Form	991
D	

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Departn	tent	of	the	Trea	sur
nternei	Rev	eni	ıa S	ende	æ

▶ Do not enter social security numbers on this form as it may be made public. ☐ ☐ Open to Rublic

inter	nai Revenue	Service	► Go to www.irs.g	ov/Form990 for ins	tructions and th	ne lates	t informat	ion.	<u> 101</u>	Inspection)Ù
A	For the 2	018 cale	ndar year, or tax year beginning	Oct 1	, 2018, a	nd end	ing	Sep		,2019	
В	Check if a	pplicable:	C Name of organization RIVER N	ETWORK				□₽	Employe	er identification num	aber
	Address d	hange	Doing business as						93-09	969979	
	Name cha	nge	Number and street (or P.O. box if m	ail is not delivered to s	reet address)	Room/s	ulte	E	Telephor	ne number	
	Initial retur	_	P.O. BOX 21387			}			(303)	736-2724	
$\bar{\Box}$	Final return/		City or town, state or province, coul	ntry, and ZIP or foreign	postal code					· · · · · · ·	
$\overline{\Box}$	Amended		BOULDER, CO 80308					G	Gross re	ceipts \$ 3,650,	617.
$\tilde{\sqcap}$	Application		F Name and address of principal office	er:			H(a) is t			subordinates? Yes	
_	, 40 h., 0 m. m. c.		NICOLE SILK, P.O. E		DIEDER. CO	8030					
<u> </u>	Tax-exemp	nt status:	▼ 501(c)(3)			527	77	If "No,"	attach a	list. (see instructions	3)
<u>. </u>	Website:		WW.RIVERNETWORK.ORG			<u> </u>	H(c) (aroup exi	motion	number >	
K			Corporation Trust Associa	ıtlon	LYes	er of form				of legal domicile. CC	<u></u>
	art I	Summ			1 1 - 1 - 1						
			scribe the organization's miss	ion or most signifi	cant activities						
•			NETWORK EMPOWERS AND				TIES T	нат г	ROTE	CT AND REST	ORE
Activitles & Governance			AND OTHER WATERS TH								
Ē						ennead	ne more	Mish D	596 15	ite not accate	
Š		HECK III	s box ▶ ☐ if the organization of voting members of the gove		peranone or dis	3p0360	CER		I SOF	no not assets.	10
Ğ	3 N	iumber d	or voting members of the gove	rning body (Part V	(I, line Ia)	R			1/3/1		19
8			of independent voting member				, v. 1.0	5050	15		18
2			nber of individuals employed in			M	AR IU	سند	<u> 52</u>		19
Ž	I .		nber of volunteers (estimate if	• •		18/· 1	سيسسن	1 U	7 6	1	60
Ą	7a T	otal unre	elated business revenue from	Part Vili, column (C), line 12 .	1. —	OGDE	!\\.	7a		0.
	b N	let unrela	ated business taxable income	from Form 990-T.	line 38	<u> </u>	<u> </u>		7b	-	0.
							Pri	lor Year		Current Year	r
ø.	8 C	Contribut	ions and grants (Part VIII, line	1h)	* 81 2 41 2	· (1,	938,	139.	3,035,	867.
Revenue	9 P	rogram:	service revenue (Part VIII, line	2g)	* 14 7 3	1' \		627,	524.	608,	815.
8			nt income (Part VIII, column (A		d)	3 /			431.		553.
Œ			enue (Part VIII, column (A), line		7 " " "	20.7			288.		382.
			nue-add lines 8 through 11 (r		•	ne 12)	2	570.		3,650,	
			nd similar amounts paid (Part I			10 12/	,	483,			680.
			paid to or for members (Part I)			• •		303,	0.		000.
				• •	-	 5.10\	_	430		1 261	055
Se 3			other compensation, employee	•		3-10)	·	419,		1,361,	935.
Ë			nal fundraising fees (Part IX, c		-		J		0.	15 (27) 1 m mag 1	#B4
Expenses			draising expenses (Part IX, col			191.	<u> </u>				
_			penses (Part IX, column (A), lin				<u> </u>	913,			955.
	í	-	enses. Add lines 13-17 (must	-	ımn (A), line 25) .		817,		2,645,	
_		levenue	less expenses. Subtract line 1	8 from line 12 .		·· ·		246,		1,005,	
5 5							Beginning			End of Year	
Not Assets Fund Balanc	20 T		ets (Part X, line 16)				1,	953,		2,983,	
뚩	21 T	otal liabi	ilities (Part X, line 26)					103,	325.	128,	492.
쿄	22 N	let asset	s or fund balances. Subtract l	ine 21 from line 20	<u></u>	<u> </u>	1,	849,	688.	2,854,	715.
Pa	irt II	Signat	ure Block								
Un	der penaltie	s of perjur	y, I declare that I have examined this i	return, including accom	panying schedules	and stat	ements, an	d to the l	best of m	ny knowledge ard b	elief, it is
tru	e, correct, a	and comple	Declaration of preparer (other than	officer) is based on all	information of which	ch prepar	er has any i	knowledg	je.		
		V.	two del					02/	21/2	020	
Sig	n	Signa	iture of officer					Date			
He		NTC	OLE SILK, PRESIDENT	CEO							
_			or print name and title	<u>CBO</u>	····					······	
		,	os preparer's name	Preparer's signature		11	Date	Т		PTIN	
Pa				(raio	Denlings	ا م			Check L	j # [162
Pro	eparer	1	DENLINGER				12/00/2	T"		loyed P010630	02
Us	e Only									17-2370837	
		Firm's ac	dress ▶ 6403 S Datura S			0		Phone	no. (3	03)823-3220	
Ma	y the IRS	discuss	this return with the preparer	snown above? (se	e instructions)	<u> </u>	· · ·	<u></u>		X Yes [
E	Dananya	el Dodu	tion Art Notice see the senare	to inchructions. De			EV 05/20/19	000		Form QQ	10 (2018)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: RIVER NETWORK EMPOWERS AND UNITES PEOPLE AND COMMUNITIES TO PROTECT
	AND RESTORE RIVERS AND OTHER WATERS THAT SUSTAIN ALL LIFE.
	THE RESIDUE REVENUE AND STREET WITHOUT THE SOCIETY MADE LIVE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.)(Expenses \$ 2,223,316. Including grants of \$ 393,680.)(Revenue \$ 608,815.) DELIVERY OF TOOLS, TRAINING, MENTORING AND RESOURCES TO WATER PROTECTORS AND BUSINESS LEADERS ACROSS THE COUNTRY, ENSURING EXPANDED ACCESS TO HEALTHY RIVERS AND CLEAN WATER FOR ALL. WORK INCLUDES ENGAGMENT OF OVER 6,500 GROUPS WORKING AT THE LOCAL LEVEL ACROSS THE COUNTRY, DELIVERY OF AN ANNUAL CONFERENCE (RIVER RALLY) AND OTHER LEARNING EVENTS AND WEBINARS EDUCATING HUNDREDS OF INDIVIDUALS, INTENSIVE EFFORTS THROUGH COHORTS AND COALITIONS WORKING ON KEY ISSUES FUNDAMENTAL TO ADDRESSING TODAY'S WATER CRISIS, SUPPORT FOR CLEAN-UPS AND COMMUNITY ENGAGEMENT EVENTS MENTORING TO STRENGTHEN LEADERS AND ORGANIZATIONS, AND PUBLICATION AND DISSEMINATION OF TOOLS, REPORTS, AND STORIES TO ACCELERATE KNOWLEDGE TRANSFER.
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
. —	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,223,316.

ARCOIJO

Part	Checklist of Required Schedules	1		
			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
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	×	
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		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	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		×
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		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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.	14b		×
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E:X/GRO/16 PROPILE Schedule I, Parts I and II	21	×	

Part	Checklist of Required Schedules (continued)		1	1
	Diddle to the design of the de		Yes	No
22	Did the organization report more than \$5,000 of 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		×
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	×	
	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 Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		ļ
С .	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	_	-
25a	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	25a	!	×
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	i 	×
27	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		×
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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
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	×	
Part '				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23	نصي	162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	12000000	7.8	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	, X ·	
	Note. If the sum of lines 1a 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 during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١.		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Section 1	X
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?	5a 5b		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		×
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		<u> </u>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	THE R		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	¥. (*		
а	and services provided to the payor?	7a	All Marie Control	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	Mai	76.3	MIN.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	7.70-2.70	are arres
9	Sponsoring organizations maintaining donor advised funds.	222	(A)	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	50-028-86 8-028-65	848.048
10	Section 501(c)(7) organizations. Enter.			1
a	Initiation fees and capital contributions included on Part VIII, line 12			
D 44	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			STATE OF THE PARTY.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Production of the last of the	7548528
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		被叛	166
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			4.50 m
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	50000 50000	- 1997	
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		1	2.17
С	Enter the amount of reserves on hand	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MAN THE
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.	200	经产) Pi
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16,	24.4	×
	If "Yes," complete Form 4720, Schedule O.	を発す		7.42

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions
<u>C4</u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u> </u>	. ×:
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	S 153	3000	100
	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 . 1b 18			
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		×
4	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? .	5		×
6	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?	7a		×
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - 1	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		×
	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?	11a	X	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. 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?	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.	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	×	XX
b	Other officers or key employees of the organization	15b		×
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?	16b		
Section	on C. Disclosure	LIUD		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► See Part VI, Line 17 st	-m+		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)		tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest (policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re NICOLE SILK, RIVER NETWORK, P.O. BOX 21387, BOULDER, CO 80308 (303)736-272		>	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles	Pos neck ss pe	rson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ro -			ted				
(1) JULIA BLATT DIRECTOR	0.00	×			<u> </u>		:	0.	0.	0.
(2) BILL BRANDT DIRECTOR	0.00	×						0.	0.	0.
(3) LYNN BROADDUS DIRECTOR/VICE CHAIR (OFFICER)	0.00	×		×				0.	0.	0.
(4) GARY COLLINS DIRECTOR	0.00	×						0.	0.	0.
(5) ANDREW FAHLUND DIRECTOR	0.00	×						0.	0.	0.
(6) ELLEN GILINSKY DIRECTOR/SECRETARY (OFFICER)	0.00	×		×				0.	0.	0.
(7) ANN MILLS DIRECTOR	0.00	×						0.	0.	0.
(8) SANDRA POSTEL DIRECTOR	0.00	×						0.	0.	0.
(9) BRIAN RICHTER DIRECTOR	0.00	×						0.	0.	0.
(10) CARY RIDDER DIRECTOR	0.00	×						0.	0.	0.
(11) RICHARD ROOS-COLLINS DIRECTOR	0.00	×						0.	0.	0.
(12)NICOLE SILK CEO (OFFICER)	40.00	×		×				135,145.	0.	3,289.
(13) PAUL SLOAN DIRECTOR	0.00	×						0.	0.	0.
(14) BETH STEWART DIRECTOR	0.00	×						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					C)					
(A)	(B)	Position (do not check more than					one	(D)	(E)	(F)
Name and title	Average hours per			•		is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			_		or/trust		from	related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecto	ution	백	du	e St c	<u> </u>	(W-2/1099-MISC)	(** 27 1000 1111007	organization
	below dotted line)	ا څ	<u>ial</u>		oye	omp]		and related organizations
	,	stee	-tste		"	ensa				j samena
			ñ			ted				
(15) GREER TIDWELL	0.00									
DIRECTOR/TREASURER (OFFICER)		×						0.	0.	0.
(16) PAUL WARD	0.00									
DIRECTOR		×		×	L_,			0.	0.	0.
(17) REBECCA WODDER	0.00								_	
DIRECTOR/CHAIR (OFFICER)		×					_	0.	0.	0.
(18) JUMANA VASI	0.00	×		×						
DIRECTOR		<u> </u>	_	^				0.	0.	0.
(19)	 									
(20)				-				 		
(20)										
(21)										
								[
(22)										
(23)							Ì	}		
60			-							
(24)										
(25)										
							ŀ			
1b Sub-total			٠	_	. —.			135,145.	0.	14,989.
c Total from continuation sheets to Part	VII, Sectio	n A								
d Total (add lines 1b and 1c)	<u>.</u> .				<u> </u>			135,145.	0.	14,989.
2 Total number of individuals (including but	t not limited						e) w	ho received m	ore than \$100,0	00 of
reportable compensation from the organi	zation >					1				
										Yes No
3 Did the organization list any former of							emp	loyee, or high	est compensate	
employee on line 1a? If "Yes," complete										3 ×
4 For any individual listed on line 1a, is the organization and related organizations										
individual	greater the	an p	50,		• 11	10	s, 	complete scri	edule J loi su	4 ×
5 Did any person listed on line 1a receive of	r accrue co	 mpei	nsat	ion	fror	n anv	un	related organiz	ation or individu	
for services rendered to the organization										
Section B. Independent Contractors										
1 Complete this table for your five highest of	compensate	ed inc	depe	ende	ent (contr	acto	ors that receive	d more than \$1	00,000 of
compensation from the organization. Rep	ort compe	nsatio	n fo	or th	e c	alend	ar y	ear ending wit	h or within the o	rganization's tax
year.										
(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
							_			
		<u>-</u>					\vdash	·		<u> </u>
										·
	 		_							
2 Total number of independent contractor	rs (ıncludır	ng bu	t n	ot I	ımit	ed to	th	ose listed abo	ove) who	. 15.
received more than \$100,000 of compens										

Par	VIII	Statement of Reve	enue					
		Check if Schedule C	contains a res	sponse or note t	o any line in thi	s Part VIII		[
				est of prove	(A) Total revenue	(B) Helated or exempt function revenue	(C) Unrelated business revenue	(Ü) Revenue excluded from tax under sections 512~514
Grants	1a b	Federated campaigns Membership dues .			Tillian in the second			
Gifts, Gillar Am	c d	Fundraising events . Related organizations	3 1d	5.6.205				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (cor All other contributions, g and similar amounts not inc	lifts, grants,	56,305. 2,979,562.				
Contri and O	g h	Noncash contributions include Total. Add lines 1a-1		>	3,035,867.			
Revenue	2a b	FEES FOR SERVI		Business Code 541900 541900	394,590. 139,589.	394,590. 139,589.	0.	0. 0.
Program Service Revenue	c d	MEMBERSHIP FEE		541900	74,636.	74,636.	0.	0.
Progran	e f g	All other program ser Total. Add lines 2a-2		•	608,815.			
	3	Investment income and other similar amo	ounts)	•	1,553.	0.	0.	1,553.
	5	Royalties	(i) Real	(ii) Personal				
	6a b c	Gross rents Less rental expenses Rental income or (loss)				10 +4 - 10 m		
	d 7a	Net rental income or (Gross amount from sales of assets other than inventory	(i) Securities	▶ (II) Other				
	b	Less. cost or other basis and sales expenses .						
4	c d	Gain or (loss) Net gain or (loss) .		▶				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	_	^				
Other F	b		· · · · a					
0	С	Net income or (loss) f Gross income from ga	rom fundraising				a distribution of the state of	
	b c 10a	Less: direct expenses Net income or (loss) for Gross sales of in returns and allowance	rom gaming act ventory, less	ivities ►				
	b c	Less, cost of goods s Net income or (loss) f	old b rom sales of inv	entory ►				A Section and the Company of the Com
ا ا	11a b	Miscellaneous R OTHER REVENUE	evenue	Business Code 900099	4,382.	4,382.	0.	.0.
	c d e	All other revenue . Total. Add lines 11a-	11d .		4,382.			
	12	Total revenue See in			3 650 617	613 197	U CONTRACTOR CONTRACTO	1 CCO

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, b, 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.	393,680.	393,680.	24-10-12-12-12-12-12-12-12-12-12-12-12-12-12-						
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,							
3	Grants and other assistance to foreign	•			并是一个人					
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16			Line Englishers						
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	156,753.	123,593.	5,505.	27,655.					
6	Compensation not included above, to disqualified				1					
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages Pension plan accruals and contributions (include	1,071,980.	845,211.	37,644.	189,125.					
8	section 401(k) and 403(b) employer contributions)	22 627	10 412	1 174	4 050					
_		23,637.		1,174. 725.	4,050.					
9	Other employee benefits	15,774. 93,811.		3,195.	1,619. 15,792.					
10 11	Fees for services (non-employees).	93,811.	74,024.	3,195.	15, 192.					
ii a	Management		İ							
b	Legal									
c	Accounting	50,562.	3,607.	46,095.	860.					
ď	Lobbying	30,302.	3,007.	10,005.						
e	Professional fundraising services See Part IV, line 17		Section (Section (Section))							
f	Investment management fees)	THEFT AND A MAKAMBANA MACTURE	-					
g	Other (If line 11g amount exceeds 10% of line 25, column									
_	(A) amount, list line 11g expenses on Schedule O.)	318,713.	306,770.	2,421.	9,522.					
12	Advertising and promotion	7,727.		375.	1,025.					
13	Office expenses	12,149.	9,282.	362.	2,505.					
14	Information technology	25,337.	21,821.	884.	2,632.					
15	Royalties									
16	Occupancy	44,824.	35,411.	1,345.	8,068.					
17	Travel	133,016.	115,949.	12,498.	4,569.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	147,098.	142,344.	4,386.	368.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	20,688.	16,343.	621.	3,724.					
23	Insurance	8,421.	6,653.	253.	1,515.					
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.)									
_		30 673	CO 700	1 000	一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的					
a h	PROGRAM MATERIALS	70,673. 10,917.	67,783. 8,628.	1,892. 327.	998. 1,962.					
b b	TELEPHONE EQUIPMENT RENTAL AND MAINTENANCE	10,445.	3,628.	10,445.	1,962.					
d	BANK CHARGES	10,445.	6,308.	3,838.	10.					
e	All other expenses	19,229.	6,215.	3,522.	9,492.					
25	Total functional expenses. Add lines 1 through 24e	2,645,590.	2,222,592.	137,507.	285,491.					
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)									
		REV 05/20/19 PRO			Form 990 (2018)					

Form 990 (2018) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 528,087. 159,189. Cash-non-interest-bearing 1,000,150. 1,701,704. 2 Savings and temporary cash investments 3 250,000. 928,950. Pledges and grants receivable, net . . . 3 64,759. 96,288. 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets 7 8 2,000 12,547. 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 139,041 10a b Less accumulated depreciation 10b 57,643. 102,086. 10c 81,398. 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related, See Part IV, line 11. 14 14 5,931. 15 Other assets See Part IV, line 11 15 3,131. 16 1,953,013. 16 2,983,207. Total assets. Add lines 1 through 15 (must equal line 34) . . . 93,325. 114,332. 17 17 10,000. 14,160. 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... 22 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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 103,325. 128,492. Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 892,716. 608,045. 27 27 1,961,999. 1,241,643. 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.

2,983,207. Form 990 (2018)

2,854,715.

30

31

32

34

1,849,688.

1,953,013.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

30

31

32

33

01111	20 (20 10)				.gc
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,6	50,6	517.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6	45,5	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,0	05,0	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,8	49,6	88.
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	15		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,8	54,7	15.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:			7.72	*
	▼ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		<u>×</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

		ETWORK					93-0969979	
Par		Reason for Public Cha						ons.
The c	-	zation is not a private founda		-				
1		church, convention of churc	•				• • • • • • • • • • • • • • • • • • • •	\bigcap
2		school described in section		· ·				UI
3		hospital or a cooperative ho						,
4		medical research organization		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		ospital's name, city, and state						
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal unit described in
6		federal, state, or local gover						
7		n organization that normally			port fron	n a gover	nmental unit or fron	n the general public
		escribed in section 170(b)(1)		•				
8		community trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9		n agricultural research organ r university or a non-land-gra						
		niversity:	in college of agi	iculture (see instruction	5113). LITE	or the nan	ne, city, and state of	the conege of
10		n organization that normally i	receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	re	eceipts from activities related	to its exempt fu	nctions-subject to c	ertain ex	ceptions.	and (2) no more tha	n 331/3% of its
	St	upport from gross investment equired by the organization a	t income and un fter June 30-191	related business taxa 75 See section 509 (a	bie incon a)(2). (Coi	ne (iess se molete Pa	ection 5 i i tax) irom art III.)	businesses
11		n organization organized and				-	•	
		n organization organized and	•	•	-			rry out the purposes
		f one or more publicly suppo						
	С	heck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g
а		Type I. A supporting organ	ization operated	l, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving
		the supported organization					the directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting orgain						
		control or management of				persons	that control or man	age the supported
	_	organization(s). You must	•	·				
С	L	Type III functionally integ its supported organization(ally integrated with,
đ		Type III non-functionally i		•				orted organization(e)
u		that is not functionally integ						
		requirement (see instructio						
е		Check this box if the organ	•	•				ali Type III
Ŭ	_	functionally integrated, or 1						on, type iii
f	Ent	er the number of supported o	• •	•				
g		vide the following information	_					
	(ı) Nar	me of supported organization	(II) EIN	(III) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions)			"instructions)	instructions)
					Yes	No		
(A)					1]	ļ	,
							<u> </u>	
(B)								
					 	-		
(C)								,
(D)								,
(D)					<u> </u>			,
(E)								
		· 						
Total				•	Name and Address of the Owner, where the Owner, which is the Owner, whi		1	

Part							
	(Complete only if you checked t						alıfy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support		r			r	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		1				
	membership fees received. (Do not]			
_		1,619,730.	1,795,252.	2,118,415.	1,938,139.	3,035,867.	10,507,403.
2	Tax revenues levied for the				•		
	organization's benefit and either paid to or expended on its behalf			1			
		<u> </u>		<u> </u>		<u> </u>	<u> </u>
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						ı
4	Total. Add lines 1 through 3	1,619,730.	1 705 252	2 110 415	1 020 120	2 025 967	10 507 402
4	·	1,019,730.	1, 193, 232.	2,110,413.	1,330,133.	3,033,667.	10,307,403.
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						1
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				1,440		3,151,083.
6	Public support. Subtract line 5 from line 4				200		7,356,320.
	on B. Total Support	A STATE OF THE STA	Lenning de Gennaux Comme	The Charles of the security	And the New York of the Party o	Solding State, controlled appearant and	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,619,730.	1,795,252.	2,118,415.	1,938,139.	3,035,867.	10,507,403.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,822.	353.	353.	431.	1,553.	4,512.
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on					·	
10	Other income. Do not include gain or loss from the sale of capital assets		,		- !		
	(Explain in Part VI.)	:	-				
11	Total support. Add lines 7 through 10	**************************************			F1000000000000000000000000000000000000		10,511,915.
12	Gross receipts from related activities, etc	(see instruction	ons)	#5360020004500.00.00.00.00.00.00.00.00.00.00.00.00.	1. Paristant Market Service		L,791,145.
13	First five years. If the Form 990 is for the	-	•		or fifth tax ve		
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Support				-)
14	Public support percentage for 2018 (line	6, column (f) dı	vided by line 1	1, column (f))		14	69.98 %
15	Public support percentage from 2017 Sci					15	65.03 %
16a	331/3% support test-2018. If the organ						
	box and stop here. The organization qua	•		-			▶ 🗵
· b	331/3% support test—2017. If the organi						
	this box and stop here. The organization	•		_			▶ 🗆
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	tacts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	
	organization						🏲 📋
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization of						
	Explain in Part VI how the organization r supported organization	neers the lac	ts-and-circum:		rne organizati	on quannes as	
18	Private foundation. If the organization di	d not check a			or 17b chect	k this hox and	··►∐ see
	instructions						

. :				7			
Part	Support Schedule for Organiz (Complete only if you checked to the organization fails to qualify	he box on line	e 10 of Part I	or if the orga			Page 3
Secti	on A. Public Support	y dilder the te	oto notog ber	ott, piedee et	ompioto i uit	,	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						,
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons			,			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
	on B. Total Support		(h) 0015	(=) 001C	(4) 0017	(a) 0010	
Calen 9	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2014/	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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						
11	Add lines 10a and 10b				-		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			}			
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	he organizatior	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)

8	Public support. (Subtract line 7c from	\$77.53.7M.00			26-19-2						
	line 6.)	DAKIB KAN		ACCOUNT OF		Carlotte Control					
	Section B. Total Support										
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
9	Amounts from line 6						1				
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										
С	Add lines 10a and 10b /										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or			1							
	loss from the sale of capital assets										
	(Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11,]]	j					
	and 12.)					<u></u>	504(1/0)				
14	First five years. If the Form 990 is for the	•			•						
C+ -4	organization, check this box and stop he			 <u>.</u> .			· · • ⊔				
	on C. Computation of Public Support Public Support percentage for 2018 (line			12		15	%				
15 16	Public support percentage for 2016 (line Public support percentage from 2017 Sci		•			16					
	on D. Computation of Investment In			 .	<u>· · · · · · · · · · · · · · · · · · · </u>	10					
17	Investment income percentage for 2018		<u> </u>	ov line 13. colu	ımn (f))	17	, %				
18	Investment income percentage from 201	•		•	1	18	%				
19a											
	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶										
b	331/3% support tests-2017. If the organize	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	s is more than 3	31/3%, and				
	line 18 is not more than 331/3%, check this	box and <mark>stop h</mark>	ere. The organi	zation qualifies	as a publicly s	upported organi	zation 🕨 🔲				
_20	Private foundation. If the organization d	id not check a	box on line 14,	19a, o <u>r 1</u> 9b, o	check this box	and see instruc	tions 🕨 🗌				
		RE	/ 10/24/18 PRO		Sch	edule A (Form 990	or 990-EZ) 2018				

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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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	10b		

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Part	IV Supporting Organizations (continued)		,	
	1	C	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		*		
	below, the governing body of a supported organization?	11a	٠.٠′	
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7	海湾	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		33	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			60°4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		SHIP!	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	220	2222
Secti	ion C. Type II Supporting Organizations			
	istic - Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	STOCK	@3VE	1575-Daily
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Coot	7	1		-
Secu	ion D. All Type III Supporting Organizations		V	NI.
		2536.245	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1 477 100	52364	2 3605 (856
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			\$ 3K A
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	\sim	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			7.01
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1003		
	supported organizations played in this regard.	3		32.248.14.14.1
Secti	ion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ 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 in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1000	50 (1 <u>2)</u>	W. W. W.
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	2.74		
	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		4	
	that these activities constituted substantially all of its activities.	1.382	-	22:53
	·	2a - € % *	3503,787	histo si
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	新教	建 本品	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 m	100	
	reasons for the organization's position that its supported organization(s) would have engaged in these	Mile.	建落	manya Lata
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		激激	**************************************
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		****	24
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	Annual State	

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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	<u> </u>	
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	ł .	
Section 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):			
a Average monthly value of securities	1a		. <u>.</u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
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		
8 Minimum Asset Amount (add line 7 to line 6)	8		-
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	计数据文型的图片外面设	
5 Income tax imposed in prior year	5	General Water States	
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-functional	v in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	Current Year			
1_	Amounts paid to supported organizations to accomplish	,		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	, ,
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations ·	, '
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 whice (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Life 8 amount divided by life 9 amount		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
_	instructions.		NECKSTRIBUTERRENARISTERS VIRGO, SA NOS SECULO CRASSORIAS	
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
<u>c</u>	From 2015			
d	From 2016			
e	From 2017			
<u>f</u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years Applied to 2018 distributable amount			
<u>h</u> i	Carryover from 2013 not applied (see instructions)	ESSANTANTANTANTANTANTANTANTANTANTANTANTANTA		
 -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years		* ************************************	40 to 10 a 60 a
b	Applied to 2018 distributable amount			AND MANUAL CONTRACTOR OF THE PARTY OF THE PA
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		Parket of the second of the se	
8	Breakdown of line 7 ⁻		PROGRAMME	
а	Excess from 2014		and a second	THE STATE OF THE S
b	Excess from 2015			
С	Excess from 2016		NULL FOR CONTRACTOR	
d_	Excess from 2017			
е	Excess from 2018	"新兴"的"大学"的"大学"的		

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Tax) (s	see separate instructions), t	hen		·	
• S	ection 501(c)(4), (5), or (6) orga	anızatıons. Complete Part III.			
Name	of organization			Employer ide	ntification number
RIVE	ER NETWORK			93-09699	979
Part	I-A Complete if th	e organization is exempt und	ler section 501(c) or is a section 527	organization.
1	definition of "political car		•	. •	,
2	Political campaign activity	ty expenditures (see instructions)			}
3		cal campaign activities (see instru			
Part		e organization is exempt und			
1		excise tax incurred by the organiz			}
2	-	excise tax incurred by organization	_		;
3	<u> </u>	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No
4a	Was a correction made?		<i>.</i>		🗌 Yes 🗌 No
b	If "Yes," describe in Part			-1	(-)(0)
Part		e organization is exempt und	·····	· · · · · · · · · · · · · · · · · · ·	(c)(3).
1		ly expended by the filing organized	zation for section	527 exempt function	
_	activities				
2		filing organization's funds contribitions	-	·	
3		expenditures. Add lines 1 and 2			
	·				
4		n file Form 1120-POL for this year			Yes No
5	organization made paymethe amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(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-
(1)					
(2)					
(3)					
(4)				,	
(5)					
(6)					

Sch	nedu	ıle C (Form 990	or 990-EZ) 2018					Page 2
Pá	art		emplete if the organization tion 501(h)).	n is exempt ເ	under section 50	01(c)(3) and file	d Form 5768 (el	ection under
A	CI	heck ▶ 🔲	if the filing organization belor	igs to an affiliate	ed group (and list i	n Part IV each affi	liated group memb	per's name,
		address, EIN, expenses, and share of excess lobbying expenditures).				ıtures).		
В	CI	heck 🕨 🔲	if the filing organization chec	ked box A and '	'lımıted control" pr	ovisions apply.		
			Limits on Lob				(a) Filing	(b) Affiliated
			(The term "expenditures" m		<u> </u>	·	organization's totals	group totals
,	1a	Total lobby	ring expenditures to influence	public opinion	(grass roots lobby	ring)	0.	
	b	Total lobby	ring expenditures to influence	a legislative bo	ody (direct lobbying	g)	0.	
	С	Total lobby	ing expenditures (add lines 1	a and 1b) .			0.	
	d	Other exer	npt purpose expenditures .				2,645,590.	
	е	Total exem	pt purpose expenditures (ad	d lines 1c and 1	d)		2,645,590.	
	f	Lobbying	nontaxable amount. Enter	the amount fr	rom the following	table in both		
		columns.					282,280.	
	ſ	If the amou	nt on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
		Not over \$50	00,000	20% of the an	nount on line 1e			
	ſ	Over \$500,0	00 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	ſ	Over \$1,000	,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
		Over \$1,500	,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	Ī	Over \$17,00	0,000	\$1,000,000				
	g	Grassroots	nontaxable amount (enter 2	5% of line 1f)			70,570.	
	h	Subtract lin	ne 1g from line 1a. If zero or l	ess, enter -0-			0.	
	i	Subtract lin	ne 1f from line 1c. If zero or le	ss, enter -0-			0.	
	i	If there is	an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
			section 4911 tax for this year					Yes
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
_			Lobbying	Expenditures	During 4-Year Av	eraging Period		
	,		year (or fiscal year eginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total

	Lobb	ying Expenditures	During 4-Year Av	veraging Period		
,	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	244,590.	263,834.	290,865.	282,280.	1,081,569.
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,622,354.
С	Total lobbying expenditures					
d	Grassroots nontaxable amount	61,148.	65,959.	72,716.	70,570.	270,393.
e	Grassroots ceiling amount (150% of line 2d, column (e))					405,590.
f	Grassroots lobbying expenditures					
BAA	Δ		REV 11/14/18 PRO		Schedule C (Forn	n 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led	Form	5768	3	
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	at the state of th	Yes	No	А	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?			e pau		
С	Media advertisements?				acacinatian.	LA DE MA
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ´ _					
i	Other activities?					
j				6 74-6	L 1952 12-29 14.	4
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		VII. 110 AN A			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			warden didden dark		5-2-2-2-2
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		(5), c	or se	ction		
	501(c)(6).				V	A1.
4	Mara as betentially all (000/, as mara) dura second mandad satisfic by manhara?			-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1 2	 	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	├	
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pulled.				<u></u>	L
rait	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				-
а	Current year		2a			
b	Carryover from last year	. [2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	ng				
	and political expenditure next year?	.	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>·</u>	5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list	;), Par	t II-A, I	ines 1	and
z (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
					_	
					·	
	•					
	······································					
					· - -	
	P. Control of the Con					

Part IV	Supplemental Information (continued)	Page 4
raitiv	Supplemental information (continued)	
	•	
		·····
		•••••••••••

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number Name of the organization 93-0969979 RIVER NETWORK Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) _____ and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$_____

REV 11/12/18 PRO

Assets included in Form 990, Part X

Page	2

Part										
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and oth	her record	ds, chec	k any of the f	ollowi	ng that are a s	ignifican	it use	of its
а	☐ Public exhibition		d [☐ Loan	or exchange	progra	ams			
b	☐ Scholarly research		e [☐ Other						
C	☐ Preservation for future generations									
4	Provide a description of the organizat XIII.	ion's collections a	ınd expla	ın how tl	hey further the	e orga	ınızatıon's exen	npt purp	ose in	Part
5	During the year, did the organization assets to be sold to raise funds rather								'es □	7
Part			ineu as p	art Or the	- Organization	3 0011		<u> </u>	es L	JINO
rait	Complete if the organization		on Form	n 990 F	Part IV line 9	orr	enorted an ar	nount o	n Fori	m
	990, Part X, line 21.	answered res	0111 011	000, 1	urt 14, 11110 0	, 0, 1,	oportog an an			••
1a	Is the organization an agent, trustee,	custodian or oth	er interm	ediary fo	or contribution	ns or (other assets no	ot .		
•-	included on Form 990, Part X?								es 🗀] No
b	If "Yes," explain the arrangement in Pa							_		-
_	, too, oxplain the arrangement with					[Α	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amour					odial a	account liability	7 🗌 Y	es [No
b	If "Yes," explain the arrangement in Pa]
Par	Endowment Funds.									
	Complete if the organization	answered "Yes"	on Forr	n 990, F	Part IV, line 1	0.				
		(a) Current year	(b) Prio	r year	(c) Two years b	ack (d) Three years back	(e) Fou	ır years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	"								
2	Provide the estimated percentage of t	he current year en	d balance	e (line 1g	, column (a)) h	neld as	s:			
а	Board designated or quasi-endowmer	nt 🕨	_%							
b	Permanent endowment ▶	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the	e organız	ation tha	at are held an	d adm	ninistered for th	е		
	organization by:							<u> </u>	Yes	No
	(i) unrelated organizations							3a(i)	-	
	(ii) related organizations							3a(ii)	4	
b	If "Yes" on line 3a(ii), are the related or	•	•					_3b		
4	Describe in Part XIII the intended uses		n's endo	wment ti	unas.					
Part	, , ,			- 000 [5 BV 15 4	4- 0	F 000	D-4 V	اسم ا	
	Complete if the organization									
	Description of property	(a) Cost or oth (investme		• •	or other basis ther)		ocumulated preciation	(d) Bo	ok value)
1a	Land		0.		5,900.				5,9	00.
b	Buildings	,								
С	Leasehold improvements									
d	Equipment	,								
е	Other			1	33,141.		57,643.		75,4	98.
Total	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	0. Part X	column	(B), line 10c.)	•		81,3	98.

Part VII	Investments—Other Securities. Complete if the organization answ	ered "Yes" on For	m 990 Part IV lu	ne 11b. See Form	990 Part X line 12
	(a) Description of security or category	cica ica oniio	(b) Book value	(c) Met	hod of valuation
	(including name of security)			Cost or end	-of-year market value
(1) Financial					
(O) Other	neld equity interests				
(A)				_	
(B)	••••••				
(C)					
(D)			,		
(E)					
(F)					
(G)·					
(H)	h) must a sud Farm 200 Part V and (D) by 10 b	·	· · · · · · · · · · · · · · · · · · ·		
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.				
I CITAVIII	Complete if the organization answ	ered "Yes" on For	m 990 Part IV Ju	ne 11c. See Form	990. Part X. line 13
	(a) Description of investment	0.00 .00 001	(b) Book value	T	hod of valuation
	(-,,		(-,	Cost or end	of-year market value
(1)					
(2)					
(3)					
(4)					,
(5)		•	•		
(6)					
(7)					
(8)				-	
	b) must equal Form 990, Part X, col. (B) line 13)		, ,	art are the second	
Part IX	Other Assets.				
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, Iır	ne 11d. See Form	
	(a) (Description			(b) Book value
(1)					
(2)			 		<u> </u>
(3)					
(4)	······································	·			
(6)	· · · · · · · · · · · · · · · · · · ·		 		
(7)					
(8)					.
(9)		= -=			
	mn (b) must equal Form 990, Part X, col.	(B) line 15.)		<u> ▶ </u>	
Part X	Other Liabilities.		000 David IV/ II:	- 44 44f Car	Carry 000 Dart V
	Complete if the organization answer line 25.	ered res on For	m 990, Part IV, III	ie i ie or i ii. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in		(4)			
(2)					
(3)					
(4)					
(5)					and the second
(6)		<u>-</u>			
(7)				And the second of the second	
(8)					
(9)	b) must equal Form 990, Part X, col (B) line 25.)			a van Leense ista kir Leense	
	uncertain tax positions In Part XIII, provide	the text of the factor	to to the every return	n's financial statemen	nte that reporte the
	s liability for uncertain tax positions under F				

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete of the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return	•
1	Total revenue, gains, and other support per audited financial statements	1	3,660,761.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1000	3,000,701.
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	4	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	10,144.
3	Subtract line 2e from line 1	. 3	3,650,617.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,650,617.
Part		per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	2,655,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	4.2	
а	Donated services and use of facilities	4.	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	22.0	
е	Add lines 2a through 2d	. 2e	10,144.
3	Subtract line 2e from line 1	3	2,645,590.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4.0	
с 5	Add lines 4a and 4b		2,645,590.
	XIII Supplemental Information.	• 3	2,043,330.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additions		
			•
			·
		•••••	
	'		

Schedule D (Fo	orm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
	•	
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	,	

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

RIVER NETWORK Name of the organization

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

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

▶ Attach to Form 990.

▲ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer Identification number

93-0969979

RIVER CONSERVATION RIVER CONSERVATION RIVER CONSERVATION RIVER CONSERVATION RIVER CONSERVATION RIVER CONSERVATION RIVER CONSERVATION RIVER CONSERVATION Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, RIVER CONSERVATION RIVER CONSERVATION RIVER CONSERVATION **%**□ (h) Purpose of grant or assistance X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 160,367. (d) Amount of cash 7,000. 7,500. 10,000. 40,575. 6,000. 30,575. 20,000 7,000 000,9 6,000 17,681 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501C3 17624 Route 84 North EAST MOLINE IL 61244 | 36-4244353 (5) Chesapeake Conservancy, Inc.
716 GIDDINGS AVENUE ANNAPOLIS MD 21401 26-2271377 46-1517800 36-2967283 22-3179528 52-1043444 1937 S 50TH AVENUE CICERO IL 60804 | 36-3025963 76-0183954 52-6065757 95-4171497 1875 CONNECTICUT AVE. NM, SUITE 10 WASHINGTON DC 20009 | 81-2531881 (b) EIN (1) Buffalo Bayou Partnership 1019 COMMERCE ST, STE 200 HOUSTON TX 77002 (7) Clean Water Fund 23885 DENTON, SUITE B CLINTON TOWNSHIP MI 48036 6 HERNDON AVENUE ANNAPOLIS MD 21403 1192 WESTMINSTER ST PROVIDENCE RI 02909 570 W AVENUE 26, SUITE 250 LOS ANGELES CA 90065 746 P STREET SUITE 012 FRESNO CA 93721 17 NONTH STATE STREET #1400 CHICAGO IL 60602 (4) Chesapeake Commons Inc. (8) Friends of the Los Angeles River (10) Leadership Counsel for Justice and Accountability Childhood Lead Action Project (9) Ixchel c/o Cicero-Berwyn-Stickney Food Pantry (12)See Statement (2) Center for Neighborhood Technology (3) Chesapeake Bay Foundation, Inc. 1 (a) Name and address of organization (11) Living Lands & Waters or government Part I Part II <u>©</u>

RIVER NETWORK

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

Continuation Statement Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Purpose of grant RIVER CONSERVATION or assistance öţ assistance Description noncash (book, FMV, appraisal, valuation Method of other) 0 assistance Amount of non-cash 6,000. 7,500. cash grant 12,203. 160,367. 7,000. 6,000. 15,250. 10,000. 5,356. 30,575. 5,800. 30,575. 11,108 Amount of 13,000 IRC Section applicable) 501C3 GOV GOV 361930035 134071318 680085528 203685723 200637567 161506554 830373300 364105593 208534071 463109411 593611338 EIN N/A N/A White River Soil Conservation District 2800 University Blvd N, JACKSONVILLE, FL 32211 707 Conservation Lane, CAITHERSBURC, MD 20878 PO Box 837, MEEKER, CO 81641 Mancos Conservation District PO BOX 694, MANCOS, CO 81318 PO Box 2501, LIVERPOOL, NY 13089 Solano Resource Conservation District 1137 N Dodge Blvd., TUCSON, AZ 85716 Watershed Management Group St. Johns Riverkeeper, Inc Name and address of 1001 NE Columbia Blvd., PORTLAND, OR 97218 Milwaukee Ervironmental Consortium 2027 W. Fond du Lac Avenue, Milmancc, WI 53205 Nine Mile Creek Conservation Council, Inc 445 N. SACRAMENTO BLVD, CHICAGO, IL 60612 The Izaak Walton League of America, Inc. Waterkeeper Alliance 841 California Ave. Floor 3, PITTSBURCH, Pk 15212 organization or mianejona finernome or Onione Trust Greater Anizacephia Pittsburgh United government NeighborSpace VERDE 455

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III 8 က S 9 4

Schedule I (Form 990) (2018)

REV 11/06/18 PRO

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

93-0969979

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization RIVER NETWORK

Employer identification number

Part	Questions Regarding Compensation			_	
				Yes	No
1a		ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use			A
	☐ Travel for companions	☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	or reimbursement or provision of all of the exp	ne organization follow a written policy regarding payment penses described above? If "No," complete Part III to			
	explain		1b		
2		r to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked on line			
	ia:		2		
3		anization used to establish the compensation of the			
	•	nat apply. Do not check any boxes for methods used by a	75		
	related organization to establish compensation of t	he CEO/Executive Director, but explain in Part III.	127.12	. 4	
	☐ Compensation committee	☐ Written employment contract			
	Independent compensation consultant	▼ Compensation survey or study		te XXX	
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 organization or a related organization.	, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contro	I payment?	4a	A	×
b	Participate in, or receive payment from, a supplement		4b		×
С	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) o				
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of.	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		×
b	Any related organization?		5b		×
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of		AP.	ă de	
а	· ·		6a		×
b	· · ·		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990 Part VII Section	on A, line 1a, did the organization provide any nonfixed	III.	distribution.	المككفة
-		describe in Part III	7		×
8		paid or accrued pursuant to a contract that was subject			
	•	Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		×
_			224	áří	
9	If "Yes" on line 8, did the organization also fol Regulations section 53 4958-6(c)?	low the rebuttable presumption procedure described in			

Page 2

Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (U) and (E) amounts for that individual.	ior eac	n iisted individual mu	ist equal the total am	ount of Form 990, Pa	r VII, Section A, line I	a, applicable colum	n (U) and (E) amounts	s for that individual.
		(b) Breakdown o	I W-2 and/or 1099-ivil	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

RIVER NETWORK 93-0969979 Pt VI, Line 11b: THE ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE FORM 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 FINAL DRAFT WAS MADE AVAILABLE TO ALL BOARD MEMBERS IN PDF FOR REVIEW, AND INVITING COMMENTS OR QUESTIONS. Pt VI, Line 15a: THE COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE ORGANIZATION'S PRESIDENT WAS DETERMINED BY THE BOARD OF DIRECTORS USING AN ANALYSIS OF COMPARABLE SALARIES FOR THAT POSITION. Pt VI, Line 12c: ENFORCEMENT OF CONFLICTS POLICY. THE CONFLICT OF INTEREST POLICY IS REVIEWED ON AN ANNUAL BASIS WITH BOARD MEMBERS. IN ADDITION, EACH BOARD MEEETING 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. Pt III, Line 2: IN THE PRIOR YEAR 990, THE ORGANIZATION LISTED THREE PROGRAMS, COMMUNITY ENGAGEMENT, CLEAN WATER AND AMPLE WATER AND STRONG CHAMPIONS, IN THIS CURRENT ALL THREE FALL UNDER THE UMBRELLA OF "RIVER PROGRAM." Pt VI, Section C, Line 17: State: AR State: CA State: CO State: CT State: DC State: FL State: GA

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identification
RIVER NETWORK	93-0969979
State: IL	
State: KY	<u>.</u>
State: MA	
State: MD	
State: ME	
Pt IX, Line 24e:	
Description: DUES AND SUBSCRIPTIONS	
Total: \$9,792	
Program services: \$3,312	
Management and general: \$3,374	
Fundralsing: \$3,106	
Description: TAXES AND LICENSES	
Total: \$5,015	
Program services: \$0	
Management and general: \$132	
Fundralsing: \$4,883	
Description: BAD DEBT	
Total: \$2,899	
Program services: \$2,776	
Management and general: \$0	
Fundralsing: \$123	
Description: STAFF TRAINING	
Total: \$1,523	
Program services: \$127	

Management and general: \$16

Fundraising: \$1,380