Ended 31 December 15, 201

Form **990**

Return of Organization Exempt From Income Tax

2016

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

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

A For the 2016 calendar year, or tax year beginning

B Check if applicable: Address change / Name change / Initial return / Terminated / Amended return / Application pending

C Name of organization: FRAIRIE RIVERS NETWORK

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1203 FOX DRIVE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CHAMPAIGN, IL 61820

D Employer identification number: [illegible]

E Telephone number: (217) 344-2371

G Gross receipts $ 1,081,336.

F Name and address of principal officer: CATHY HEPP
1203 FOX DR STE G, CHAMPAIGN, IL 61820

H(a) Is this a group return for subordinates? Yes ☐ No ☑

H(b) Are all subordinates included? Yes ☐ No ☐

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

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PRAIRIERIVERS.ORG

H(c) Group exemption number ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PRAIRIE RIVERS NETWORK CONNECTS CLEAN, HEALTHY RIVERS AND LAKES AND SAFE DRINKING WATER TO MEMBERS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

		Prior Year	Current Year
3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	3	3
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0	0
6	Total number of volunteers (see instr. if necessary)	4	4
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	0
b	Net unrelated business taxable income from Form 990-T, line 34	0	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	888,875.	1,055,317.
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,181.	3,012.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,47	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	904,53	1,058,329.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	416,75	422,31
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,851.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	331,187.	358,335.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	747,93	780,646.
19	Revenue less expenses. Subtract line 18 from line 12	156,60	277,683.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,1	1,4
21	Total liabilities (Part X, line 26)	1,1	1,3
22	Net assets or fund balances. Subtract line 21 from line 20	1,0	1,0

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 he or she has any knowledge.

Sign Here ▶ Signature of officer: Jon McGuanna 06-05-17

▶ Jon McGuanna, President

Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name: Charles Ohlsen	Preparer's signature: Charles Ohlsen	Date: 06/05/17	Check ☐ if self-employed	PTIN: P01187185
Firm's name ▶ Eugene CPA Group LLP			Firm's EIN ▶ [illegible]	
Firm's address ▶ 1101 Broadmoor Drive, Ste. 200 Champaign, IL 61821			Phone no. (217) 351-8973	

May the IRS discuss this return with the preparer shown above? (see instr.) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

See Schedule O for Organization Mission Statement Continuation