamaha Riverkeeper - 0c. P.O. Box 1223 Athens GA 30603	58-2448037		5,000.				Етромег
Coosa River Basin Initiat 408 Broad Street Rome GA 30161	58-2031305		10,000.				Етромег
Savannah Riverkeeper P.O. Box 14908 Augusta GA 30909	58-2630660		4,000.		,		Емромег
Satilla Riverkeeper P.O. Box 159 Waynesville GA 31566	51-0491201		3,000.				Етромег
West Atlanta Watershed Al. P.O. Box 50043 Atlanta GA 30302	20-0890449		8,000.				Empower
Ogeechee Riverkeeper P.O. Box 1925 Statesboro GA 30459	58-2636669		10,000.				Етромег
Flint_Riverkeeper P.O. Box 468 211 N. Jeffe Albany GA 31707	26-3179215		7,650.				Advocate
2 Enter total number of section 501(c)(3) and government organizations	3) and government org	anizations					

Enter total number of section 501(c)(3) and government organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

Schedule (Form 990) 2009

TEEA3901 02/10/10

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer identification number	ı number
Georgia River Network, Inc.						58-2404112	
	nd Other Assistand	e to Governments	and Organization	s in the United Stat	I—I	(Form 990), Part II.)	t 11.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broad River Watershed Ass P.O. Box 661 Danielsville GA 30633	58-1989970		5,348.				Engage
2 <u>rkeeper</u> 18 1909	58-2630660		5,348.				Engage

Schedule I-1 (Form 990) 2009

Georgia River Network, Inc.

Page 2 Schedule I (Form 990) 2009 Georgia River Network, Inc.

Radial Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance	,				other additional information.										
(e) Method of valuation (book, FMV. appraisal, other)					line 2, and any	fundsThex	_as_approved	<u>Grantees are to </u>	<u> 1s_and_must</u>		 		 	 	
(d) Amount of non-cash assistance					provide the information required in Part I,	to use the	<u>the grant funds a</u>	are listed in the grant contract. G	towards their goals and must	_Year:	 		 	 	1
(c) Amount of cash grant					provide the inform	on how they.	ev will use t	ted in the gr	on progress t	the end of one year.	1 1 1 1 1 1	1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1	
(b) Number of recipients						it_a_proposal	contract stating they will use	ables are lis		final report at t	 	 		 	
(a) Type of grant or assistance	c 175 47				Supplemental Information. Complete this part to	Grantees_submit_a_proposal_on_how_they_plan_	sign_a	These_deliverables	provide a mid-year report	submit_a_fina		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1	 	
(a) Typ					(Partilly Supple	Pt_I_Line_2_	Pt_I_Line_2_	Pt_I Line_2_	Pt_I_Line_2_	Pt_I_Line_2_		 	 		

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization	Employer identification number
Georgia River Network, Inc.	58-2404112
Pt_VI-B, Line 11A All members are sent a PDF of the 990 and asked	to review
Pt VI-B, Line 15 Comp is determined by various factors, based on	an annual review.
Pt_VI-B, Line 15 Published data for river network organizations	across
Pt_VI-B, Line 15 the nation is considered.	
Pt VI-B, Line 12c Potential conflicts are explored in board meeti	ng discussions.
Pt VI-A, Line 6 Members pay dues and support the mission and pr	ograms
Pt VI-A, Line 7a Two directors on the Board are elected by the Or	ganization's membership.

TEEA4901 07/17/09

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

	e(s) shown on return						Identif	Identifying number		
Ge	<u>orgia River Netwo</u>	rk, Inc.					58-	2404112		
	ness or activity to which this form relat									
	rm 990 / Form 990									
Pa	Election To Exp	ense Certain I	Property Under Secomplete Part V before	ction 179	4 1					
1	· . · · · · · · · · · · · · · · · · · ·				. /		1	\$250,000.		
2			_				2	\$230,000.		
3								\$900 000		
4		· · · · -		•			3	\$800,000.		
-	Reduction in limitation Sul		•				4			
9	Dollar limitation for tax year separately, see instruction	ar. Subtract line 4 i S	from line 1. If zero or les	ss, enter -u If m	arried filing		5			
6	(a)	Description of property		(b) Cost (business	use only)	(C) Elected co		·		
	<u> </u>					•				
7	Listed property Enter the	amount from line 2			7		\neg			
8	Total elected cost of section	n 179 property Ad	dd amounts in column (d	c), lines 6 and 7			8			
9	Tentative deduction Enter	the smaller of line	5 or line 8 .				9			
10	•						10	7-7		
	Business income limitation					ee instrs)	11			
	Section 179 expense dedu						12			
	Carryover of disallowed de e: Do not use Part II or Part				▶ 13					
га	rt II Special Deprec	iation Allowan	ce and Other Depr	eciation (Do no	t include lis	ted property)	(See in:	structions)		
14	Special depreciation allow tax year (see instructions)	during the	14							
15	Property subject to section	168(f)(1) election					15			
16	Other depreciation (includi	ng ACRS)					16	4,284.		
Pa	rt III MACRS Depre	ciation (Do not in	nclude listed property.) (See instructions)		•				
			Section	on A						
17	MACRS deductions for ass	ets placed in servi	ice in tax years beginnir	ng before 2009			17			
18	If you are electing to group	any assets place	d in service during the t	ax year into one o	r more gen	eral _ 🗆				
	asset accounts, check here		in Consider Desire 2000	7 V II-i A	h - 0 I	<u> </u>		.		
	(a)	(b) Month and	in Service During 2009 (c) Basis for depreciation	(d)			System			
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	(e) Convention	n (f) Method	d	(g) Depreciation deduction		
19	a 3-year property	_								
	b 5-year property	_								
	c 7-year property	_								
	d 10-year property	_								
	e 15-year property	_								
	f 20-year property	_								
	g 25-year property			25 yrs		S/I				
	h Residential rental			27.5 yrs	MM	S/I	٦ _			
	property	ļ		27.5 yrs	MM	S/I				
	i Nonresidential real			39 yrs	MM	S/I				
	property				MM	S/I				
	Section C -	- Assets Placed in	Service During 2009 T	ax Year Using the	e Alternativ	e Depreciatio	n Syste	m		
20	a Class life	1	1		1	S/I	. [

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions

b 12-year

c 40-year

Part IV | Summary (See instructions.) 21 Listed property Enter amount from line 28 MM

S/L

S/L

22

12 yrs

40 yrs

4,284.

			twork, Inc.				58-2404112		∍ 2
Part V Listed entertain	Property (Indoment, recreation	lude automo n, or amuse	obiles, certain other ment)	vehicles, cellular te	elephones, cer	tain comput	ers, and property ι	ised for	
Note: Fo	or any vehicle fo (a) through (c)	r which you of Section A	are using the standa A, all of Section B, a	ard mileage rate or and Section C if app	deducting lea	se expense,	complete only 24a	∍, 24b,	
Sectio	n A – Deprecia	tion and Oth	ner Information (Ca	ution: See the instr	uctions for lim	its for passe	enger automobiles)	_
24 a Do you have eviden	ce to support the bu	siness/investm	ent use claimed?	Yes	No 24b If 'Ye	s,' is the evider	ice written?	Yes N	lo
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special deprecial used more than	iation allowance j 50% in a quali	for qualified fied busines	l listed property places use (see instruction	ced in service durin	g the tax year	and 25	i		_
26 Property used r	more than 50%	ın a qualified	d business use:						_
	_								_
	_								
		<u></u>	<u> </u>						_
27 Property used 5	0% or less in a	qualified bu	siness use:						
									1
					ļ			_]	
	1	1					1	}	1

Section B - Information on Use of Vehicles

28

29

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

30	Total business/investment miles driven during the year (do not include commuting miles)	Vehi		(t Vehi		Vehi	c) icle 3	Vehi	d) cle 4	Vehi	•	(i Vehi	-
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year Add lines 30 through 32												
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?				_								
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	ls another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?							
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners							
39	39 Do you treat all use of vehicles by employees as personal use?							
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?							
41	41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles							
Pa	rt VI Amortization							
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage		(f) nortization this year	

	Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42	Amortization of costs that begins during your	2009 tax year (see	instructions)			
43	Amortization of costs that began before your	43				
44 Total. Add amounts in column (f). See the instructions for where to report						

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount				
Contributions Foundations and Corporate Grants	48,851. 312,410.				
Total	361,261.				

Supporting Statement of:

Form 990 p 9/Gross Income from Line 1C

Description	Amount
Shoals of Time	3,203.
Rivers Alive	773.
Film Festival	2,218.
2010 Auction	4,539.
Total	10,733.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and check this box			► X		
		omatic) 3-Month Extension, complete only Part II(_		
	<i>plete Part II unless</i> you have alrea	dy been granted an automatic 3-month extension of	n a previously file	d Form 886	58		
Part I	Automatic 3-Month Extens	sion of Time. Only submit original (no cop	oies needed).				
					_		
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension — checl	k this box and cor	mplete Part	I only . ►		
All other corp income tax r	porations (including 1120-C filers) eturns.	, partnerships, REMICS, and trusts must use Form	7004 to request a	ın extensior	of time to file		
returns noted the additiona Form 990-T	l below (6 months for a corporation Il (not automatic) 3-month extensi	ectronically file Form 8868 if you want a 3-month at on required to file Form 990-T) However, you canno on or (2) you file Forms 990-BL, 6069, or 8870, gro or completed and signed page 2 (Part II) of Form 886 e-file for Charities & Nonprofits	ot file Form 8868 e oup returns, or a c	electronicali omposite o	ly if (1) you want r consolidated		
	Name of Exempt Organization	······································		Employer ide	ntification number		
Type or							
print	Georgia River Netwo	rk. Inc.		58-240	4112		
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions		100 0.0	0 2101112		
filing your return See	126 South Milledge A	Avenue , Suite E3					
instructions	City, town or post office, state, and ZIP co	de For a foreign address, see instructions	_				
	Athens			GA	30605-5666		
Check type of	of return to be filed (file a separat	e application for each return)					
Form 990	_	Form 990-T (corporation)	☐ Form 472	20			
Form 990	D-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27			
X Form 990	orm 990-EZ Form 990-T (trust other than above) Form 6						
Form 990)-PF	Form 1041-A	Form 887	70			
Telephone If the orga If this is for check this	e No ► (706) 549-4508 anization does not have an office or a Group Return, enter the orga	FAX No Fa	s box		► ☐ ne whole group, all members		
1 1 reques	st an automatic 3-month (6 month	s for a corporation required to file Form 990-T) exte	ension of time		•		
The ext	<pre>lay 16, 20 11, to file ension is for the organization's re calendar year 20 or</pre>	the exempt organization return for the organization turn for	named above.				
► X	tax year beginning Oct 1	, 20_09_, and endingSep_30, 20	<u>10</u>				
2 If this ta	ax year is for less than 12 months	, check reason: Initial return Final i	return C	hange in ac	counting period		
3a If this a nonrefu	pplication is for Form 990-BL, 990 ndable credits See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0.		
b If this a made I	pplication is for Form 990-PF or 9 nclude any prior year overpayme	90-T, enter any refundable credits and estimated tand allowed as a credit	ax payments	3b \$	0.		
deposit	e Due. Subtract line 3b from line 3 with FTD coupon or, if required, but tructions	a Include your payment with this form, or, if requir by using EFTPS (Electronic Federal Tax Payment S	red, ystem)	3c \$	0.		
payment instr	ructions	c fund withdrawal with this Form 8868, see Form 84	53-EO and Form	8879-EO fo	or		
BAA For Priv	acy Act and Paperwork Reduction	on Act Notice, see instructions.		Form	8868 (Rev 4-2009)		