

Form **990**Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt from Income Tax

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)

OMB No. 1545-0047

**2016**Open to Public  
Inspection**A For the 2016 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ 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**

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**E Telephone number****(217) 344-2371****G Gross receipts \$****3,084,490.****H(a) Is this a group return**for subordinates? ☐ Yes ☒ No**H(b) Are all subordinates included?**☐ Yes ☒ No**H(c) Group exemption number****I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)(1) ☐ (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**

<b>Activities &amp; Governance</b>	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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	4
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	608,874.	3,023,263.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,381.	3,822.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,471.	53.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	624,726.	3,027,138.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	416,753.	422,568.
	b Total fundraising expenses (Part IX, column (C), line 25)	0.	0.
<b>Expenses</b>	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)	151,147.	156,359.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	567,900.	578,927.
	19 Revenue less expenses. Subtract line 18 from line 12	56,826.	2,448,211.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	21 Total liabilities (Part X, line 26)	570,147.	3,117,775.
	22 Net assets or fund balances. Subtract line 21 from line 20	183,132.	265,540.
		387,015.	2,852,235.

**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 **Jon McNussen, President** Date **06-03-17**

**Print/Type preparer's name** **Jason Shaw** **Preparer's signature** **Jason Shaw** **Date** **06/02/17** **Check** ☐ **PTIN** **P01297485**

**Firm's name** **Kemper CPA Group LLP** **Firm's EIN** **\*\* - \*\*\*\*\***

**Firm's address** **1701 Broadmoor Drive, Ste. 200** **Champaign, IL 61821** **Phone no.** **217-351-2073**

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

☒ Yes ☐ No