Form **990**

EXTENDED TO NOVEMBER 15, 2024 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 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year or tay year beginning

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.

Inspection

	Or ur	e 2023 Calendar year, or tax year beginning	a enaing		
	Check if applicab			D Employer identific	cation number
	Addre	PRAIRIE RIVERS NETWORK			
	Name chang	Doing business as		37-60859	05
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	1605 COLUMN CHAMP CHAPPEN	1	(217) 34	
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,433,493.
	Amen	ded CHAMDATON II C1000		H(a) Is this a group re	
	Applie				
_	tion pendi	SAME AS C ABOVE			? Yes X No
-	r			H(b) Are all subordinates in	
10000000			or 527		list. See instructions
_	Websi			H(c) Group exemption	
	art I	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 1968 N	A State of legal domicile: IL
	1	Briefly describe the organization's mission or most significant activities: AT I	PRATRIE	RIVERS NETT	JORK WE
ce		PROTECT WATER, HEAL LAND, AND INSPIRE CH	ANGE I	ISTNG THE CD	FATTUE
Jan	2	Check this box if the organization discontinued its operations or dispose			
/eri	3	- 1440 1945 전 1			
g	1			3	7
~	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			13
Activities & Governance	6	Total number of volunteers (estimate if necessary)			20
Act	7 a			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		1,070,797.	1,311,888.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,557.	46,044.
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,750.	14,887.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,080,104.	1,372,819.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
v)	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		684,435.	794,270.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25) 161, 9	35.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		239,974.	271,624.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		924,409.	1,065,894.
		Revenue less expenses. Subtract line 18 from line 12		155,695.	306,925.
- 5	15	rievende less expenses. Subtract line to from line 12	Do.		
tso	200	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	De	ginning of Current Year	End of Year
ASSE A Bals	20	Total assets (Part A, line 16)		4,236,652.	5,180,720.
Net /				469,513.	73,844.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,767,139.	5,106,876.
-	-	-			
		lities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true,	correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer			
Sign				Date 08-13	-2024
Her	е	JON MCNUSSEN, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	0 0.20	ate Check	PTIN
Paid			PA 0	8/08/24 self-employe	P01518894
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749
Use	Only	Firm's address 301 S.W. ADAMS STREET, SUITE 100	0		
	50.05 F	PEORIA, IL 61602		Phone no. (3)	09) 671-4500
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No
_					

Га	Obselvit Oskadala O sartaina a mara assa assata ta analina ia thia Data III	X
4	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: AT PRAIRIE RIVERS NETWORK, WE PROTECT WATER, HEAL LAND, AND INSPIR	я.
	CHANGE. USING THE CREATIVE POWER OF SCIENCE, LAW, AND COLLECTIVE	
	ACTION, WE PROTECT AND RESTORE OUR RIVERS, RETURN HEALTHY SOILS AN	ID
	DIVERSE WILDLIFE TO OUR LANDS, AND TRANSFORM HOW WE CARE FOR THE E	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	If "Yes," describe these new services on Schedule O.	100 == 110
3		Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper	ises.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	
	revenue, if any, for each program service reported.	,
4a		84,589.)
	AT PRAIRIE RIVERS NETWORK, WE PROTECT WATER, HEAL LAND, AND INSPIR	
	CHANGE.	
	PROTECT WATER - WATER IS LIFE-CONNECTING, SUSTAINING, AND INSPIRIN	IG US
	ALL. AT PRAIRIE RIVERS NETWORK WE PROTECT WATER FROM RAVAGES OF	
	POLLUTION AND RESTORE THE BEAUTY AND POWER OF NATURALLY FLOWING RI	VERS.
	WE HOLD POLLUTERS ACCOUNTABLE, ADVANCE POLICIES TO ALLOW RIVER	
	ECOSYSTEMS TO THRIVE, AND PROMOTE PRACTICES THAT KEEP OUR WATERS OF	CLEAN.
	HEAL LAND - LAND AND WATER FORM A SYSTEM ON WHICH THE ENTIRE COMMU	NITY
	OF LIFE DEPENDS; TO CARE FOR LAND IS TO CARE FOR WATER. TOO OFTEN,	
	HUMAN ACTIVITY DEGRADES LAND AND WATER AND IMPERILS THIS COMMUNITY	7. AT
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 807,119.	
4e		orm 990 (2023)
	FC	ли эээ (2023)

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Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	
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	X	
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		X
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	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
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		х
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	170		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	0		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	Х	
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		Х
20a		20a		Х
	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? If "Yes," complete Schedule I, Parts I and II	21		Х

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| Part IV | Checklist of Required Schedules (continued)

	- (outliness)		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		X
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		X
24a	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEL		Х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute O contains a response of note to any line in this Fart v		V00	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
υ υ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	Х	

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023) PRAIRIE RIVERS NETWORK Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	any contributions that were not tax deductible as charitable contributions?		6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributi	· ·	OI.		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	us roquirod	7.0	21	
C	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
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		
10	Section 501(c)(7) organizations. Enter:	l I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	l I			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(29) qualified perpendit health insurance issuers.	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		ISa		
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	13b			
С	Enter the amount of reserves on hand	13c	-		
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	'		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VICKIE NUDELMAN - (217) 344-2371			
	1605 S STATE STREET UNIT 1, CHAMPAIGN, IL 61820			

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organia (A)	(B)	Jige			C)	اعر	Jai	(D)	(E)	(F)
(A) Name and title	Average			Pos	itior			Reportable	(E) Reportable	(F) Estimated
ivallie aliu lilie	hours per		not c	heck	more	than		compensation	compensation	amount of
	week		icer ar					from	from related	other
	(list any	octor						the	organizations	compensation
	hours for	or dire	Ф			ited		organization	(W-2/1099-MISC/	from the
	related	stee	truste		ap.	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual th	tional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			Organizations
(1) MARGARET BRUNS	40.00	1-	_		_		<u> </u>			
EXECUTIVE DIRECTOR				Х				100,000.	0.	7,704.
(2) VICKIE NUDELMAN	40.00									
OPERATIONS MANAGER				X				85,250.	0.	4,263.
(3) JON MCNUSSEN	3.00									
PRESIDENT		Х		X				0.	0.	0.
(4) WILLIAM VAN HAGEY	1.00									
DIRECTOR		X						0.	0.	0.
(5) MICHAEL ROSENTHAL	1.00									
DIRECTOR		X						0.	0.	0.
(6) CLARK BULLARD	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) JEAN FLEMMA	2.00								_	_
TREASURER		X		X				0.	0.	0.
(8) ROB KANTER	1.00	l								
DIRECTOR		X						0.	0.	0.
(9) CHARLOTTE WESTCOTT	2.00	- I								
SECRETARY		X		Х				0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		_	1				_	1	l	000

Form 990 (2023) PRAIRIE	RIVERS N	ET	WOI	RK				37-6085	905 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es, a	and	High	nest (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box, office	not che unless er and	s pers l a dire	tion nore the son is the ector/t	an one pooth an increase an	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
Subtotal C Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	I, Section A			· · · · · · · · · · · · · · · · · · ·			185,250. 0. 185,250. ecceived more than \$100	0 . 0 . 0 . ,000 of reportable	0.
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s. 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commodered to the Organization? Section B. Independent Contractors 1 Complete this table for your five highest contractors 	uch individual Im of reportable 0,000? If "Yes, accrue compen	e cor " con satio	mper nplei on fro	nsati te So om a	ion a ched iny u ersor	nd ot lule J nrelat	her compensation from for such individualted organization or indivi	the organization dual for services	Yes No 3 X 4 X 5 X
the organization. Report compensation for (A) Name and business	the calendar ye	ear er		g wit				/ear.	(C) Compensation
2 Total number of independent contractors (in \$100,000 of compensation from the organization).	•	ot lim	iited	to th	nose 0	listed	d above) who received m	ore than	Form 990 (2023)

37-6085905

Form 990 (2023) PRAIRIE
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
တ္ တ	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ī		Membership dues	1b					
င်္ခ ဋ			Fundraising events	1c	97,152.				
rts,			Related organizations	1d	, -				
nie Bis			Government grants (contributions)	1e					
Siz			All other contributions, gifts, grants, and						
je Ej		•	similar amounts not included above	1f	1,214,736.				
불품		a	Noncash contributions included in lines 1a-1f	1g \$					
Ν		-	-			1,311,888.			
0 10		<u>''</u>	Total: Add lines 12 11		Business Code				
	2	а							
Ş	_	b							
iue		C							
E Š		d							
gra Re		e							
Program Service Revenue			All other program service revenue						
_			Total. Add lines 2a-2f						
	3		Investment income (including divide						
	3					37,174.			37,174.
	4		Income from investment of tax-exen		occode	0,,2,1			· , 2 / 2 ·
	5								
	3		Royalties	i) Real	(ii) Personal				
	6	_		ij riodi	(ii) i crooriai				
	0		Gross rents 6a 6b						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	7		Net rental income or (loss)	Securities	(ii) Other				
	′	а	CIT COST ATTITUDES CIT COST	040,413.	(ii) Other				
		L	assets other than inventory Less: cost or other basis	040,413.					
a		D		031,543.					
her Revenue		_		8,870.					
eve			Gain or (loss) 7c			8,870.			8,870.
ž			Net gain or (loss)			0,070.			0,070.
	0	а	including \$ 97,152.						
ō			contributions reported on line 1c). S	-					
			Part IV, line 18		9,429.				
		h	Less: direct expenses		29,131.				
			Net income or (loss) from fundraising		· · · · · · · · · · · · · · · · · · ·	-19,702.			-19,702.
	۵		Gross income from gaming activities						,,,,,,
	9	а	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10		Gross sales of inventory, less return						
	10	а	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of in						
\dashv			Tet indefine of (1888) from Sales Of III	voritory	Business Code				
Sn	11	a	MISCELLANEOUS		221000	34,589.	34,589.		
ne an	••	b				,,,,,,	-,		
Miscellaneous Revenue		C							
Be			All other revenue						
Σ			Total. Add lines 11a-11d			34,589.			
	12		Total revenue. See instructions			1,372,819.	34,589.	0.	26,342.

332009 12-21-23

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). X Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 197,216. 155,057. 14,725. 27,434. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 475,641. 373,962. 35,513. 66,166. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 69,565. 53,978. 3,260. 12,327. Other employee benefits 9 51,848. 40,726. 3,849. 7,273. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 26,062. 22,889. 705. 2,468. Office expenses 13 16,811. 15,789. 227. 795. Information technology 14 15 Royalties 50,024. 41,019. 2,001. 7,004. 16 Occupancy 12,788. 12,784. 1. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 10,517. 8,624. 421. 1,472. Depreciation, depletion, and amortization 22 10,805. 4,541. 5,489. 775. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 73,008. 33,574. 13,848. 25,586. CONTRACT LABOR OUTREACH AND RECOGNITIO 24,827. 24,827. 13,221. 15,132. $1,91\overline{1.}$ SERVICE CHARGES 8,287. 8,287. d MEMBERSHIP SUPPORT SEE SCH O 23,363. 19,349. 3,580. 434. e All other expenses 1,065,894. 807,119. 96,840. 161,935. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,649.	1	2,893
	2	Savings and temporary cash investments			465,541.	2	537,955
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Donate del como como con el electronici el clarección			14,183.	9	27,337
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a				
	b	Less: accumulated depreciation	. 10b	83,738.	21,802.	10c	25,270
	11	Investments - publicly traded securities			1,315,643.	11	1,594,457
	12	Investments - other securities. See Part IV, line			2,310,000.	12	2,940,000
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			99,834.	15	52,808
	16	Total assets. Add lines 1 through 15 (must ed		4,236,652.	16	5,180,720	
	17	Accounts payable and accrued expenses			18,422.	17	24,768
	18	Grants payable				18	
	19	Deferred revenue			353,723.	19	(
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ر پ	22	Loans and other payables to any current or for	mer offic	er, director,			
itie		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
دّ	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	ayables ·	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			97,368.	25	49,076
	26	Total liabilities. Add lines 17 through 25			469,513.	26	73,844
		Organizations that follow FASB ASC 958, ch	neck here	e X			
es		and complete lines 27, 28, 32, and 33.					
au au	27	Net assets without donor restrictions			1,367,861.	27	1,515,507
Ва	28	Net assets with donor restrictions			2,399,278.	28	3,591,369
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
로		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,767,139.	32	5,106,876
-	33	Total liabilities and net assets/fund balances			4,236,652.	33	5,180,720

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,37		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,06		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,76	7,1	<u>39.</u>
5	Net unrealized gains (losses) on investments	5	67	9,0	89.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	35	3,7	23.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,10	6,8	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

)				NETWORK				37-6085905			
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must o	complete this	s part.) S	ee instructions.				
The	organi	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only or	ne box.)					
1	$\overline{\Box}$	A church, convention of ch	,	•	•	•	IYAYi).				
2	H	A school described in sect	•				. ////.				
	H					. \/ 4 \/ 4 \/ **	•1				
3	\square	A hospital or a cooperative			•		•				
4		A medical research organiz	ation operated in col	njunction with a hospital	described in	n sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operated	d by a go	vernmental unit describ	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 170	(b)(1)(A)	(v).				
7	一	An organization that norma	•				• •	nublic described in			
•		section 170(b)(1)(A)(vi). (C	•	That part of ito capport in	om a govon	mionia	anne or morn and goriorar	pasiio accombca iii			
				(4)(A)(vi) (Complete Der	4 II \						
8	\vdash	A community trust describe									
9	Ш	An agricultural research org				-		-			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the na	ame, city	, and state of the college	e or			
		university:									
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from cor	ntribution	ns, membership fees, an	d gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no m	ore than	33 1/3% of its support f	rom gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om business	es acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Con		,		•	, 0	,			
11		An organization organized a	•	ively to test for public sa	fety See se	action 50	19(a)(4)				
12	H	An organization organized a	•	•	•			nurnassa of ana ar			
12	ш	-	•	•	-		· · · · · · · · · · · · · · · · · · ·				
		more publicly supported or						Check the box on			
		lines 12a through 12d that			•		, ,				
а			anization operated, s	upervised, or controlled	by its suppo	orted org	anization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority of	the direc	tors or trustees of the s	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with its	supporte	ed organization(s), by hav	ving			
		control or management o	f the supporting orga								
		control or management of the supporting organization vested in the same persons that control or manage the supported									
_	organization(s). You must complete Part IV, Sections A and C.										
		¬ ·	t complete Part IV,	Sections A and C.	•						
С		Type III functionally inte	t complete Part IV, grated. A supportin	Sections A and C. g organization operated	in connection	on with, a	and functionally integrate				
		Type III functionally inte	t complete Part IV, grated. A supportin n(s) (see instructions	Sections A and C. g organization operated). You must complete	in connection	on with, a	and functionally integrate D, and E.	ed with,			
d		Type III functionally inte its supported organization Type III non-functionally	t complete Part IV, grated. A supportin n(s) (see instructions r integrated. A supp	Sections A and C. g organization operated). You must complete loorting organization open	in connection Part IV, Securated in conn	on with, a tions A, nection w	and functionally integrate D, and E. vith its supported organi	ed with,			
		Type III functionally inte	t complete Part IV, grated. A supportin n(s) (see instructions r integrated. A supp	Sections A and C. g organization operated). You must complete loorting organization open	in connection Part IV, Securated in conn	on with, a tions A, nection w	and functionally integrate D, and E. vith its supported organi	ed with,			
		Type III functionally inte its supported organization Type III non-functionally	t complete Part IV, grated. A supportin n(s) (see instructions vintegrated. A supp egrated. The organiz	Sections A and C. g organization operated). You must complete loorting organization operation generally must sat	in connection Part IV, Sectorated in conrists isfy a distrib	on with, a tions A, nection w oution rec	and functionally integrate D, and E. with its supported organiquirement and an attenti	ed with,			
		Type III functionally inte its supported organization Type III non-functionally that is not functionally int	t complete Part IV, grated. A supportin n(s) (see instructions r integrated. A supp egrated. The organiz ions). You must cor	Sections A and C. g organization operated). You must complete borting organization operation generally must satinplete Part IV, Sections	in connection Part IV, Securated in connumber is distributed in the connumber is A and D, a	on with, a tions A, nection w oution rec and Part	and functionally integrate D, and E. vith its supported organi quirement and an attenti V.	ed with,			
d		Type III functionally inte its supported organization Type III non-functionally that is not functionally int requirement (see instructionally interpretation)	t complete Part IV, grated. A supportin n(s) (see instructions r integrated. A supp egrated. The organizations). You must cor anization received a	Sections A and C. g organization operated). You must complete loorting organization operation generally must satemplete Part IV, Sections written determination fro	in connection Part IV, Securated in conristy a distribute A and D, a m the IRS th	on with, a tions A, nection wo oution rec and Part nat it is a	and functionally integrate D, and E. vith its supported organi quirement and an attenti V.	ed with,			
d		Type III functionally inte its supported organization Type III non-functionally that is not functionally int requirement (see instructionally interpretation of the organization) Check this box if the organization	t complete Part IV, grated. A supportin n(s) (see instructions rintegrated. A suppergrated. The organizations). You must coranization received a raype III non-function	Sections A and C. g organization operated). You must complete loorting organization operation generally must sate applete Part IV, Sections written determination fromally integrated supporti	in connection Part IV, Securated in connicts a distribution of the IRS that and D, and and one organizate.	on with, a tions A, nection woution rec and Part nat it is a tion.	and functionally integrate D, and E. vith its supported organiquirement and an attenti V. Type I, Type II, Type III	ed with,			
d	Ente	Type III functionally inte its supported organization Type III non-functionally that is not functionally int requirement (see instructionally integrated, or functionally integrated, or	t complete Part IV, grated. A supportin n(s) (see instructions r integrated. A suppergrated. The organization received a range of the suppergration of the suppergrated of the suppergrate	Sections A and C. g organization operated). You must complete loorting organization operation generally must satisful management of the property of the prope	in connection Part IV, Securated in connicts a distribution of the IRS that and D, and and one organizate.	on with, a tions A, nection wo oution rec and Part nat it is a tion.	and functionally integrate D, and E. vith its supported organiquirement and an attenti V. Type I, Type II, Type III	ed with,			
d	Ente	Type III functionally inte its supported organization Type III non-functionally that is not functionally int requirement (see instructionally integrated, organizationally integrated, organizationally integrated or in the number of supported or its supported or	t complete Part IV, grated. A supportin n(s) (see instructions r integrated. A suppergrated. The organization received a range of the suppergration of the suppergrated of the suppergrate	Sections A and C. g organization operated by You must complete to corting organization operation generally must sate applete Part IV, Sections written determination from ally integrated supportionally integrated organization(s).	in connectic Part IV, Sec rated in conr isfy a distrib s A and D, a m the IRS tr ng organizat	on with, a tions A, nection volution rec and Part nat it is a tion.	and functionally integrate D, and E. vith its supported organiquirement and an attenti V. Type I, Type II, Type III	ed with,			
d	Ente	Type III functionally inte its supported organization Type III non-functionally that is not functionally int requirement (see instructionally integrated, organizationally integrated, organizationally integrated or it the number of supported or it is not functionally integrated.	t complete Part IV, grated. A supportin n(s) (see instructions r integrated. A suppergrated. The organization received a ration received a ration received a ration received a ration received a rational rece	Sections A and C. g organization operated by You must complete to corting organization operation generally must sate and the properties of the corting organization from the corting of th	in connection Part IV, Sectorated in conristy a distribution of the IRS that the I	on with, a tions A, nection volution received Part at it is a tion.	and functionally integrate D, and E. vith its supported organi quirement and an attenti V. Type I, Type II, Type III	ed with, zation(s) veness			
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business 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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				· ·	vi now the organiz	zation
	meets the facts-and-circumstances te	-			-	47a and the 45 '	100/
b	10% -facts-and-circumstances test	_				•	1U% Of
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	in did flot check a	DOX OIT III IE 13, 10	a, 100, 17a, 01 171	o, oneon this box a		(Form 990) 2023

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		, 				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1020516.	1219982.	1233176.	1078877.	1311888.	5864439.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,250.		2,822.	23,725.	34,589.	67,386.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	Total. Add lines 1 through 5	1026766.	1219982.	1235998.	1102602.	1346477.	5931825.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5931825.
Sed	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1026766.	1219982.	1235998.	1102602.	1346477.	5931825.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,498.	16,230.	4,078.	2,557.	37,174.	97,537.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	37,498.	16,230.	4,078.	2,557.	37,174.	97,537.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					9,429.	9,429.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1064264.	1236212.	1240076.	1105159.	1393080.	6038791.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						<u></u>
	ction C. Computation of Publi						00.00
	Public support percentage for 2023 (li	, (,,	,	olumn (f))		15	98.23 %
_	Public support percentage from 2022					16	98.43 %
	ction D. Computation of Inves						1 62
	Investment income percentage for 20					17	1.62 %
	Investment income percentage from 2					18	1.57 %
198	33 1/3% support tests - 2023. If the						v
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						
		alt this bast and at	on hore. The ergo	aization qualifica a	e a publichy cuppo	rtod organization	1 1
	line 18 is not more than 33 1/3%, che			•		•	·····

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
n 990)	2023

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Sched

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the 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, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
	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,	2		
	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
000.	ion of Type in cupporting organizations		V	NIa
4	Ways a majority of the avantitation's directors by twistons during the tay year along majority of the directors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	_		
Sact	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Jeci	non b. All Type III oupporting Organizations			
			Yes	No
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
3	By reason of the relationship described on line 2, above, 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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. 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 governmental entity (see in	struction	16)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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	2a		
	that these activities constituted substantially all of its activities.	Za		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	3h	1	i

	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	rage o
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion 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		
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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
5	Income tax imposed in prior year	5		
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-function		d Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 PRAIRIE RIVERS NETWORK	37-6085905	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; I and 2; Part IV, Section V, Section B, line 1e; Par	C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
FUNDRAISING REVENUE		
2023 AMOUNT: \$ 9,429.		

Schedule B

(Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

PRAIRIE RIVERS NETWORK 37-6085905 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

PRAIRIE RIVERS NETWORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JON MCNUSSEN 1505 E CO RD 1550 N VILLA GROVE, IL 61956-9629	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE ENERGY FOUNDATION 55 2ND ST STE 2400 SAN FRANCISCO, CA 94105	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROCKEFELLER FAMILY FUND 475 RIVERSIDE DR RM 900 NEW YORK, NY 10115	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WALTON FAMILY FOUNDATION PO BOX 2030 BENTONVILLE, AR 72712	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WINDWARD FOUNDATION 1828 L ST NW STE 300C WASHINGTON, DC 20036	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190	\$\$	Person X Payroll

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

PRAIRIE RIVERS NETWORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE LUMPKIN FAMILY FOUNDATION PO BOX 1234 MATTOON, IL 61938	\$60,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KAREN MEDINA AND STUART LEVY 1108 FOLEY AVE CHAMPAIGN, IL 61820	\$18,332.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CHRIS AND DAVID MAIN 1219 W CHARLES ST CHAMPAIGN, IL 61821		Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 CATHERINE CAPEL AND KEN SMITH 2022 CURETON DR URBANA, IL 61801	* \$ 6 , 692 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	NC-SARE/UNIVERSITY OF MINNESOTA 1300 S 2ND ST STE 645 MINNEAPOLIS, MN 55454		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	ANNICE MOSES AND MICHAEL ROSENTHAL 350 JACKSON AVE GLENCOE, IL 60022	\$5,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

PRAIRIE RIVERS NETWORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JANE AND ERIC FREYFOGLE 403 E SHERWIN DR URBANA, IL 61802	\$5,091.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BILL DAVEY 812 W GREEN ST CHAMPAIGN, IL 61820	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	GLYNNIS COLLINS AND NICK BROZOVIC 2760 RATHBONE RD LINCOLN, NE 68502	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
16	PATSY HIRSCH 12 N002 HIDDEN HILLS TRL ELGIN, IL 60124	Total contributions \$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	JULIE AND DAVID SHERWOOD 1406 MAYWOOD DR CHAMPAIGN, IL 61821	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	MELVIN D WING CHARITABLE TRUST 212 S 2ND ST SPRINGFIELD, IL 62701	\$5,000.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

PRAIRIE RIVERS NETWORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SHARING THE POWER FOUNDATION 601 13TH STREET N.W. SUITE 900 SOUTH WASHINGTON, DC 20005	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

PRAIRIE RIVERS NETWORK

(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (C) FMV (or estimate)	(d) Date received (d) Date received
Description of noncash property given	(c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate)	Date received
Description of noncash property given	(c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate)	Date received
	(c) FMV (or estimate)	
	FMV (or estimate)	4.0
	(See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b)	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) (c) FMV (or estimate) FMV (or estimate)

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** PRAIRIE RIVERS NETWORK 37-6085905 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Relationship of transferor to transferee

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

(d) Description of how gift is held

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from

Part I

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) (see separate instructions), then:

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			E	mployer identification number
D-	PRAIRIE	RIVERS NETWORK	Jan a a atian 504/a\	:	37-6085905
Pa	art I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		\$
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes
b	If "Yes," describe in Part IV.				
		anization is exempt und			
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ		•		
	exempt function activities				\$
3	Total exempt function expenditures			•	•
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses, and er made payments. For each organization				
	contributions received that were pro	•			•
	political action committee (PAC). If	• •		•	3 3
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

	PRAIRIE RIV				085905 Page 2
Part II-A Complete if the org	anization is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
	ū	•	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying e	. ,			
B Check if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
Limi	ts on Lobbying Exper	ditures		(a) Filing	(b) Affiliated group
	ditures" means amou			organization's totals	totals
				2 250	
1a Total lobbying expenditures to influ		, ,,		3,358.	
b Total lobbying expenditures to influ	-			1,004.	
c Total lobbying expenditures (add lii				4,362.	
d Other exempt purpose expenditure				1,061,532.	
e Total exempt purpose expenditure	,			1,065,894.	
f Lobbying nontaxable amount. Ente				181,589.	
If the amount on line 1e, column (a) o		oying nontaxable amo	ount is:		
not over \$500,000,		he amount on line 1e.	Φ500.000		
over \$500,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	O plus 15% of the exce	,		
	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 \$17,0		O plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,	\$1,000,0			45,397.	
g Grassroots nontaxable amount (en	,			0.	
h Subtract line 1g from line 1a. If zeroi Subtract line 1f from line 1c. If zero				0.	
i If there is an amount other than zer		ino 1i, did the organiza		<u> </u>	
reporting section 4911 tax for this		,	4720	Г	Yes No
reporting section 4911 tax for this		raging Period Under			165 140
(Some organizations the			` '	of the five columns be	low.
(*************************************		ite instructions for lin	•		
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Onlaw day, year					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
(or nacarycar beginning in)					
2a Lobbying nontaxable amount	168,536.	170,585.	163,661.	181,589.	684,371.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					1,026,557.
c Total lobbying expenditures	4,965.	5,195.	3,834.	4,362.	18,356.
	40.46		40.04-	4= 00=	454 000
d Grassroots nontaxable amount	42,134.	42,646.	40,915.	45,397.	171,092.
e Grassroots ceiling amount					056 633
(150% of line 2d, column (e))					256,638.
	2 206	2 426	2 452	2 252	12 552
f Grassroots lobbying expenditures	3,286.	3,436.	3,473.	3,358.	13,553.

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

teath res response on lines to a thought to below, provide intractive a detailed description		(a)		(b)	
the lobbying activity.	Yes	No	Amo	ount	
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 Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e 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 Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ection 501(c)(5), or se	ction		
301(0)(0).			Yes	No	
1 Ways substantially all (000) as mays) dues received manded with a by mambars?		1	103	140	
, , , , , , , , , , , , , , , , , , , ,					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), second to 100 (c) (d) and if either (a) BOTH Part III-A, lines 1 and 2, are answered.	rom the prior year? ection 501(c)(5	2 3 5), or se		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frat III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answe answered "Yes." Dues, assessments and similar amounts from members	rom the prior year? ection 501(c)(5 ered "No" OR (2 5), or se (b) Part		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	rom the prior year? ection 501(c)(5 ered "No" OR (2 5), or se (b) Part		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	rom the prior year? ection 501(c)(5 ered "No" OR (2 3 5), or se (b) Part		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year	rom the prior year? ection 501(c)(5 ered "No" OR (2 3 5), or se (b) Part		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year	rom the prior year? ection 501(c)(5 ered "No" OR (2 3 5), or se (b) Part		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year	rom the prior year? ection 501(c)(5 ered "No" OR (2 3 5), or se (b) Part 1 2a 2b 2c		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	rom the prior year? ection 501(c)(5 ered "No" OR (political	2 3 5), or se (b) Part 1 2a 2b 2c		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures frart III-B Complete if the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year	political per excess	2 3 5), or se (b) Part 1 2a 2b 2c		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the political	political per excess	2 3 3 5), or se (b) Part 1 2a 2b 2c 3		3, is	
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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 Inspection

Name of the organization

PRAIRIE RIVERS NETWORK

Employer identification number 37-6085905

Par	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, lin		or Acc	counts. Complete if the		
	organization answered Tes On Form 990, Fartiv, iii	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	(-,	()	,		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
_	for charitable purposes and not for the benefit of the donor o					
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	of a histori	cally important land area		
	Protection of natural habitat	Preservation of	of a certifie	ed historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a cons			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c		
d	Number of conservation easements included on line 2c acqu					
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organiza	ation during the tax		
	year					
4	Number of states where property subject to conservation eas		-			
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation	easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserve	ation ease	ments during the year		
•	7 thount of expenses mounted in monitoring, inspecting, have	and of violations, and officioning conscive	211011 0400	mente dannig the year		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)			
_				Yes No		
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	•				
	organization's accounting for conservation easements.	3				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Sir	nilar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balan	ce sheet works		
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtheranc	e of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB 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 furt	herance c	of public service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical treatment					
	the following amounts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1			\$		
b	Assets included in Form 990, Part X			\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023		

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (Other :	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	nake sigi	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or excl	nange program	1					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization'	s exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or other s	similar a	ssets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Ye	s" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	•	•				_	-	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		7
	Did the organization include an amount on Fo		·		•	/?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII.									
rai	t V Endowment Funds Complete if	(a) Current year					ears back	(a) Four	veare	hack
	Desiration of a substance	2,762,804.	(b) Prior year 2,966,101.	(c) Two years			06,774.	(e) Four		
	Beginning of year balance	2,762,804.	12,220.	2,759,						795.
	Contributions	755,435.	-212,734.		16,415. 11,500. 105,11 .95,441. 43,544. 82,38					
	Net investment earnings, gains, and losses	755,455.	-212,754.	193,	441.		43,544.		02,	386.
	Grants or scholarships									
е	Other expenditures for facilities	13,328.	2,783.	4	830.		2 7/3		27	510
	and programs	13,320.	2,705.	4,	030.		2,743.		۷,	519.
	Administrative expenses	3,507,761.	2,762,804.	2,966,	101	2 7	59,075.	2	706	774.
g	End of year balance				101.	2,7	33,073.		, , , , ,	774.
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	14.0538	· (iiiie Tg, coluitiit (a) · %) Held as.						
	Permanent endowment 85.9460	%	70							
	Term endowment .0000									
·	The percentages on lines 2a, 2b, and 2c should be a sh									
За	Are there endowment funds not in the posses	•	tion that are held an	d administered	for the					
-	organization by:	solon of the organizat	non that are from an	a aariii ilotoroo	. 101 1110				Yes	No
	(i) Unrelated organizations?							3a(i)		Х
	(m) = 1 · · · · · · · · ·							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizar							3b		
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, F	Part X, lir	ne 10.				
	Description of property	(a) Cost or ot basis (investm	', '			cumulate reciation	d	(d) Boo	k valu	e
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		10	9,008.		83,73	38.	2	5,2	70.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part >	K. line 10c, column	(B))				2.	5,2	70.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PRAIRIE RIV	ERS NETWORK	3'	7-6085905 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	2 040 000		
(A) FARM LAND	2,940,000.	END-OF-YEAR MARKET	r value
(B)			
(C)			
(D)			
(E)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,940,000.		
Part VIII Investments - Program Related.	2,540,0000		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)	,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	/ /D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col	I. (B))		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-,
(2) LEASE LIABILITY			49,076.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

49,076.

(9)

Par	וא ד	Reconciliation of Revenue per Audited Financial Statement	s with	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	2,055,957.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments	2a	679,089.		
b		ted services and use of facilities	2b	4,049.		
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	683,138.
3	Subtra	act line 2e from line 1			3	1,372,819.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
		nes 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial Statemer			5	1,372,819.
Pai	rt XII		its Wit	n Expenses per H	teturr	ו
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	1,069,943.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ted services and use of facilities	2a	4,049.		
b	Prior y	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	4,049.
3	Subtra	act line 2e from line 1			3	1,065,894.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
С	Add li	nes 4a and 4b			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,065,894.
		Supplemental Information				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part >	K, line 2; Part XI,
ines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal infor	mation.		
		T T377 0				
PAF	RT X	, LINE 2:				
PHE	G OR	GANIZATION IS A NON-PROFIT ORGANIZATION	THAT	IS EXEMPT	FRO	M FEDERAL
LNC	COME	TAX UNDER SECTION 501(C)(3) OF THE INTE	ERNAL	REVENUE CO	DE.	HOWEVER,
PHE	G OR	GANIZATION IS REQUIRED TO PAY FEDERAL TA	XES	ON ANY UNRE	LATI	ΞD
BUS	SINE	SS INCOME. THE ORGANIZATION FILES INCOME	'I'AX	RETURNS IN	THE	± U.S.
FEL	DERA	L JURISDICTION AND ONE STATE.				

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** 37-6085905 PRAIRIE RIVERS NETWORK Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Pa	rt I	Fundraising Events. Complete if the	ne organization answered	"Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000	
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.						
			(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
_			(event type)	(event type)	(total number)	col. (c))	
Revenue							
3eve	1	Gross receipts	106,581.			106,581.	
	2	Less: Contributions	97,152.			97,152.	
	3	Gross income (line 1 minus line 2)	9,429.			9,429.	
	4	Cash prizes					
ω	5	Noncash prizes					
bense	6	Rent/facility costs	5,660.			5,660.	
Direct Expenses	7	Food and beverages	18,048.			18,048.	
ā		Entertainment	250.			250.	
	9	Entertainment Other direct expenses				5,173.	
	10	Direct expense summary. Add lines 4 through				29,131.	
	10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)				-19,702.		
Pa							
		\$15,000 on Form 990-EZ, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
æ	1	Gross revenue					
S	2	Cash prizes					
irect Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No	
J							
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No	
33208	2 09	-13-23			Sche	dule G (Form 990) 2023	

Schedule G (Form 990) 2023 PRAIRIE RIVERS NETWORK	37-6083903 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	í.
N.	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
To Carring Harrager information.	
Nama	
Name	
O continuo de la contraction d	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	
	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990)	PRAIRIE RIVE	RS NETWORK	<u> 37-6085905</u>	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continued)			J
		(continued)			
				 <u> </u>	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PRAIRIE RIVERS NETWORK

Employer identification number 37-6085905

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POWER OF SCIENCE, LAW, AND COLLECTIVE ACTION, WE PROTECT AND RESTORE

OUR RIVERS, RETURN HEALTHY SOILS AND DIVERSE WILDLIFE TO OUR LANDS, AND

TRANSFORM HOW WE CARE FOR THE EARTH AND FOR EACH OTHER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND FOR EACH OTHER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PRAIRIE RIVERS NETWORK, WE ADVANCE PRACTICES AND POLICIES THAT RETURN

HEALTH TO OUR SOILS AND INCREASE BIODIVERSITY. WE WORK WITH PEOPLE TO

RESTORE THE LANDS ALONG AND BETWEEN OUR RIVERS, REPAIR THE EARTH THAT

PROVIDES OUR FOOD, AND ENSURE THAT ANIMALS HAVE THE HABITAT NEEDED TO

THRIVE.

INSPIRE CHANGE - PRAIRIE RIVERS NETWORK IS PART OF AN INTERCONNECTED

WHOLE. OUR COMMUNITY INCLUDES ALL PARTS OF THE EARTH: SOIL, WATER,

PEOPLE, PLANTS, AND ANIMALS. AT PRAIRIE RIVERS NETWORK, WE ELEVATE AND

UPHOLD THE CULTURAL VALUES AND UNDERSTANDINGS NEEDED FOR ALL LIFE TO

FLOURISH. WE USE THE IMAGES AND VOICES OF PEOPLE TO TELL COMPELLING

STORIES OF RESISTANCE AND RENEWAL. WE EDUCATE AND EMPOWER PEOPLE TO

ACT. AND WE LEAD COLLECTIVE EFFORTS TO CREATE NEW WAYS OF RESTORING OUR

RIVERS, HEALING OUR LANDS, AND CARING FOR OUR NEIGHBORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE GOVERNING BODY REVIEWS THE 990 BY HAVING THE EXECUTIVE DIRECTOR REVIEW

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** PRAIRIE RIVERS NETWORK 37-6085905 AND CERTIFY IT AS ACCURATE AND COMPLETE. THE FINANCE COMMITTEE REVIEWS IT FOR ACCURACY AND THE FULL BOARD REVIEWS AND APPROVES PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT OF THE BOARD AND EXECUTIVE DIRECTOR MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REVIEWING PROPOSED AND ONGOING TRANSACTIONS. FORM 990, PART VI, SECTION B, LINE 15A: THE FINANCE COMMITTEE ANNUALLY REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION AND CONSULTS INDUSTRY STANDARDS FOR THIS TYPE OF POSITION AND RESPONSIBILITIES. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: DUES AND SUBSCRIPTIONS: PROGRAM SERVICE EXPENSES 6,741. MANAGEMENT AND GENERAL EXPENSES 108. FUNDRAISING EXPENSES 378. 7,227. TOTAL EXPENSES DISBURSEMENTS TO SUBGRANTEES: 4,275. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. 4,275. TOTAL EXPENSES Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page :
Name of the organization PRAIRIE RIVERS NETWORK	Employer identification number 37-6085905
RIVER CLEAN UPS:	
PROGRAM SERVICE EXPENSES	3,652.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,652.
REGISTRATION FEES:	
PROGRAM SERVICE EXPENSES	3,478.
MANAGEMENT AND GENERAL EXPENSES	32.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,510.
BOARD ADMIN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,424.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,424.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	622.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	622.
EQUIPMENT:	
PROGRAM SERVICE EXPENSES	329.
MANAGEMENT AND GENERAL EXPENSES	16.
332212 11-14-23 4 2	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization PRAIRIE RIVERS NETWORK	Employer identification number 37-6085905
FUNDRAISING EXPENSES	56.
TOTAL EXPENSES	401.
WORKSHOPS:	
PROGRAM SERVICE EXPENSES	252.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	252.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	23,363.
FORM 990, PART XII, LINE 2C: THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	