

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017**Open to Public Inspection**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.

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

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20																					
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PRAIRIE RIVERS NETWORK</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1605 SOUTH STATE STREET</td> <td>1</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td colspan="2">CHAMPAIGN, IL 61820</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: CAROL HAYS, 1605 SOUTH STATE STREET, SUITE 1, CHAMPAIGN, IL 61820</td> </tr> <tr> <td colspan="2">H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">H(c) Group exemption number ▶</td> </tr> </table>	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)	Room/suite	1605 SOUTH STATE STREET	1	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, 1605 SOUTH STATE STREET, SUITE 1, CHAMPAIGN, IL 61820		H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)		H(c) Group exemption number ▶	
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Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PRAIRIE RIVERS NETWORK CHAMPIONS CLEAN, HEALTHY RIVERS AND LAKES AND SAFE DRINKING WATER TO BENEFIT THE PEOPLE AND WILDLIFE OF ILLINOIS.		
	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 10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 10	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 14	
	6	Total number of volunteers (estimate if necessary)	6 13	
	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.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,023,263. Current Year 838,366.	
	9	Program service revenue (Part VIII, line 2g)	3,755.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,822. 15,275.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53. -24,115.	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,027,138. 833,281.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	422,568. 567,932.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 88,043.		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	156,359. 204,600.	
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	578,927. 772,532.	
19	Revenue less expenses. Subtract line 18 from line 12	2,448,211. 60,749.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,117,775. End of Year 3,227,967.	
	21	Total liabilities (Part X, line 26)	265,540. 299,784.	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,852,235. 2,928,183.	

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	05/31/2018
	JON MCNUSSON, PRESIDENT		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	NEAL KUESTER		05/31/2018
	Firm's name ▶ FELLER & KUESTER CPAs LLP	Firm's EIN ▶ 45-3835166	Check <input type="checkbox"/> if self-employed P01313988
Firm's address ▶ 806 PARKLAND CT, CHAMPAIGN, IL 61821		Phone no. (217) 351-3192	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No