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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 7/01, **2011, and ending** 6/30, **2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THE RIVER EXCHANGE P.O. BOX 784 DUNSMUIR, CA 96025-0784	D Employer identification number 91-1818846
		E Telephone number (530) 235-2012
		F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.RIVEREXCHANGE.ORG

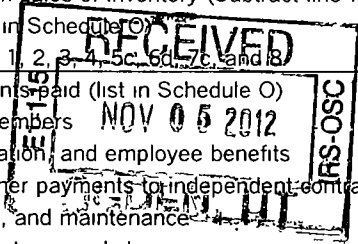
J Tax-exempt status (ck only one) — 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 194,885.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	181,790.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	718.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,377.
	c Less direct expenses from gaming and fundraising events	6c	4,430.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,947.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	21.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-21.
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	190,434.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	109,468.
	13 Professional fees and other payments to independent contractors	13	89,607.
	14 Occupancy, rent, utilities, and maintenance	14	9,617.
	15 Printing, publications, postage, and shipping	15	343.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	10,622.
	17 Total expenses. Add lines 10 through 16	17	219,657.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-29,223.
	NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O		20	-63.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	63,529.



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

Form 990-EZ (2011)

SCANNED DEC 03 2012

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V [X]

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) SEE SCHEDULE O
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T
41 List the states with which a copy of this return is filed CA

42a The organization's books are in care of PHYLLIS SKALKO Telephone no (530) 235-2012
Located at 5937 DUNMSUIR AVENUE DUNSMUIR CA ZIP + 4 96025

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
49b		X

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

e Total number of other employees paid over \$100,000


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

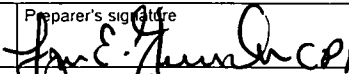
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer:  Date: 10/30/12
 DANIEL OLSTEIN EXECUTIVE DIR.
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: LYNN E. TEUSCHER, CPA Preparer's signature:  Date: 10/26/12
 Check if self-employed PTIN: P00154021
 Firm's name: AIELLO, GOODRICH & TEUSCHER, ACCOUNTANCY CORP
 Firm's address: PO BOX 158 MT. SHASTA, CA 96067-0158
 Firm's EIN: 68-0146027
 Phone no: (530) 926-3881

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

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

2011

Open to Public Inspection

Name of the organization THE RIVER EXCHANGE	Employer identification number 91-1818846
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants'.)	98,706.	280,310.	240,202.	285,010.	181,790.	1,086,018.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	98,706.	280,310.	240,202.	285,010.	181,790.	1,086,018.
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)						37,181.
6 Public support. Subtract line 5 from line 4						1,048,837.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	98,706.	280,310.	240,202.	285,010.	181,790.	1,086,018.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,317.	670.	544.	667.	718.	4,916.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						1,090,934.
12 Gross receipts from related activities, etc (see instructions)					12	55,966.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	96.14 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.19 %

16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

BAA

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Open to Public
Inspection

Name of the organization

THE RIVER EXCHANGE

Employer identification number

91-1818846

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTING HEALTHY WATERSHEDS THROUGH COMMUNITY INVOLVEMENT IN STEWARDSHIP,
RESTORATION AND EDUCATION.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE RIVER EXCHANGE IS A NON-PROFIT ORGANIZATION LOCATED IN DUNSMUIR, CALIFORNIA
THAT PROMOTES HEALTHY WATERSHEDS IN THE SURROUNDING AREA THROUGH COMMUNITY
INVOLVEMENT IN STEWARDSHIP, RESTORATION AND EDUCATION. WE PROACTIVELY SUPPORT AND
IMPROVE THE HEALTH OF THE WATERSHED ECOSYSTEM, EDUCATE AND EMPOWER THE COMMUNITY
TO BE EFFECTIVE WATERSHED STEWARDS, AND FACILITATE COOPERATION OF STAKEHOLDERS IN
COLLABORATIVE WATERSHED MANAGEMENT. THE ORGANIZATION BEGAN AS A PROJECT OF THE
CITY OF DUNSMUIR IN 1996, CREATED IN THE AFTERMATH OF THE DISASTROUS CANTARA LOOP
RAILROAD SPILL THAT DESTROYED ALL PLANT AND ANIMAL LIFE ALONG A THIRTY-SIX MILE
STRETCH OF THE UPPER SACRAMENTO RIVER. SINCE THAT TIME, WE HAVE GROWN INTO AN
INDEPENDENT AND SELF-SUSTAINING ORGANIZATION. ALONG THE WAY, WE HAVE TAUGHT
THOUSANDS OF SCHOOLCHILDREN ABOUT THE IMPORTANCE OF HEALTHY WATERSHEDS, FOSTERING
THE NEXT GENERATION OF RIVER STEWARDS. EACH YEAR THE RIVER EXCHANGE HOSTS THE
GREAT RIVER CLEAN-UP IN THE FALL, INVOLVING THE COMMUNITY IN CLEANING UP DEBRIS
LEFT BY RIVER USERS AND TEACHING THE IMPORTANCE OF STEWARDSHIP. IN THE SPRING,
THE RIVER CELEBRATION BRINGS TOGETHER THE COMMUNITY IN SUPPORT OF HEALTHY
WATERSHEDS. OUR RAFT & RESTORE EVENT PROVIDES COMMUNITY MEMBERS WITH AN
OPPORTUNITY TO EXPERIENCE A FUN FILLED DAY ON THE UPPER SACRAMENTO RIVER, WHILE
ALSO ASSISTING WITH STEWARDSHIP THROUGH THE REMOVAL OF INVASIVE WEEDS FROM
RIPARIAN HABITATS. IN ADDITION WE PROVIDE A SERIES OF INFORMATIONAL LECTURES ON
WATERSHED SUSTAINABILITY.

WE HAVE DESIGNED AND IMPLEMENTED SEVERAL RIPARIAN RESTORATION AND TRAIL PROJECTS,

Name of the organization

THE RIVER EXCHANGE

Employer identification number

91-1818846

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INCLUDING RESTORATION OF THE SPRING AT THE HEADWATERS OF THE SACRAMENTO RIVER IN THE CITY OF MOUNT SHASTA. WE ORGANIZED COMMUNITY PARTICIPATION FOR A MAJOR RESTORATION EFFORT ON TROUT CREEK, A TRIBUTARY OF THE MCCLLOUD RIVER. WE COOPERATED WITH THE US FOREST SERVICE TO COMPLETE A RECREATION INVENTORY AND ANALYSIS FOR THE CASTLE CRAGS WILDERNESS AREA - USED FOR MANAGEMENT DECISIONS IMPACTING TRIBUTARIES OF THE UPPER SACRAMENTO RIVER. IN 2009, WE COMPLETED A MAPPING PROJECT AND STUDY OF SPRING RESTORATION POSSIBILITIES IN THE UPPER MCCLLOUD WATERSHED AND RECEIVED ADDITIONAL FUNDING TO DESIGN TWO PILOT SPRING RESTORATION PROJECTS, ONE ON PRIVATE LAND AND ONE ON PUBLIC LAND. IN JUNE 2010, THE UPPER SACRAMENTO WATERSHED ASSESSMENT WAS COMPLETED WITH PARTICIPATION OF A DIVERSE GROUP OF STAKEHOLDERS LED BY THE RIVER EXCHANGE. IN OCTOBER OF 2011 WE SIGNED A GRANT AGREEMENT WITH THE CALIFORNIA DEPARTMENT OF WATER RESOURCES TO LEAD A COOPERATIVE EFFORT OF THE REGIONAL WATER MANAGEMENT GROUP FOR THE UPPER SACRAMENTO/MCCLLOUD/LOWER PIT REGION TO CREATE AN INTERGRATED REGIONAL WATER MANAGEMENT PLAN (IRWMP) THAT ADDRESS THE HIGHEST PRIORITY WATER NEEDS IN THE REGION.

OUR MEMBERS LIVE THROUGHOUT CALIFORNIA AND OTHER STATES. THEY SHARE A COMMON DESIRE TO SEE THE SPECTACULAR RIVERS AND WATERSHEDS OF FAR NORTHERN CALIFORNIA REMAIN HEALTHY AND PRODUCTIVE - SUSTAINED FOR FUTURE GENERATIONS TO ENJOY.

RECIPIENT OF GOVERNOR'S AWARD FOR ENVIRONMENTAL AND ECONOMIC LEADERSHIP FOR THE STATE OF CALIFORNIA.

Name of the organization THE RIVER EXCHANGE	Employer identification number 91-1818846
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FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZING OR GOVERNING DOCUMENTS

THE ORGANIZATION NAME WAS CHANGED FROM THE UPPER SACRAMENTO RIVER EXCHANGE TO THE
RIVER EXCHANGE.

THE RIVER EXCHANGE

91-1818846

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	452.
BANK CHARGES		220.
CONFERENCES, CONVENTIONS, AND MEETINGS		1,155.
INSURANCE		3,454.
INTEREST		56.
OFFICE EXPENSES		2,055.
TELEPHONE		1,894.
TRAVEL		1,336.
TOTAL	\$	<u>10,622.</u>

**FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$	-63.
TOTAL	\$	<u>-63.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 15,546.	\$ 65,980.
INVENTORIES	555.	534.
PREPAID EXPENSES AND DEFERRED CHARGES	15,123.	1,000.
TOTAL	\$ <u>31,224.</u>	\$ <u>67,514.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,779.	\$ 43,439.
COMPENSATED ABSENCES PAYABLE	5,877.	3,172.
DEFERRED REVENUE	0.	63,500.
TOTAL	\$ <u>9,656.</u>	\$ <u>110,111.</u>

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THE RIVER EXCHANGE

91-1818846

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**FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
FRED GORDON P.O. BOX 784 DUNSMUIR, CA 96025	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
NORA SILBER PO BOX 784 DUNSMUIR, CA 96025	VICE PRESIDENT 1	0.	0.	0.
CHRIS STROMSNES P.O. BOX 784 DUNSMUIR, CA 96025	PRESIDENT 1	0.	0.	0.
PHIL DETRICH P.O. BOX 784 DUNSMUIR, CA 96025	BOARD MEMBER 1	0.	0.	0.
GENE O'ROURKE PO BOX 784 DUNSMUIR, CA 96025	SECRETARY 1	0.	0.	0.
MIKE DEAN PO BOX 784 DUNSMUIR, CA 96025	BOARD MEMBER 1	0.	0.	0.
CAROL WINSTON P.O. BOX 784 DUNSMUIR, CA 96025	BOARD MEMBER 1	0.	0.	0.
DEA KNOX P.O. BOX 784 DUNSMUIR, CA 96025	FORMER EX DIR 36	42,089.	0.	0.
MARY ELLEN COLBERG PO BOX 784 DUNSMUIR, CA 96025	BOARD MEMBER 1	0.	0.	0.
RICHARD TINSMAN P.O. BOX 784 DUNSMUIR, CA 96025	BOARD MEMBER 1	0.	0.	0.
DANIEL OLSTEIN P.O. BOX 784 DUNSMUIR, CA 96025	EXECUTIVE DIR. 40	9,750.	0.	0.
	TOTAL	\$ 51,839.	\$ 0.	\$ 0.