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Return of Organization Exempt From Income Tax

Information about Form 990 and its instructions is at www.irs.gov/form990.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No 1545-0047

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Inspection

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, Check if applicable C Name of organization D Employer identification number X Address River Network 93-0969979 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. Box 21387 (303)736-2724 termin-ated City or town, state or province, country, and ZIP or foreign postal code 2,170,876. G Gross receipts \$ Amended return Boulder, CO 80308 H(a) Is this a group return Applica-F Name and address of principal officer Nicole Silk Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes Tax-exempt status X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 501(c) (If "No," attach a list. (see instructions) J Website: ➤ www.rivernetwork.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1988 M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities To help people understand, Activities & Governance protect, and restore rivers and their watersheds. Check this box
If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 15 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 100 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 S 0. 7a JUN 02 2016 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 1,1611,1318 Contributions and grants (Part VIII, line 1h) Q. B 1,619,730. Revenue 669-7855 Program service revenue (Part VIII, line 2g) 526,681. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,209 1,822. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30,1<u>49</u>, 22,643. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 314,531 170,876. 13 105,228. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 100.490. Benefits paid to or for members (Part IX, column (A), line 4) О. 0. 1,107,155. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ,055,457. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 965,815. 714,929. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,121,762 927,312. 192,769. 19 Revenue less expenses Subtract line 18 from line 12 243,564. PSS **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 956,904. 1,193,661. 21 93,298 Total liabilities (Part X, line 26) 86,491. Net A Fund-I Net assets or fund balances Subtract line 21 from line 20 863,606 107,170. Part II Signature Block 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. yn buw Signature of officer Sign PRESIDENS Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Yee Lee McGee Preparer Firm's name SARY MCGEE & CO. Firm's EIN Use Only Firm's address ▶ 808 S.W. THIRD AVENUE, PORTLAND, OR 97204 Phone no. (503) 222-2515 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

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

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Form 990 (2014) River Network 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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_ | _ | X |
| 4 | Section 501(c)(3) organizations. 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 | 4 | <u>X</u> | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | <u>X</u> |
| 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 | | _X_ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u>X</u> |
| 11 | If the organization's answer to any of the following questions is "Yes." then complete Schedule D, Parts VI, VIII, IX, or X | Ì | *** |] |
| _ | as applicable | | | ** |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| L | Part VI | 11a | X | |
| D | 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 | 11b | | <u>X</u> |
| С | 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 | 11c | - | <u>X</u> |
| a | 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 | | Ī | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u>X</u> |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u>X</u> |
| T | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u>X</u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| _ | Schedule D, Parts XI and XII Was the arganization included in consolidated in department and the last of the last | 12a | Х | |
| Ø | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 77 |
| 10 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u>X</u> |
| 13 142 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | X X X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 14a | | |
| U | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 441- | | v |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | <u>X</u> |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 4 | İ | v |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | <u> </u> |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 46 | ł | v |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | <u> </u> |
| •• | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 47 | | <u>x</u> _ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | _17 | | |
| . • | 1c and 8a? If "Yes," complete Schedule G, Part II | 40 | | y |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | | <u>X</u> |
| . • | complete Schedule G, Part III | 40 | | v |
| 202 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | |
| _~_ | | | 990 <i>i</i> | 2014) |
| | | | | |

Yes No

Form 990 (2014) River Network Part IV Checklist of Required Schedules (continued)

| 22 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | X | i |
|----|--|-----|------------|--|
| | Did the examination report more than \$5,000 of greats or other assistance to or for demostic individuals on | | | . |
| | Did the organization report more than \$5,000 or grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | ٠, |
| | Schedule K If "No", go to line 25a | 24a | | <u> X</u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | - - | . |
| | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | - |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 05- | | х |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| | 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 |
| | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | | - 22 |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | , | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | . | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | _X |
| | Did the organization liquidate, terminate, or dissolve and cease operations? | | | ,, |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | | х |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | 1 |
| | Part V, line 1 | 34 | | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| | 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | <u> </u> |

| Series the number reported in Box 3 of Form 1096. Enter 0-1 find applicable 1a 22 1b 0 0 | | Check if Schedule O contains a response or note to any line in this Part V | | | |
|--|-----|---|------|---------|--------------|
| 18 Enter the number reported in Box 3 of Form 1098. Enter -0 into applicable 1b 0 0 0 0 0 0 0 0 0 | | , | | Yes | No |
| Description of the calendar year, deliberation of the sum of the calendar year, deliberation of the sum of the calendar year, deliberation of the calendar | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | -,,, |
| o Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) with or within the year covered by this rest. 2 | | · · · · · · · · · · · · · · · · · · · | | s | ,, |
| gambing) winnings to prace winners? a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least on a is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-the (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year? 4 bif Yes, 1 as if fed a Form 990-Ff for this year 1 "No. 1" line 80, provide an explanation in Schedule 0 5 bif Yes, 1 as if fed a Form 990-Ff for this year 1 "No. 1" line 80, provide an explanation in Schedule 0 5 bif Yes, 1 as if fed a Form 990-Ff for this year 1 "No. 1" line 80, provide an explanation or 1 schedule 0 5 bif Yes, 1 and the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 bif Yes, 1 and the organization have an interest in, or a signature or other authority over, a financial account (such provides). 5 bif Yes, 1 and the organization have an interest in a state of the transaction? 5 ciff Yes, 1 and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6 biff Yes, 1 and the organization michals with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 7 biff Yes, 1 and the organization explanation michals with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitables contributions? 8 biff Yes, 1 and the organization receive a payment in excess of \$5 made partly as a contribution organization receive a payment in excess of \$5 made pa | С | | ĺ | | |
| 2a Enter the number of employees reported on Form W3. Transmittal of Wagap and Tax Statements, fleed for the calendary year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all irrequired federal employment tax returns? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3b If "Yes," has it fleed a Form 990. To this year? If "No," to file 3b, provide an explanation in Schedule O 3b If "Yes," and the dumpt the calendary 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 accounts (FBAR). 5c If "Yes," to line 5a or 5b, did the foreign country. 5c Was the organization a party to a prohibitod tax whether transaction at any time duming the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was for is a party to a prohibitod tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that It was for is a party to a prohibitod tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was for is a party to a prohibitod tax shelter transaction? 6c If "Yes," did the organization and prose receipts that are normally greater than \$100,000, and did the organization solicition and spote set statement that such contributions or grifs were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an exposes statement that such contributions or grifs were not tax deductible? 7c If If "Yes," did the organization, dump they tax year? 7d If "Yes," did the organization encode a contribution of grifs were not tax deductible. 7d If "Yes," did the organization encode and contribution of a prohib | | | 10 | - | ~- |
| hied for the calendar year ending with or within the year covered by this return bit of all feats one is reported on in the 2, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) bit of the organization have unrelated business gross income of \$1,000 at more during the year? bit if "Yes," has it filed a Form 990°T for this year" if "No," to line 30, provide an explaination in Schedule O a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country to the a bank account, early organization country (such as a bank account, or other financial account)? bit "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for fineCRF form 114, Report of Foreign Bank and Financial Accounts (FBAR). bit "Yes," to line 5a or 5b, did the organization hie Form 888617? bid on the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? bit "Yes," did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? bit "Yes," did the organization necked with every solicitation an express statement that such contributions or girts were not tax deductibles? bit "Yes," did the organization necked spent that contributions under section 170(c). bid the organization receive a payment in excess of \$55 made parity as a contribution of organization state are normally greater than \$100,000, and did the organization should be a contribution of organization received a contribution of organization received a contribution of organization received an contribution of organization received a payment in excess of \$55 made parity as a contribution \$100,000,000,000,000,000,000,000,000 | 2a | | | | |
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X 3b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 3a At any time during the calendary 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 accounts (FBAR). 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If "Yes," to line 5a or 5b, did the organization have sheller transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization hier Form 88861? 6c If "Yes," to line 5a or 5b, did the organization hier Form 88861? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the cornor of the value of the goods or services provided? 9d If "Yes," did the organization notify the cornor of the value of the goods or services provided? 9d If "Yes," did the organization secret a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," divide the organization notify the cornor of the value of the goods or services provided? 9d If "Yes, | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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 [Windows a bank account, earn of the foreign country [Windows a bank account, earn of the foreign country [Windows a bank account, earn of the foreign country [Windows a bank account, or other himsonial account)? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible as charitable contributions? 5b If "Yes," of the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," of the organization shelt may receive deductible contributions under section 170(c). b If Wes," of the organization shelt may receive deductible contributions under section 170(c). c Did the organization shall may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 88282 field during the year c Did the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file of the partition of the year of the organization file organization fil | b | | 1 | х | |
| 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes, "has filled a Form 990,T for this year? If 1'No," to pill 95, provide an explanation in Schedule O 4c 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? P 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction? 5c If 1'Yes," to line 5a or 5b, Id the organization file Form 8880; and year optimization in the was or sa party to a prohibited tax shelter transaction? 5c If 1'Yes," to line 5a or 5b, Id the organization in file Form 8880; and year optimization shall be a subject to the organization in his development of the very solicitation an express statement that such contributions or gifts were not tax deductible? 5c If 1'Yes, "In the subject of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization shall may receive deductible contributions under section 170(c). a Did the organization shall may receive deductible contributions under section 170(c). b If 1'Yes," of the organization of the valve of the goods or services provided? c Did the organization of the valve of the goods or services provided? b If 1'Yes, "In client the number of Forms 8282 filed during the year 5c X 5d If 1'Yes, "In client the number of Forms 8282 filed during the year 5d If 1'Yes, "In client the number of Forms 8282 filed during the year 5d If 1'Yes, "In client the number of provided in the lectual property, did the organization file Form 1098 Cr Yes, If Yes, "In this ton fees and capital contribution of cars, boats, airplanes, or other vehicles, did the organization fee a Form 1098 Cr Yes, If Yes, "In this ton fees and capital | | | | | |
| b if "Yes," has filted a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O a 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?) b if "Yes," enter the name of the foreign country See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Usd "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization receive deductible contributions under section 170(c). but the organization sthat may receive deductible contributions under section 170(c). but 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 If If "Yes," indicate the number of Forms 8282 filled during the year 9 but the organization of Forms 8282 filled during the year 10 but the organization of Forms 8282 filled during the year 10 but the organization of Forms 8282 filled during the year 10 but the organization of Forms 8282 filled during the year 11 but organization served and contribution of cars, boats, any time during the year? 12 but the organization of Forms 8282 filled during the year? 13 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | • • • • | X |
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| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 N/A Section 501(c)(12) organizations. Enter a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | _ | • • • • | 8 | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 9 | · · · · · · · · · · · · · · · · · · · | | | |
| 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a 11b 11b 11a 12b 11b 11b 11a 12b | | | | | <u> </u> |
| a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b | | | 9b | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 1 1 | | } | ĺ |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | <u> </u> | | | , . .s. [|
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | * * | |
| amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | <i>»</i> |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | Ü | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | 122 | | | ~ ~~ | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | 128 | | |
| a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Note. See the instructions for additional information the organization must report on Schedule O 13b 13c 14a X 14a X 14b | | | 120 | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | а | | ısa | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15c 14a X 16c 14a 17c 18c 18c 18c 18c 18c 18c 18c | h | | | ٠. | |
| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | D | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | _ | | | | ! |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | 140 | | y |
| | | · | | | |
| | | To provide an explanation in Goriedate O | | 990 | (2014) |

River Network Form 990 (2014) 93-0969979 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 15 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 15 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12¢ 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶See Schedule 0 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records <u>Nicole Silk - (303) 736-2724</u> 2400 Spruce Street, Suite 200, Boulder 80302

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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.

| (A) Name and Title | (B) Average | | | ((Pos | C) itior | | | ed any current officer, o (D) Reportable | (E) Reportable | (F) Estimated |
|------------------------------|--|------------------|-----------------------|-----------|-------------|------------------------------|--------|--|--|--|
| | hours per | box | , unle | ss pe | rson | is bot or/trus | han, | compensation | compensation | amount of |
| | week (list any hours for related organizations | stee or director | Institutional trustee | | | Highest compensated employee | | from the organization (W·2/1099·MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related |
| | below line) | Individua | Institution | Officer | Кеу етр | Highest c employee | Former | | | organizations |
| (1) Gary Collins | 2.00 | | | | | | | | | - |
| Director | | X | | | | <u> </u> | | 0. | 0. | 0 |
| (2) Mary Ann Dickinson | 2.00 | 1 | | | | | | | | |
| Director | | X | | | | L | | 0. | 0. | 0 |
| (3) Barbara Horn | 2.00 | - | | | | ļ | | | | |
| Director | | X | | | | | | 0. | 0. | 0 |
| (4) Tommy Latousek | 2.00 | ļ | | | | | | | | |
| Director | | X | | | | ļ | | 0. | 0. | 0 |
| (5) Leslie Lowe | 2.00 | | | | | | | _ | | |
| Director | | X | | | | <u> </u> | | _0. | 0. | 0 |
| (6) Jon Radtke | 2.00 | | | | | | | _ | | |
| Director | | X | | | | | | 0. | 0. | 0 |
| (7) Brian Richter | 2.00 | | | | | | | | | _ |
| Director | | X | | | | <u> </u> | | 0. | 0. | 0 |
| (8) Beth Stewart | 2.00 | 3.7 | | | | | | 0 | | • |
| Director | 2.00 | Х | | | | | | 0. | 0. | 0 |
| (9) Greer Tidwell | 2.00 | x | | | | | | 0. | | 0 |
| Director (10) Bava Wadhwa | 2.00 | Λ | | | | | | <u> </u> | 0. | 0 |
| Director | 2.00 | x | | | | | | 0. | 0. | 0 |
| (11) Robert Zimmerman | 2.00 | Δ | | _ | | | | | 0. | |
| Director | 2.00 | х | | | | | | 0. | 0. | 0 |
| (12) Lynn Broaddus | 6.00 | | | | | | | | 0. | |
| Chair | | x | | x | | | | 0. | 0. | 0 |
| (13) Rebecca Wodder | 4.00 | | | | | | | | | |
| Vice-Chair | | х | | х | | | | 0. | 0. | 0 |
| (14) Christopher N. Brown | 3.00 | | | | | | | | | |
| Secretary | | X | | х | | | | 0. | 0. | 0 |
| (15) Paul Sloan | 3.00 | | | | | | | | , <u>.</u> | |
| Treasurer | | X | İ | Х | | | | 0. | 0. | 0 |
| (16) Nicole Silk | 40.00 | | | | | | | | | |
| President | | | | Х | | | | 125,719. | 0. | 12,012 |
| | · | | | | | | | | | |

| | t VII Section A. Officers, Directors, Tru (A) Name and title | (B) Average hours per week | (do box offic | not c | Posi hecki ss pe | c) ition more rson | | one han | (D) Reportable compensation from | (E) Reportable compensation from related | on J | am | (F) timate nount other | of |
|---|--|--|--------------------------------|-----------------------|------------------------|-----------------------------|------------------------------|------------|--|--|-------------|---------------|--|------------------|
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | | frorg: and | pensa om th anızat d relat anızatı | e tion ted |
| | | | | | | | <u> </u> | | | 1 | | | | _ |
| | | | 1 | | | | | | | | | | | |
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| | | | | | | | <u> </u> | | | | | | | 4.0 |
| | Sub-total | VIII Caatiaa A | | | | | | | 125,719. | | 0. | 1 | 2,0 | 12. 0. |
| | Total from continuation sheets to Part Total (add lines 1b and 1c) | vii, Section A | | | | | | | 125,719. | | 0. | 1 | 2 0 | 12. |
| 2 | Total number of individuals (including but compensation from the organization | not limited to th | ose | liste | ed al | bove | e) wl | 10 re | | 0,000 of reportab | | | -,, \ | 1 |
| | | | - | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | e, ke | y er | nplc | oyee | or l | highest compensated e | mployee on | | 3 | | X |
| 4 | For any individual listed on line 1a, is the | sum of reportab | le co | | | | | | | the organization | | <i>*</i> : . |) | y Y |
| 5 | and related organizations greater than \$1 Did any person listed on line 1a receive or | | | | | | | | | idual for services | : | 4 | LA | Α |
| | rendered to the organization? If "Yes," co | • | | | | • | | | | | | 5 | 6m25 | X |
| | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest of the organization. Report compensation for | - | | | | | | | | | npens | ation t | rom | |
| - | (A) Name and busines | | | INC | | | | | (B) Description of s | | C | (C Compe | | on |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | |
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| | | | | | | | | - | | | | | | |
| | Total number of independent contractors | / a shada a bada | 4 1. | | | | —- | | | | 200 | <u> </u> | , | |

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1,983. 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 74,117. e Government grants (contributions) f All other contributions, gifts, grants, and 543,630 similar amounts not included above 4,763 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 619,730 Business Code l. .l. . 2a River Rally Registr. 270,385. 541900 270,385 Program Service Revenue ь Technical Assistance 541900 180,635. 180,635 c Partner (Mbrs) Fees 541900 75,661 75,661 f All other program service revenue 526,681 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,822 other similar amounts) 1,822 Income from investment of tax-exempt bond proceeds 4 Royalties (ı) Real (II) Personal 6 a Gross rents Lá b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV. line 18 Other b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Miscellaneous 900099 22,643 d All other revenue Total, Add lines 11a-11d 22,643. 170,876. Total revenue. See instructions. 549,324 0. 1,822 432009 11-07-14

Form 990 (2014) River Network Part IX Statement of Functional Expenses

| Sect | tion 501(c)(3) and 501(c)(4) organizations must com | | | omplete column (A) | |
|------|--|-----------------------|------------------------------|-------------------------------------|--|
| | . Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | * ` ` | |
| | and domestic governments. See Part IV, line 21 | 105,228. | 105,228. | | |
| 2 | Grants and other assistance to domestic | | | | 4 |
| | ındıvıduals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | * |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | - | ž* "*. | % * |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | <u>158,765.</u> | 111,135. | 23,815. | 23,815. |
| 6 | 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 | 731,173. | <u>557,559.</u> | 75,736. | 97,878. |
| 8 | Pension plan accruals and contributions (include | | ا عدمت بعدمت | | |
| _ | section 401(k) and 403(b) employer contributions) | 14,148. | 10,616. | 1,598. | 1,934. |
| 9 | Other employee benefits | 117,989. | 92,482. | 11,437. | 14,070. |
| 10 | Payroll taxes | 85,080. | 65,175. | 9,209. | 10,696. |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | · | | |
| b | Legal | 243. | 1 0 1 2 | 243. | |
| C | Accounting | 44,545. | 1,243. | 42,867. | 435. |
| d | Lobbying Professional fundracian accuracy Con Book N/A box 47 | · | | | |
| e | Professional fundraising services. See Part IV, line 17 | | <u> </u> | <u>.</u> | |
| f | Investment management fees Other (If Inc. 11a amount exceeds 10% of the 25 | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) | 05 200 | 01 400 | | 12 550 |
| 12 | Advertising and promotion | 95,200. | 81,422. | -, -, | 13,778. |
| 13 | Office expenses | 95,970. | 27 522 | F0 040 | <u> </u> |
| 14 | Information technology | 29,068. | 37,522. | 52,242. | 6,206. |
| 15 | Royalties | 29,000. | 18,536. | 9,407. | 1,125. |
| 16 | Occupancy | 47,938. | 18,669. | 29,269. | |
| 17 | Travel | 59,137. | 52,178. | 3,991. | 2,968. |
| 18 | Payments of travel or entertainment expenses | 35,137. | <u> </u> | 3,331. | 2,900. |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 256,743. | 255,874. | 90. | 779. |
| 20 | Interest | 20011200 | 233,074. | <u> </u> | 113. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | **** | | | |
| 23 | Insurance | 4,880. | | 4,880. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | ş ż | / . | · * |
| а | Other | 52,898. | 11,182. | 35,268. | 6,448. |
| b | Program materials | 28,307. | 28,307. | | <u> </u> |
| С | | | | - | |
| d | | | | | |
| е | All other expenses | | | | ····· |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,927,312. | 1,447,128. | 300,052. | 180,132. |
| 26 | Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (0014) |

| ra | πλ | Dalance Sneet | | | |
|---------------|-----|---|--|-----|---|
| | | Check if Schedule O contains a response or note to any line in this | Part X | | |
| | • | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | 379,337 | . 1 | 342,782 |
| | 2 | Savings and temporary cash investments | | 2 | 352,304. |
| | 3 | Pledges and grants receivable, net | 215,252 | | 412,000 |
| | 4 | Accounts receivable, net | 59,404 | | 51,862 |
| | 5 | Loans and other receivables from current and former officers, direct | | | |
| | | trustees, key employees, and highest compensated employees. Co | | | |
| |] | Part II of Schedule L | | 5 | - A A |
| | 6 | Loans and other receivables from other disqualified persons (as de | ofined under | , | , <u>,</u> , , |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and | , , , | . * | * ** |
| | | employers and sponsoring organizations of section 501(c)(9) volun | - | | * * * |
| ş | | employees' beneficiary organizations (see instr) Complete Part II o | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ĕ | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 67,771 | | 28,813 |
| | 10a | | | | |
| | | basis Complete Part VI of Schedule D 10a | 5,900. | * | \$ 12 |
| | ь | · · · · · · · · · · · · · · · · · · · | 5,900 | 10c | 5,900. |
| | 11 | Investments - publicly traded securities | 229,240 | | 0. |
| | 12 | Investments other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | - | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 956,904. | | 1,193,661. |
| | 17 | Accounts payable and accrued expenses | 74,812. | _ | 81,207. |
| | 18 | Grants payable | 4,000. | | 5,284. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule | D | 21 | |
| S | 22 | Loans and other payables to current and former officers, directors, | trustees, | | |
| Liabilities |] | key employees, highest compensated employees, and disqualified | persons | * | |
| api | | Complete Part II of Schedule L | | 22 | |
| <u> </u> | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related th | urd | | - |
| | | parties, and other liabilities not included on lines 17-24) Complete | Part X of | | |
| | | Schedule D | 14,486. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | 93,298. | | 86,491. |
| | | Organizations that follow SFAS 117 (ASC 958), check here | X and | | *, * |
| es | | complete lines 27 through 29, and lines 33 and 34. | The second of th | . à | , |
| Ď. | 27 | Unrestricted net assets | 184,570. | 27 | 214,786. |
| <u>3a</u> 6 | 28 | Temporarily restricted net assets | 679,036. | | 892,384. |
| ᅙ | 29 | Permanently restricted net assets | | 29 | |
| Fund Balances |] | Organizations that do not follow SFAS 117 (ASC 958), check he | re 🕨 🗌 | X. | |
| | | and complete lines 30 through 34. | * | [_ | * |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| ASS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated income, or other fund | ds | 32 | |
| Z | 33 | Total net assets or fund balances | 863,606. | 33 | 1,107,170. |
| | 34 | Total liabilities and net assets/fund balances | 956,904. | 34 | 1,193,661. |

| | 990 (2014) River Network | 93- | -096997 <u>9</u> | Pag | e 12 |
|----|---|----------|------------------|-----------------------|-------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,17 | 0,87 | <u> 76.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,92 | 7,31 | <u>12.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 24 | 3,56 | <u>54.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 86: | 3,60 | <u> </u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 1,10 | 7,17 | 70. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. Cash X Accrual Other | _ | ; | × | * |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | 5 and the desired the second territories of the second territories and the | | 2a | | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | \$- |
| | separate basis, consolidated basis, or both | | 4 | | : 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs | , | | , |
| | consolidated basis, or both | | | `& * a _{\$} | , , |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | . | ļ |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | â | ş -! |
| | 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 Sch | | | | - 1 |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii | ngle Au | dit | ٠, ٠,٠ | <u>*</u>] |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red aud | dit | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 (2 | 2014) |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

| | | Rive | r Network | | | | | 9 | 3-0969979 |
|------|-------------------------|--------------------------------|------------------------|--|---------------|------------------------|-----------------|--------------|-------------------------------|
| Pa | ırt I | Reason for Public | Charity Status (| All organizations must c | omplete th | ns part) Se | ee instructions | ; | |
| The | organ | ization is not a private found | dation because it is: | (For lines 1 through 11, | check only | one box.) | | | |
| 1 | | A church, convention of ch | urches, or association | on of churches describe | d in section | on 170(b)(* | 1)(A)(i). | | |
| 2 | | A school described in sect | | | | ` ^ | X | | |
| 3 | | A hospital or a cooperative | , ,, ,, ,, , | • | ection 170 |)(b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiz | | | | | | (iii). Enter | the hospital's name. |
| · | | city, and state | | , | | 000110 | | (). 2 | and modphar o marrie, |
| 5 | | An organization operated for | or the benefit of a co | ollege or university owne | d or opera | ted by a d | overnmentalı | nit describ | sed in |
| Ŭ | | section 170(b)(1)(A)(iv). (0 | | mogo or university evine | a or opera | itou by a g | overnmental d | init describ | Jea III |
| 6 | | A federal, state, or local go | • | mantal unit dagarihad in | | 70/L\/4\/A\ | 6.3 | | |
| 7 | $\overline{\mathbf{x}}$ | | | | | | | | and the state of the state of |
| ′ | لما | An organization that norma | | inital part of its support | irom a gov | rernmentai | unit or from ti | ne generai | public described in |
| _ | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | H | A community trust describe | | | | | | | |
| 9 | | An organization that norma | | | | | | | |
| | | activities related to its exer | | | | | | | - |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fr | om busine | esses acqu | ired by the or | ganızatıon | after June 30, 1975. |
| | | See section 509(a)(2). (Co | • | | | | | | |
| 10 | \vdash | An organization organized | | | | | | | |
| 11 | | An organization organized | | | | | | | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2) | See section 5 | 09(a)(3). C | Check the box in |
| | | lines 11a through 11d that | | | | | | _ | |
| а | | Type I. A supporting orga | | | | | | | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect | a majority | of the direc | ctors or truste | es of the s | supporting |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b | | | anization supervised | d or controlled in connec | tion with i | ts supporte | ed organizatio | n(s), by ha | ving |
| | | control or management o | of the supporting org | anization vested in the s | ame perso | ons that co | ontrol or mana | ge the sup | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | L | | grated. A supportin | g organization operated | ın connec | tion with, a | and functional | ly integrate | ed with, |
| | | its supported organizatio | n(s) (see instructions | s) You must complete l | Part IV, Se | ections A, | D, and E. | | |
| d | L | Type III non-functionally | y integrated. A supp | orting organization opei | rated in co | nnection v | vith its suppor | ted organı | zation(s) |
| | | that is not functionally int | tegrated The organiz | zation generally must sa | tisfy a dist | ribution red | quirement and | l an attent | iveness |
| | | requirement (see instruct | ions) You must con | mplete Part IV, Sections | s A and D, | , and Part | V. | | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | Type I, Type | li, Type III | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organi | zation. | | | |
| f | Ente | r the number of supported o | organizations | | | | | | |
| g | Prov | ide the following information | about the supporte | ed organization(s). | | | | | |
| | (i |) Name of supported | (II) EIN | (iii) Type of organization | (iv) Is the o | rganization in your | | | (vi) Amount of |
| | | organization | | (described on lines 1-9 above or IRC section | | document? | support | • | other support (see |
| | _ | | | (see instructions)) | Yes | No | Instructi | ons) | Instructions) |
| | | | | | | | | | |
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| Ta+a | .1 | | | | İ | | | | |

Schedule A (Form 990 or 990 EZ) 2014 River Network 93-0969979 Page 2 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)

| Se | ction A. Public Support | | | | | | |
|------|---|---------------------------------------|----------------------|-----------------------|------------------------|-----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | į | | | | |
| | ınclude any "unusual grants ") | 1,347,111, | 1,896,029. | 1,582,536. | 1,611,318. | 1,619,730. | 8,056,724. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | l | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | - | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,347,111. | 1,896,029 | 1,582,536. | 1,611,318, | 1,619,730. | 8,056,724. |
| 5 | The portion of total contributions | | , | | ÷ | * | |
| | by each person (other than a | | | | ν, , , , , | , | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | > | • | |
| | on line 1 that exceeds 2% of the | >- | * | ´ | * | * * | |
| | amount shown on line 11, | 4 | | | , | " | |
| | column (f) | | | 2 | | * | 1,897,680, |
| | Public support. Subtract line 5 from line 4 | · | | * | ٠,٨ | * | 6 159 044. |
| Sec | ction B. Total Support | · · · · · · · · · · · · · · · · · · · | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | 1,347,111. | 1,896,029. | 1,582,536. | 1,611,318. | 1,619,730. | 8,056,724, |
| 8 | Gross income from interest, | | | | | | , , |
| | dividends, payments received on | | İ | | | | |
| | securities loans, rents, royalties | ĺ | | | | | |
| | and income from similar sources | 6,078. | 4,711. | 6,092. | 3,209. | 1,822. | 21,912. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | i | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | 4,500. | 3,827. | 5,764. | 30,149. | 22,643. | 66,883. |
| 11 | Total support. Add lines 7 through 10 | | | | <u> </u> | | 8,145,519, |
| 12 | • | | | | ĺ | | 582,662. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | , fourth, or fifth ta | x year as a sectioi | n 501(c)(3) | |
| Sec | organization, check this box and stor ction C. Computation of Publ | here ic Support Per | centage | | | | |
| | Public support percentage for 2014 (I | | | dumn (fl) | | 14 | 75.61 % |
| | Public support percentage from 2013 | | | namm (1 <i>))</i> | | 15 | = 4 44 |
| | 33 1/3% support test - 2014. If the c | | | line 13 and line 1 | l 1 is 33 1/3% orm | | |
| | stop here. The organization qualifies | | | inte 15, and inte 1 | 4 15 33 17370 01 11 | iore, check this box | . and ►X |
| b | 33 1/3% support test - 2013. If the c | | - | e 13 or 16a and | line 15 ie 33 1/3% | or more, check the | |
| _ | and stop here. The organization qual | | | | 11116 13 13 33 17370 | or more, check trus | ▶ □ |
| 17a | 10% -facts-and-circumstances tes | | | | 13 16a or 16b a | and line 14 is 1004 o | or more |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | t vi now the organiz | Zation |
| h | 10% -facts-and-circumstances tes | | | | | 7a and line 15 in 1 | ₽ |
| _ | more, and if the organization meets th | | | | | | 070 UI |
| | organization meets the "facts-and-circ | | | | | | ▶□ |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | 100, 17 a, 01 1/D | | dule A (Form 990 o | or 990-F7\ 2014 |

Schedule A (Form 990 or 990-EZ) 2014 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

| Section A. Public Support | | | | <u> </u> | | |
|--|--------------------|-----------------------|------------------------|--------------------|----------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 per- | | | | | | |
| formed, or facilities furnished in | | | } | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| | · · · | · | | | - | |
| are not an unrelated trade or bus- | | | |] | | |
| iness under section 513 | | | | | | |
| <u> </u> | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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 | | | | | | l |
| 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 | | <u> </u> | <u> </u> | . | <u>-</u> | <u> </u> |
| alendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 | | | | ļ | | |
| 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 carned on | | | | | · | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI) | | | | <u></u> | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | <u> </u> | | | | |
| 14 First five years. If the Form 990 is for the | the organization' | s first, second, thii | d, fourth, or fifth ta | ax year as a secti | on 501(c)(3) organiz | ation, |
| check this box and stop here | | | | | | |
| Section C. Computation of Public | Support Pe | rcentage | | | | |
| 15 Public support percentage for 2014 (lir | ne 8, column (f) c | divided by line 13, o | column (f)) | | 15 | |
| 16 Public support percentage from 2013 | Schedule A, Parl | t III, line 15 | | | 16 | |
| Section D. Computation of Inves | tment Incom | e Percentage | | | | |
| 17 Investment income percentage for 201 | 4 (line 10c, colu | mn (f) divided by lii | ne 13, column (f)) | | 17 | |
| 18 Investment income percentage from 2 | • | • | .,, | | 18 | |
| 19a 33 1/3% support tests - 2014. If the o | | | on line 14, and line | e 15 is more than | | |
| more than 33 1/3%, check this box an | | | | | | ▶ |
| b 33 1/3% support tests - 2013. If the c | | | | | | and |
| line 18 is not more than 33 1/3%, chec | | | | | | |
| Private foundation If the organization | | | | | = | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A. D. and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | Yes | No |
|--------|-------------|-------------------------------|
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| 3a | | |
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| 3b | | ,«° |
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| 4b | \$ | <u> </u> |
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| 9c | | |
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| _10a | | |
| 10b | 0.57\ | |

| 1 | Check the box next to the method that | the organization used t | o satisfy the Integral Part | Test during the | vear(see instructions) |
|---|---------------------------------------|-------------------------|-----------------------------|-----------------|------------------------|
| | | | | | |

- a ____ The organization satisfied the Activities Test Complete line 2 below
- b ____ The organization is the parent of each of its supported organizations. Complete line 3 below
- c ____ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

Activities Test Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in *Part VI*.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

| 2a | | |
|----|---|--------------------|
| | * | an about , younger |
| 2b | | . 1 |
| 3a | | |
| 3b | | * |

Yes

No

| Sche | edule A (Form 990 or 990-EZ) 2014 River Network | | | 93-0969979 Page 6 |
|------|--|------------|------------------------------|--------------------------------|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Organ | izations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust on | Nov. 20, 1970. See in | structions. All |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ctions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | ···· | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | * | |
| | instructions for short tax year or assets held for part of year) | , | * ′ | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | , , , | |
| | factors (explain in detail in Part VI) | | .* î | , * |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | **** |
| - | Minimum Asset Amount (add line 7 to line 6) | 8 | | |

| <u> 5</u> | Income tax imposed in prior year | 5 | | * * | |
|-----------|---|---------|------------------|---------------|---------------|
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | * ** | ^ | |
| | emergency temporary reduction (see instructions) | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally- | ıntegra | ated Type III su | pporting orga | nization (see |
| | instructions) | | | | |

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Schedule A (Form 990 or 990-EZ) 2014

Current Year

2

3

Section C - Distributable Amount

Enter greater of line 2 or line 3

Enter 85% of line 1

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

| га | Type III Non-Functionally integrated 509 | 9(a)(3) Sup | oporting Org | anizations | (continued) | | |
|-------------|---|--------------|---------------------------------------|------------|-------------|-----------------|---------------|
| <u>Sect</u> | ion D - Distributions | | | | | Current Year | |
| _1_ | Amounts paid to supported organizations to accomplish exe | empt purpos | es | | | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes | of supported | | | | |
| | organizations, in excess of income from activity | | | | _ | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | | _ | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified set aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | | | | |
| 7_ | Total annual distributions. Add lines 1 through 6 | | | | | | |
| 8 | Distributions to attentive supported organizations to which t | he organizat | tion is responsiv | е | | | |
| | (provide details in Part VI) See instructions. | | | | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | _ | | | | |
| | | | (i) | (i | i) | (iii) | |
| Sent | ion E - Distribution Allocations (see instructions) | Excess | Distributions | Underdis | tributions | Distributable | |
| | | | | Pre- | 2014 | Amount for 2014 | <u> </u> |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | | , | | |
| 2 | Underdistributions, if any, for years prior to 2014 | / | | | | | , , |
| | (reasonable cause required-see instructions) | | * | | | | ຶ່ |
| 3 | Excess distributions carryover, if any, to 2014. | | ·* | * | Ÿ. | \$ * * | |
| а | . 3 | * | * | | ``` | i ' | |
| b | 3 | | | ` | * | , ,, «> | |
| С | | | \$ | * 3 | | · , | |
| <u>d</u> | * | | · · · · · · · · · · · · · · · · · · · | | | * | * |
| _е | From 2013 | | | * ? | | | |
| f | Total of lines 3a through e | | | / * | | , | |
| g | Applied to underdistributions of prior years | * | | | | * | , |
| _h | Applied to 2014 distributable amount | · | , « | , ; | | | |
| i | Carryover from 2009 not applied (see instructions) | | . 1 | * | ę 48 | | |
| i_ | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | | | * | _ 1 |
| 4 | Distributions for 2014 from Section D, | | * * | , | ** | | |
| | line 7 \$ | * | | , } | | | |
| а | Applied to underdistributions of prior years | | * , | | | * * ^ | 3, |
| b | Applied to 2014 distributable amount | > | 4 | ž , | * | | |
| С | Remainder Subtract lines 4a and 4b from 4 | | | 4 | * | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | | | < | 3 |
| | any Subtract lines 3g and 4a from line 2 (if amount | | > >4 | | | * | , |
| | greater than zero, see instructions) | | | | | | ء <u>-</u> |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | · · | ** | | |
| | and 4b from line 1 (if amount greater than zero, see | ` | | 1 | . * | | |
| | instructions) | | x { | 4 × | ۵, | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | | | * | . , |
| | and 4c | | | , | | | ŧ |
| 8 | Breakdown of line 7 | | | | | | |
| a | · · · · · · · · · · · · · · · · · · · | ` | 7 | | | , | l |
| b | | | | * | * | ^ <u> </u> | |
| С | | | | * * | | | |
| d | Excess from 2013 | | | | | | |
| е | Excess from 2014 | | | | | | |

Schedule A (Form 990 or 990-EZ) 2014

| Part VI Supplemental Information. Provide the explanations required by Part II, Ine 10. Part II, Ine 17 or 17b, and Part III, line 12 Aliac complete this part for any additional information. (See instructions) | Schedule A (Form 990 or 990-EZ) 2014 River Network | 93-0969979 Page 8 |
|---|---|----------------------------|
| Schedule A, Part II, Line 10, Explanation for Other Income: | Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or | 17b, and Part III, line 12 |
| | Also complete this part for any additional information. (See instructions) | |
| | . Schedule A, Part II, Line 10, Explanation for Other Income: | |
| Miscellaneous other revenues (\$66,883) | | |
| | Miscellaneous other revenues (\$66,883) | |
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| Tax) |) (see sep | arate instructions), then | | | | |
|------|----------------------|--|---|--|---|---|
| • ; | Section 5 | 01(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | |
| Nam | ne of orga | | | | Empl | oyer identification number |
| | | <u>River N</u> | etwork | | | 93-0969979 |
| Pa | rt I-A | Complete if the org | janization is exempt und | der section 501(c) | or is a section 527 o | rganization. |
| 2 | | expenditures | cation's direct and indirect politic | cal campaign activities | | |
| Pa | rt I-B | Complete if the org | janization is exempt und | der section 501(c) | (3). | |
| 1 | Enter the | amount of any excise tax | incurred by the organization und | der section 4955 | ▶ \$ | |
| | | | incurred by organization manag | | 5 ▶\$ | |
| | | | n 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| | | prrection made? | | | | Yes No |
| | rt I-C | Complete if the ere | janization is exempt und | dor coation E01/a | avant postion FO4/ | -)(0) |
| | | | | | | |
| | | | by the filing organization for se | | | |
| 2 | | unction activities | zation's funds contributed to of | ther organizations for s | ection 527 | |
| 3 | | | Add lines 1 and 2 Enter here a | and on Form 1120 POL | • | |
| Ū | line 17b | mpt tonotion experientation | Trad mids Fand 2 Emorriere | and on 1 on 1 11204 OL | ▶ \$ | |
| 4 | | ling organization file Form | 1120-POL for this year? | | Ψ | Yes No |
| | | | nployer identification number (E | IN) of all section 527 pc | olitical organizations to whic | |
| | made pa contribut | yments For each organiza ions received that were pr | tion listed, enter the amount pai omptly and directly delivered to | d from the filing organi a separate political org | zation's funds Also enter th janization, such as a separa | e amount of political |
| | political a | action committee (PAC) If | additional space is needed, prov | vide information in Part | : IV | · · · · · · · · · · · · · · · · · · · |
| | - | (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 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

| Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the org | River Netwo ganization is exe | rk mpt under sectio | n 501(c)(3) and fi | 93-0 led Form 5768 (e | 969979 Page 2 lection under |
|---|---|--|---------------------------------------|--|--------------------------------|
| section 501(h)). | | _ | | | |
| A Check ► L if the filing organiza | ition belongs to an affi | liated group (and list ir | n Part IV each affiliated | l group member's nam | e, address, EIN, |
| expenses, and sha | re of excess lobbying | expenditures). | | | |
| B Check ► if the filing organiza | tion checked box A ar | nd "limited control" pro | ovisions apply | ~~~~~ | |
| | its on Lobbying Expe ditures" means amou | nditures ints paid or incurred. |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infl | uence public opinion (| grass roots lobbying) | · · · · · · · · · · · · · · · · · · · | | |
| b Total lobbying expenditures to infl | uence a legislative boo | dy (direct lobbying) | | | |
| c Total lobbying expenditures (add I | ines 1a and 1b) | | | 0. | |
| d Other exempt purpose expenditur | es | | | 1,747,180. | |
| e Total exempt purpose expenditure | es (add lines 1c and 1c | i) | | 1,747,180. | |
| f Lobbying nontaxable amount Ent | er the amount from the | e following table in bot | h columns | 237,359. | |
| If the amount on line 1e, column (a) o | or (b) is: The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | 20% of | the amount on line 1e | | | , |
| Over \$500,000 but not over \$1,00 | 0,000 \$100,00 | 00 plus 15% of the exc | ess over \$500,000 | | v |
| Over \$1,000,000 but not over \$1,5 | 500,000 \$175,00 | 00 plus 10% of the exc | ess over \$1,000,000. | | • |
| Over \$1,500,000 but not over \$17 | ,000,000 \$225,00 | 00 plus 5% of the exce | ss over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000, | 000 | | § | · £ * |
| 175/ | | | | 47. | |
| g Grassroots nontaxable amount (er | nter 25% of line 1f) | | | 59,340. | |
| h Subtract line 1g from line 1a. If zer | o or less, enter -0- | • | | 0. | <u> </u> |
| i Subtract line 1f from line 1c If zero | o or less, enter -0- | | | 0. | |
| ı if there is an amount other than ze | ro on either line 1h or | line 1i, did the organiz | ation file Form 4720 | | |
| reporting section 4911 tax for this | year? | | | | Yes No |
| (Some organizations t | hat made a section 5 | eraging Period Under 01(h) election do not ate instructions for li | have to complete all | of the five columns b | elow. |
| | Lobbying Exper | nditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount | 258,670. | 244,110. | 244,769. | 237,359. | 984,908. |
| b Lobbying ceiling amount | , % | * | | | |
| (150% of line 2a, column(e)) | * | Ç | <i>X</i> | , , , , , , , , , , , , , , , , , , , | 1,477,362. |
| c Total lobbying expenditures | | | | | |
| d Grassroots postavable amount | 64,668. | 61 029 | 61 102 | E0 340 | 246 220 |
| d Grassroots nontaxable amount e Grassroots ceiling amount | · 04,000. | 61,028. | 61,192. | 59,340. | 246,228. |
| (150% of line 2d, column (e)) | | | | | 369,342. |
| (1.5575 51 mile 24, 55161111 (B)) | | | * | | 303,344. |

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2014 River Network 93-0969979 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| - Cab - 1 - Ca | | | (a) | | (b) | |
|---|---|-------------|-----------------------------------|---------|-------|--|
| of the lobbying activity | | Yes | No | Amo | ount | |
| During the year, did the filing organization attempt | t to influence foreign, national, state or | | | | | |
| local legislation, including any attempt to influence | e public opinion on a legislative matter | - 1 | | , | | |
| or referendum, through the use of | - | | | | | |
| a Volunteers? | | | Ī |] | | |
| b Paid staff or management (include compensation | in expenses reported on lines 1c through 1i)? | | | | | |
| c Media advertisements? | | | | | | |
| d Mailings to members, legislators, or the public? | | | | | | |
| e Publications, or published or broadcast statemen | ts? | | | | | |
| f Grants to other organizations for lobbying purpos | es? | | | | | |
| g Direct contact with legislators, their staffs, govern | ment officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, s | peeches, lectures, or any similar means? | | | ** | | |
| i Other activities? | | | | | | |
| J Total Add lines 1c through 1i | | | | | | |
| 2a Did the activities in line 1 cause the organization t | o be not described in section 501(c)(3)? | | | . 3 % | | |
| b If "Yes," enter the amount of any tax incurred und | | | | | | |
| c If "Yes," enter the amount of any tax incurred by | organization managers under section 4912 | 1,000 | , , | | | |
| d If the filing organization incurred a section 4912 to | | | | | | |
| | exempt under section 501(c)(4), sec | tion 501(c) | (5), or se | ction | | |
| E04(-)(c) | | | | r | NI. | |
| 501(c)(6). | | | | l Vae i | | |
| | d nondeductible by members? | | | Yes | INI | |
| Were substantially all (90% or more) dues receive | • | | 1 | Yes | IN | |
| Were substantially all (90% or more) dues receive Did the organization make only in-house lobbying Did the organization agree to carry over lobbying Part III-B Complete if the organization is 501(c)(6) and if either (a) BOTH | expenditures of \$2,000 or less? and political expenditures from the prior year? | | 2 3 (5), or se | ection | ne 3, | |
| 1 Were substantially all (90% or more) dues receive 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 2 art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." | expenditures of \$2,000 or less? and political expenditures from the prior year? exempt under section 501(c)(4), secured and 2, are answered and 2. | | 2 3 (5), or se R (b) Par | ection | - | |
| 1 Were substantially all (90% or more) dues receive 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 2 art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me | expenditures of \$2,000 or less? and political expenditures from the prior year? s exempt under section 501(c)(4), sec Part III-A, lines 1 and 2, are answere mbers | ed "No," Ol | 2 3 (5), or se | ection | - | |
| 1 Were substantially all (90% or more) dues received 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic | expenditures of \$2,000 or less? and political expenditures from the prior year? s exempt under section 501(c)(4), sec Part III-A, lines 1 and 2, are answere mbers al expenditures (do not include amounts of political expenditures) | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was in | expenditures of \$2,000 or less? and political expenditures from the prior year? s exempt under section 501(c)(4), sec Part III-A, lines 1 and 2, are answere mbers al expenditures (do not include amounts of political expenditures) | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year | expenditures of \$2,000 or less? and political expenditures from the prior year? s exempt under section 501(c)(4), sec Part III-A, lines 1 and 2, are answere mbers al expenditures (do not include amounts of political expenditures) | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year Carryover from last year | expenditures of \$2,000 or less? and political expenditures from the prior year? s exempt under section 501(c)(4), sec Part III-A, lines 1 and 2, are answere mbers al expenditures (do not include amounts of political expenditures) | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying the organization is Sol(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year Carryover from last year | expenditures of \$2,000 or less? and political expenditures from the prior year? s exempt under section 501(c)(4), sec Part III-A, lines 1 and 2, are answere mbers al expenditures (do not include amounts of political). | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(| expenditures of \$2,000 or less? and political expenditures from the prior year? be exempt under section 501(c)(4), section 50 | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| 1 Were substantially all (90% or more) dues received 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 2 art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me 2 Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(4) If notices were sent and the amount on line 2c ex | expenditures of \$2,000 or less? and political expenditures from the prior year? be exempt under section 501(c)(4), section 50 | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| 1 Were substantially all (90% or more) dues received 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 2 art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me 2 Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(4) 4 If notices were sent and the amount on line 2c expenses the organization agree to carryover to the residue of the section agree to carryover to the residue of the section agree to carryover to the residue of the organization agree to carryover to the residue of the organization agree to carryover to the residue of the organization agree to carryover to the residue of the organization agree to carryover to the residue of the organization agree to carryover to the residue of the organization agree to carryover to the residue of the organization agree of the organization of the organization agree to carryover to the residue of the organization agree of the organization of the organization of the organization agree or the organization of | expenditures of \$2,000 or less? and political expenditures from the prior year? be exempt under section 501(c)(4), section 50 | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | - | |
| 1 Were substantially all (90% or more) dues received 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 4 TIII-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me 2 Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(4) 4 If notices were sent and the amount on line 2c ex | expenditures of \$2,000 or less? and political expenditures from the prior year? s exempt under section 501(c)(4), sec Part III-A, lines 1 and 2, are answere mbers al expenditures (do not include amounts of pol paid). A) notices of nondeductible section 162(e) dues ceeds the amount on line 3, what portion of the casonable estimate of nondeductible lobbying an | ed "No," Ol | 2 3 (5), or se R (b) Par | ection | | |

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection

| | <u>River Network</u> | | | 93-0969979 |
|-----|--|----------------------|----------------------------|--|
| Pai | t I Organizations Maintaining Donor Advise | ed Funds or (| Other Similar Fund | is or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, Iin | ne 6 | | |
| | | (a) Dono | or advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | - | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the | essets held in donor advi | lsed funds |
| 3 | are the organization's property, subject to the organization's | • | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | • | | |
| 6 | | | - · | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, | or for any other purpose | · — — |
| Pai | mpermissible private benefit? † II Conservation Easements. Complete if the order. | rangation anough | arad "Vaa" ta Farm 000 | Post IV line 7 |
| L | | | | Part IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the organizat | | — () , , , , | |
| | Preservation of land for public use (e.g., recreation or e | education) L | | storically important land area |
| | Protection of natural habitat | L | Preservation of a cei | rtified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation | n contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | | |
| | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| þ | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic str | ructure included | ın (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, ar | id not on a historic struc | ture |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguis | shed, or terminated by th | ne organization during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the pe | - | i, inspection, handling of | |
| | violations, and enforcement of the conservation easements | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | - | | · · · ——— |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | _ | | • • — — — |
| 8 | Does each conservation easement reported on line 2(d) abor | ove satisfy the rec | juirements of section 17 | |
| | and section 170(h)(4)(B)(ii)? | | | L Yes L No |
| 9 | In Part XIII, describe how the organization reports conservat | | | |
| | include, if applicable, the text of the footnote to the organization | ation's financial s | tatements that describes | s the organization's accounting for |
| _ | conservation easements | | | <u> </u> |
| Pai | t III Organizations Maintaining Collections of | | | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | • | • | • |
| | historical treasures, or other similar assets held for public ex | chibition, education | on, or research in further | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descr | | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to repo | t in its revenue statemer | nt and balance sheet works of art, historica |
| | treasures, or other similar assets held for public exhibition, e | education, or rese | earch in furtherance of pi | ublic service, provide the following amounts |
| | relating to these items | | | |
| | (i) Revenue 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 art, historical tre | easures, or other | sımılar assets for fınancı | |
| | the following amounts required to be reported under SFAS 1 | 116 (ASC 958) re | lating to these items: | |
| а | Revenue included in Form 990, Part VIII, line 1 | | | > \$ |
| b | Assets included in Form 990, Part X | | | > \$ > \$ |
| | | | | |

| _ | dule D (Form 990) 2014 River N | | | | | | <u>93-09</u> | | |
|-----------|---|-----------------------|---|------------------|----------------------|--|--|--------------------|--------------|
| Pai | t III Organizations Maintaining C | Collections of A | <u>rt, Hist</u> | <u>orical Tr</u> | easures, or Ot | her Simi | ar Asse | ts (continu | ed) |
| 3 | Using the organization's acquisition, accessi | ion, and other record | ds, check | any of the | following that are a | significant | use of its | collection | items |
| | (check all that apply) | | | | | | | | |
| а | Public exhibition | d | : <u> </u> | oan or exc | hange programs | | | | |
| b | Scholarly research | e | , [(| Other | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further tl | he organization's e | empt purp | ose in Part | t XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, his | storical trea | sures, or other simi | lar assets | | _ | |
| | to be sold to raise funds rather than to be m | | | | | | | Yes | No_ |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered "Yes" | to Form 990 |), Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | |
| 1a | is the organization an agent, trustee, custod | ian or other intermed | diary for d | contribution | is or other assets n | ot included | | ٦ | <u></u> |
| _ | on Form 990, Part X? | | | | | | L. | 」Yes | ∟_ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing ta | able: | | | | | |
| | | | | | | <u> </u> | | Amount | |
| | Beginning balance | | | | | 1c_ | - | | |
| d | Additions during the year | | | | | 1d | ┾ | | |
| e | Distributions during the year | | | | | 1e_ | | | |
| 7 | Ending balance Did the organization include an amount on F | orm DOO Dort V line | 01 for a | | ratadial against ha | <u>1f</u> | | Yes | |
| _ | If "Yes," explain the arrangement in Part XIII | | • | | | , | L | _ res | No No |
| Par | | | | | | | | | |
| L <u></u> | | (a) Current year | | or year | (c) Two years back | | years back | (e) Four y | oare hack |
| 1a | Beginning of year balance | (a) Odirent year | (0) 1 | ioi yeai | (C) TWO years back | (G) Thiec | years back | (e) roury | Cai 3 Dack |
| h | Contributions | | | | | | | | |
| 6 | Net investment earnings, gains, and losses | | | | | - | | | |
| q | Grants or scholarships | | <u> </u> | | | | | <u> </u> | |
| 9 | Other expenditures for facilities | | | | | | | ├── | |
| Ū | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| a | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | e (line 1c | a, column (a | a)) held as: | | | | |
| а | Board designated or quasi-endowment | • | % | ,, | ·// | | | | |
| b | Permanent endowment | % | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | uld equal 100% | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation tha | t are held a | nd administered fo | r the organ | ızatıon | _ | |
| | by: Yes No | | | | | | | | |
| | (i) unrelated organizations 3a(i) | | | | | | | | |
| | (ii) related organizations | | | | | | | | |
| þ | b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? | | | | | | | | |
| _4_ | Describe in Part XIII the intended uses of the | | owment f | unds | | | | | |
| Par | t VI _ Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | | | | | X, line 10 | | | |
| | Description of property | (a) Cost or o | | | ' ' | Accumulat | | (d) Book | value |
| | | basis (investr | | basis | (other) c | lepreciation | 1 | | |
| | Land | 5, | 900. | <u> </u> | | | | 5 | <u>,900.</u> |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | - | | | _ | | | |
| | Equipment | <u> </u> | | | | | | | |
| | Other | | | | | | _ | | |
| Total | I. Add lines 1a through 1e (Column (d) must e | equal Form 990, Part | X, colum | n (B), line 1 | '0c) | | . • | 5 | ,900. |

Schedule D (Form 990) 2014

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

River Network

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Employer identification number 93-0969979

| Part I | Part I General Information on Grants and Assistance | | , |
|---------|--|-------------|---|
| 1 Dc | 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 | | |
| cr | criteria used to award the grants or assistance? | X Yes | |
| 2 De | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | | |
| Part II | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | 21, for any | |
| | recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. | | |
| | to hothory (a) | | |

| 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 |
|---|-----------------|----------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Friends of the Mississippi River 360 North Robert Street, Suite 400 St. Paul, MN 55101 | 41-1763226 | 501(c)(3) | 7,500. | 0 | | | River Conservation |
| Living Lands & Water 17624 Route 84 N. East Moline, IL 61244 | 36-4244353 | 501(c)(3) | 7,500. | 0 | | | River Conservation |
| Amigos Bravos P.O. Box 238 Taos, NM 87571 | 85-0363268 | 501(c)(3) | 7,000, | 0 | | | River Conservation |
| Depave P.O. Box 12503 Portland, OR 97212 | 27-3210225 | 501(c)(3) | 7,000, | 0 | | | River Conservation |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | d government or | ganizations listed in th | le line 1 table | | | | 4. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

432101 10-15-14

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014 Open to Public

m990. Inspection
Employer identification number

93-0969979

Name of the organization

River Network

Form 990, Part VI, Section B, line 11:

The Form 990 is prepared by the CPA firm that audits River Network's financial statements, and the draft form is then reviewed by management.

Prior to filing, the complete form was reviewed at a Board Executive

Committee meeting. The complete final draft was e-mailed to all Board members in PDF with a short introduction providing background, pointing out portions most likely of interest to the public, and inviting comments or questions.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is reviewed on an annual basis with board members. In addition, each board meeting begins with directors declaring any conflict or even potential conflict (such as mutual work between their "home" organization and River Network). Any conflict is disclosed to the full Board, and the member recuses themselves from voting on any matter presenting a conflict.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

OR, AL, AK, AZ, AR, CA, CT, GA, IL, KS, KY, ME, MD, MA, MI, MN, NH, NJ, NC, PA, RI, SC, TN, UT, VA
WA, WV, WI

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.