

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2015**Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/termination  
☐ Amended return  
☐ Application pending

**C** Name of organization**PRAIRIE RIVERS NETWORK**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1902 FOX DRIVE**

Room/suite

**G**

City or town, state or province, country, and ZIP or foreign postal code

**CHAMPAIGN, IL 61820****F** Name and address of principal officer: **Carol Hays****1902 FOX DR STE G, CHAMPAIGN, IL 61820****D** Employer identification number**37-6085905****E** Telephone number**(217) 344-2371****G** Gross receipts \$**649,124.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.PRAIRIERIVERS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1968** **M** State of legal domicile: **IL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>PRAIRIE RIVERS NETWORK CHAMPIONS CLEAN, HEALTHY RIVERS AND LAKES AND SAFE DRINKING WATER TO BENEFIT</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>6</b>
	6	Total number of volunteers (estimate if necessary)	<b>11</b>
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>
8		Contributions and grants (Part VIII, line 1h)	<b>816,836.</b>
9		Program service revenue (Part VIII, line 2g)	<b>0.</b>
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>483.</b>
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-4,470.</b>
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>812,849.</b>
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>163,000.</b>
14		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a	Professional fundraising fees (Part IX, column (A), line 11a)	<b>0.</b>
	17	b Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>67,032.</b>
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-12e)	<b>149,565.</b>
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>753,392.</b>
	20	Revenue less expenses. Subtract line 18 from line 12	<b>59,457.</b>
	21	Net assets or fund balances. Subtract line 21 from line 20	<b>469,906.</b>
Net Assets or Fund Balances	22	Total assets (Part X, line 16)	<b>472,153.</b>
	23	Total liabilities (Part X, line 2d)	<b>2,247.</b>
	24	Net assets or fund balances. Subtract line 23 from line 22	<b>183,132.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	<b>Jon McNussen, President</b> <i>Jon McNussen</i>	<b>5-17-16</b>
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature
	<b>Luke Sparks</b>	<i>Luke Sparks</i>
	Firm's name ▶ <b>Kemper CPA Group LLP</b>	Firm's EIN ▶ <b>37-0818432</b>
	Firm's address ▶ <b>1701 Broadmoor Drive, Ste. 200</b>	Phone no. <b>217-351-2073</b>
	<b>Champaign, IL 61821</b>	

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

☒ Yes ☐ No

532001 12-16-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

See Schedule O for Organization Mission Statement Continuation

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2015.03040 PRAIRIE RIVERS NETWORK

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