

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

, 2014, and ending

|                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |  |                                                                                                                                                                                      |  |                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| <b>C</b> Name and address of principal officer:<br>FRIENDS OF THE RIVER FOUNDATION<br>1418 20TH STREET #100<br>SACRAMENTO, CA 95811                                                                                                                                                                        |  | <b>D</b> Employer identification number<br>94-2400210                                                          |  | <b>E</b> Telephone number<br>916-442-3155                                                                                                                                            |  | <b>F</b> Gross receipts \$<br>504,449                                 |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Application pending<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Address change |  | <b>G</b> Are all subsidiaries included?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>H(a)</b> Is this a group return for subsidiaries?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                          |  | <b>H(b)</b> If "No," attach a list (see instructions)                 |  |
| <b>I</b> Tax-exempt status<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) <input type="checkbox"/> 4947(a)(1) or 527                                                                                                                                                     |  | <b>J</b> Website: <a href="http://WWW.FRIENDSOFTHERIVER.ORG">WWW.FRIENDSOFTHERIVER.ORG</a>                     |  | <b>K</b> Form of organization:<br><input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other |  | <b>L</b> Year of formation: 1976 <b>M</b> State of legal domicile: CA |  |

1 Briefly describe the organization's mission or most significant activities: RESTORATION OF RIVERS, STREAMS, AND THEIR WATERSHEDS, PRESERVATION, PROTECTION, AND

|                                                                                                                                                  |  |                                                                                        |  |                                                                                        |  |                                                                                       |  |                                                                                              |  |                                                                                |  |                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  | <b>3</b> Number of independent voting members of the governing body (Part VI, line 1a) |  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) |  | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) |  | <b>6</b> Total number of volunteers (estimate if necessary)                                  |  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 |  | <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 |  |
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                           |  | <b>9</b> Program service revenue (Part VIII, line 2g)                                  |  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                |  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)    |  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)     |  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                      |  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)               |  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                     |  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)                |  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          |  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12                 |  | <b>20</b> Total assets (Part X, line 16)                                 |  |
| <b>21</b> Total liabilities (Part X, line 26)                                                                                                    |  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                   |  | <b>23</b> Beginning of current year                                                    |  | <b>24</b> End of year                                                                 |  | <b>25</b> Total assets or fund balances. Subtract line 23 from line 24                       |  | <b>26</b> Total liabilities. Subtract line 25 from line 26                     |  | <b>27</b> Net assets or fund balances. Subtract line 26 from line 27     |  |

|                                                       |  |                                                                 |  |
|-------------------------------------------------------|--|-----------------------------------------------------------------|--|
| <b>28</b> Signature of officer: <i>ERIC WESSELMAN</i> |  | <b>29</b> Signature of preparer: <i>JAMES H. FRITZSCHE, CPA</i> |  |
| <b>30</b> Date: 9/15/15                               |  | <b>31</b> Date:                                                 |  |
| <b>32</b> Title: EXECUTIVE DIRECTOR                   |  | <b>33</b> Title:                                                |  |

|                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>34</b> Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |
| <b>35</b> Signature of officer: <i>ERIC WESSELMAN</i>                                                                                                                                                                                                                                                                           |  |
| <b>36</b> Signature of preparer: <i>JAMES H. FRITZSCHE, CPA</i>                                                                                                                                                                                                                                                                 |  |
| <b>37</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>38</b> Title: EXECUTIVE DIRECTOR                                                                                                                                                                                                                                                                                             |  |
| <b>39</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>40</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>41</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>42</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>43</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>44</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>45</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>46</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>47</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>48</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>49</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>50</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>51</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>52</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>53</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>54</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>55</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>56</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>57</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>58</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>59</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>60</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>61</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>62</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>63</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>64</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>65</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>66</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>67</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>68</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>69</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>70</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>71</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>72</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>73</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>74</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>75</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>76</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>77</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>78</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>79</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>80</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>81</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>82</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>83</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>84</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>85</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>86</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>87</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>88</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>89</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>90</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>91</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>92</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>93</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>94</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>95</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>96</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>97</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>98</b> Date:                                                                                                                                                                                                                                                                                                                 |  |
| <b>99</b> Title:                                                                                                                                                                                                                                                                                                                |  |
| <b>100</b> Date:                                                                                                                                                                                                                                                                                                                |  |

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

**Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III. ☐

1 Briefly describe the organization's mission: PRESERVATION, PROTECTION, AND RESTORATION OF RIVERS, STREAMS, AND THEIR WATERSHEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 416,505. Including grants of \$ ) (Revenue \$ 6,353.)  
 CONSERVATION & PUBLIC EDUCATION PROGRAMS: ADVOCATE FOR PRESERVATION AND PROTECTION OF  
 RIVER AND WATER RESOURCES AND FOR HYDROPOWER REFORM; EDUCATE AND GRASSROOTS  
 ORGANIZING OF THE GENERAL PUBLIC FOR THE PRESERVATION AND PROTECTION OF RIVERS.

4b (Code: ) (Expenses \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses 416,505.

## Checklist of Required Schedules

| Yes | No | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12a | 12b | 13 | 14a | 14b | 15 | 16 | 17 | 18 | 19 | 20 | 20b |
|-----|----|-----|---|---|---|---|---|---|---|---|----|----|-----|-----|----|-----|-----|----|----|----|----|----|----|-----|
|     | X  | 1   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 2   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 3   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 4   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 5   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 6   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 7   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 8   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 9   |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 10  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 11  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 12a |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 12b |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 13  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 14a |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 14b |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 15  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 16  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 17  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 18  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 19  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     | X  | 20  |   |   |   |   |   |   |   |   |    |    |     |     |    |     |     |    |    |    |    |    |    |     |
|     |    | 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.                                                                                             | X | 21  |
| 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.                                                                                                                 | X | 22  |
| 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.                                                      | X | 23  |
| 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.                            | X | 24a |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                          |   | 24b |
| 24c | 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 |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                    |   | 24d |
| 25a | 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 Schedule L, Part I.                                       | X | 25a |
| 25b | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.                                 | X | 25b |
| 26  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | X | 26  |
| 27  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                              | X | 27  |
| 28  | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.                                                                                                                                                                                                   |   | 28a |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.                                                                                                                                                                                | X | 28b |
|     | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.                                                                                    | X | 28c |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.                                                                                                                                                                                                  | X | 29  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.                                                                                                                                  | X | 30  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.                                                                                                                                                                                        | X | 31  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.                                                                                                                                                                      | X | 32  |
| 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.                                                                                                                      | X | 33  |
| 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.                                                                                                                                                                  | X | 34  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                    | X | 35a |
|     | 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.                                                                                         | X | 35b |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.                                                                                                                                  | X | 36  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.                                                                             | X | 37  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.                                                                                                                              | X | 38  |



**Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, describe the circumstances, processes, or changes in a 'No' response to line 8a, 8b, or 10b below, see instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒ **Schedule O**

### Section A. Governing Body and Management

- 1 a** Enter the number of voting members of the governing body at the end of the tax year. **11**
- 1 b** Enter the number of voting members included in line 1a, above, who are independent. **11**
- 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? ☒

- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ☒
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ☒
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets? ☒
- 6** Did the organization have members or stockholders? ☒
- 7 a** 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? ☒
- 7 b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ☒
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

- a** The governing body? ☒
- b** Each committee with authority to act on behalf of the governing body? ☒
- 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 in Schedule O. ☒

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

- 10 a** Did the organization have local chapters, branches, or affiliates? ☒
- b** 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? ☒
- 11 a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ☒
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O

- 12 a** Did the organization have a written conflict of interest policy? If 'No,' go to line 13. ☒
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ☒
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O

- 13** Did the organization have a written whistleblower policy? ☒
- 14** Did the organization have a written document retention and destruction policy? ☒
- 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? ☒
- a** The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O
- b** Other officers or key employees of the organization. SEE SCHEDULE O

- 16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ☒
- b** If 'Yes' to line 16a or 16b, describe the process in Schedule O (see instructions).
- 17** 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? ☒

### Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed. CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

- 20** State the name, address, and telephone number of the person who possesses the organization's books and records. BOOKKEEPER 1418 20TH STREET SACRAMENTO CA 95811 916-442-3155

# **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, Highest Compensated Employees**

1. A complete 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 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 and/or Box 7 of Form 1099-MISC) 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.

• List persons in the following order: individual trustees or directors; institutional trustees; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                 | (B)<br>Average number of hours per week (list any hours for which the individual trustee or director was not compensated) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                       |                                                                                                                           |                                                                                                           |                                                                      |                                                                           |                                                                                               |
| (1) CORLEY PHILLIPS<br>CHAIRMAN       | 5                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) JOHN YOST<br>TREASURER            | 3                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) RICHARD WEISS<br>SECRETARY        | 3                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) SCOTT ARMSTRONG<br>DIRECTOR       | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) GORDON BECKER<br>DIRECTOR         | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) MARIAN BENDER<br>DIRECTOR         | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) MARIAN BENDER<br>DIRECTOR         | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) BOB CUSHMAN<br>DIRECTOR           | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) JEFF DEFEW<br>DIRECTOR            | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) JANN DORMAN<br>DIRECTOR           | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) KEVAN URGART<br>DIRECTOR         | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) MARK DUBOIS<br>DIRECTOR          | 1                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) DIR. EMERITUS<br>ERIC WESSELMAN  | 0                                                                                                                         | X                                                                                                         | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) EXECUTIVE DIR.<br>ERIC WESSELMAN | 40                                                                                                                        | X                                                                                                         | 80,000                                                               | 0                                                                         | 16,248                                                                                        |
| (14)                                  |                                                                                                                           |                                                                                                           |                                                                      |                                                                           |                                                                                               |

(рәһиңи)

[illegible]

|   |                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 3 | Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.                                       |  |  |  |  |  |  |  |  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. |  |  |  |  |  |  |  |  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.                       |  |  |  |  |  |  |  |  |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

[illegible]

Statement of Revenue

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

| (D)<br>Revenue excluded from tax under sections 512-514 | (C)<br>Unrelated business revenue | (B)<br>Related or function exempt revenue | (A)<br>Total revenue |
|---------------------------------------------------------|-----------------------------------|-------------------------------------------|----------------------|
|---------------------------------------------------------|-----------------------------------|-------------------------------------------|----------------------|

|                                                                                                         |  |  |  |    |         |
|---------------------------------------------------------------------------------------------------------|--|--|--|----|---------|
| <b>1 a</b> Federated campaigns                                                                          |  |  |  | 1a |         |
| <b>b</b> Membership dues                                                                                |  |  |  | 1b |         |
| <b>c</b> Fundraising events                                                                             |  |  |  | 1c |         |
| <b>d</b> Related organizations                                                                          |  |  |  | 1d |         |
| <b>e</b> Government grants (contributions)                                                              |  |  |  | 1e |         |
| <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                 |  |  |  | 1f |         |
| <b>g</b> Noncash contributions included in lines 1a-1f: \$                                              |  |  |  |    | 336,551 |
| <b>h</b> Total. Add lines 1a-1f                                                                         |  |  |  |    | 336,551 |
| <b>Business Code</b>                                                                                    |  |  |  |    |         |
| <b>2 a</b>                                                                                              |  |  |  |    |         |
| <b>b</b>                                                                                                |  |  |  |    |         |
| <b>c</b>                                                                                                |  |  |  |    |         |
| <b>d</b>                                                                                                |  |  |  |    |         |
| <b>e</b>                                                                                                |  |  |  |    |         |
| <b>f</b> All other program service revenue                                                              |  |  |  |    |         |
| <b>g</b> Total. Add lines 2a-2f                                                                         |  |  |  |    |         |
| <b>3</b> Investment income (including dividends, interest and other similar amounts)                    |  |  |  |    |         |
| <b>4</b> Income from investment of tax-exempt bond proceeds                                             |  |  |  |    |         |
| <b>5</b> Royalties                                                                                      |  |  |  |    |         |
| <b>6 a</b> Gross rents                                                                                  |  |  |  |    |         |
| <b>b</b> Less: rental expenses                                                                          |  |  |  |    |         |
| <b>c</b> Rental income or (loss)                                                                        |  |  |  |    |         |
| <b>d</b> Net rental income or (loss)                                                                    |  |  |  |    |         |
| <b>7 a</b> Gross amount from sales of                                                                   |  |  |  |    |         |
| <b>b</b> Less: cost or other basis                                                                      |  |  |  |    |         |
| <b>c</b> Gain or (loss)                                                                                 |  |  |  |    |         |
| <b>d</b> Net gain or (loss)                                                                             |  |  |  |    |         |
| <b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) |  |  |  |    |         |
| <b>b</b> Less: direct expenses                                                                          |  |  |  |    |         |
| <b>c</b> Net income or (loss) from fundraising events                                                   |  |  |  |    |         |
| <b>9 a</b> Gross income from gaming activities                                                          |  |  |  |    |         |
| <b>b</b> Less: direct expenses                                                                          |  |  |  |    |         |
| <b>c</b> Net income or (loss) from gaming activities                                                    |  |  |  |    |         |
| <b>10 a</b> Gross sales of inventory, less returns and allowances                                       |  |  |  |    |         |
| <b>b</b> Less: cost of goods sold                                                                       |  |  |  |    |         |
| <b>c</b> Net income or (loss) from sales of inventory                                                   |  |  |  |    |         |
| <b>11 a</b> OTHER PROGRAM REVENUE 900099                                                                |  |  |  |    |         |
| <b>b</b>                                                                                                |  |  |  |    |         |
| <b>c</b>                                                                                                |  |  |  |    |         |
| <b>d</b> All other revenue                                                                              |  |  |  |    |         |
| <b>e</b> Total. Add lines 11a-11d                                                                       |  |  |  |    |         |
| <b>12</b> Total revenue. See instructions                                                               |  |  |  |    |         |

Other Revenue

|                                           |  |  |  |  |  |
|-------------------------------------------|--|--|--|--|--|
| <b>11 a</b> OTHER PROGRAM REVENUE 900099  |  |  |  |  |  |
| <b>b</b>                                  |  |  |  |  |  |
| <b>c</b>                                  |  |  |  |  |  |
| <b>d</b> All other revenue                |  |  |  |  |  |
| <b>e</b> Total. Add lines 11a-11d         |  |  |  |  |  |
| <b>12</b> Total revenue. See instructions |  |  |  |  |  |

**Statement of Functional Expenses**  
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX. ☒ X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                         |  |  | 6b, 7b, 8b, 9b, and 10b of Part VIII. |                          |                                 |                      |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------|--------------------------|---------------------------------|----------------------|
|                                                                                |                                                                                                                                                                                                                                         |  |  | (A)                                   | (B)                      | (C)                             | (D)                  |
|                                                                                |                                                                                                                                                                                                                                         |  |  | Total expenses                        | Program service expenses | Management and general expenses | Fundraising expenses |
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                   |  |  |                                       |                          |                                 |                      |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                              |  |  |                                       |                          |                                 |                      |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                       |  |  |                                       |                          |                                 |                      |
| 4                                                                              | Benefits paid to or for members, trustees, and key employees.                                                                                                                                                                           |  |  |                                       |                          |                                 |                      |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                               |  |  |                                       |                          |                                 |                      |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                          |  |  |                                       |                          |                                 |                      |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                               |  |  |                                       |                          |                                 |                      |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     |  |  |                                       |                          |                                 |                      |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                |  |  |                                       |                          |                                 |                      |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          |  |  |                                       |                          |                                 |                      |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |  |  |                                       |                          |                                 |                      |
| a                                                                              | Management.                                                                                                                                                                                                                             |  |  |                                       |                          |                                 |                      |
| b                                                                              | Legal.                                                                                                                                                                                                                                  |  |  |                                       |                          |                                 |                      |
| c                                                                              | Accounting.                                                                                                                                                                                                                             |  |  |                                       |                          |                                 |                      |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               |  |  |                                       |                          |                                 |                      |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                |  |  |                                       |                          |                                 |                      |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             |  |  |                                       |                          |                                 |                      |
| g                                                                              | Other: (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                               |  |  |                                       |                          |                                 |                      |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              |  |  |                                       |                          |                                 |                      |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        |  |  |                                       |                          |                                 |                      |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 |  |  |                                       |                          |                                 |                      |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              |  |  |                                       |                          |                                 |                      |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              |  |  |                                       |                          |                                 |                      |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 |  |  |                                       |                          |                                 |                      |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |  |  |                                       |                          |                                 |                      |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                 |  |  |                                       |                          |                                 |                      |
| 20                                                                             | Interest.                                                                                                                                                                                                                               |  |  |                                       |                          |                                 |                      |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                 |  |  |                                       |                          |                                 |                      |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                              |  |  |                                       |                          |                                 |                      |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              |  |  |                                       |                          |                                 |                      |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |  |  |                                       |                          |                                 |                      |
| a                                                                              | PRINTING AND PUBLICATIONS                                                                                                                                                                                                               |  |  |                                       |                          |                                 |                      |
| b                                                                              | BANK AND PAYROLL FEES                                                                                                                                                                                                                   |  |  |                                       |                          |                                 |                      |
| c                                                                              | EQUIPMENT LEASE & RENTAL                                                                                                                                                                                                                |  |  |                                       |                          |                                 |                      |
| d                                                                              | TELEPHONE, FAX & EMAIL                                                                                                                                                                                                                  |  |  |                                       |                          |                                 |                      |
| e                                                                              | All other expenses.                                                                                                                                                                                                                     |  |  |                                       |                          |                                 |                      |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     |  |  |                                       |                          |                                 |                      |
| 26                                                                             | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |  |  |                                       |                          |                                 |                      |

## Balance Sheet

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

|     |                                                                                                                                                                                                                                                                                                                                | (A)<br>Beginning of year | (B)<br>End of year |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| 1   | Cash — non-interest-bearing                                                                                                                                                                                                                                                                                                    | 298,612.                 | 219,019.           |
| 2   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                         |                          |                    |
| 3   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                             | 54,500.                  | 21,078.            |
| 4   | Accounts receivable, net                                                                                                                                                                                                                                                                                                       | 6,594.                   | 4,458.             |
| 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |                          |                    |
| 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. |                          |                    |
| 7   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                                |                          |                    |
| 8   | Inventories for sale or use                                                                                                                                                                                                                                                                                                    |                          |                    |
| 9   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                          | 8,960.                   | 15,954.            |
| 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                           | 24,097.                  |                    |
| 10b | Less: accumulated depreciation.                                                                                                                                                                                                                                                                                                | 16,826.                  | 7,271.             |
| 11  | Investments — publicly traded securities.                                                                                                                                                                                                                                                                                      |                          |                    |
| 12  | Investments — other securities. See Part IV, line 11.                                                                                                                                                                                                                                                                          |                          |                    |
| 13  | Investments — program-related. See Part IV, line 11.                                                                                                                                                                                                                                                                           |                          |                    |
| 14  | Intangible assets.                                                                                                                                                                                                                                                                                                             |                          |                    |
| 15  | Other assets. See Part IV, line 11.                                                                                                                                                                                                                                                                                            | 10,287.                  | 5,777.             |
| 16  | Total assets. Add lines 1 through 15 (must equal line 34).                                                                                                                                                                                                                                                                     | 381,930.                 | 273,557.           |
| 17  | Accounts payable and accrued expenses.                                                                                                                                                                                                                                                                                         | 17,243.                  | 46,985.            |
| 18  | Grants payable.                                                                                                                                                                                                                                                                                                                |                          |                    |
| 19  | Deferred revenue.                                                                                                                                                                                                                                                                                                              |                          |                    |
| 20  | Tax-exempt bond liabilities.                                                                                                                                                                                                                                                                                                   |                          |                    |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |                          |                    |
| 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.                                                                                                                                          |                          |                    |
| 23  | Secured mortgages and notes payable to unrelated third parties.                                                                                                                                                                                                                                                                |                          |                    |
| 24  | Unsecured notes and loans payable to unrelated third parties.                                                                                                                                                                                                                                                                  |                          |                    |
| 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.                                                                                                                                                         |                          |                    |
| 26  | Total liabilities. Add lines 17 through 25.                                                                                                                                                                                                                                                                                    | 17,243.                  | 46,985.            |
| 27  | Unrestricted net assets.                                                                                                                                                                                                                                                                                                       | 194,805.                 | 171,997.           |
| 28  | Temporarily restricted net assets.                                                                                                                                                                                                                                                                                             | 169,882.                 | 54,575.            |
| 29  | Permanently restricted net assets.                                                                                                                                                                                                                                                                                             |                          |                    |
| 30  | Capital stock or trust principal, or current funds.                                                                                                                                                                                                                                                                            |                          |                    |
| 31  | Paid-in or capital surplus, or land, building, or equipment fund.                                                                                                                                                                                                                                                              |                          |                    |
| 32  | Retained earnings, endowment, accumulated income, or other funds.                                                                                                                                                                                                                                                              |                          |                    |
| 33  | Total net assets or fund balances.                                                                                                                                                                                                                                                                                             | 364,687.                 | 226,572.           |
| 34  | Total liabilities and net assets/fund balances.                                                                                                                                                                                                                                                                                | 381,930.                 | 273,557.           |

☐ Organizations that do not follow SFAS 117 (ASC 958), check here ▶  
☒ Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.

Form 990 (2014)

BAA

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain \_\_\_\_\_

2a Were the organization's financial statements compiled or reviewed by an independent accountant? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c 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? ☐ Yes ☒ No

If the organization changed either its oversight process or selection process during the tax year, explain \_\_\_\_\_

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐ Yes ☒ No

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

3b ☐ Yes ☒ No

Check if Schedule O contains a response or note to any line in this Part XII. ☐

**Financial Statements and Reporting**

|    |                                                                                                                |          |
|----|----------------------------------------------------------------------------------------------------------------|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 461,396  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 599,511  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | -138,115 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 364,687  |
| 5  | Net unrealized gains (losses) on investments                                                                   |          |
| 6  | Donated services and use of facilities                                                                         |          |
| 7  | Investment expenses                                                                                            |          |
| 8  | Prior period adjustments                                                                                       |          |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           |          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 226,572  |

Check if Schedule O contains a response or note to any line in this Part XI. ☐

**Reconciliation of Net Assets**

**SCHEDULE A**  
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**FRIENDS OF THE RIVER FOUNDATION**

94-2400210

Employer identification number

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
  - 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8 ☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
  - 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s). (See instructions.) You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (see instructions) (above or IRC section 509(a)(1) or 509(a)(2)) | (iv) Is the organization in your governing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| (A)                                |          |                                                                                             | Yes                                                  |                                                   |                                                 |
| (B)                                |          |                                                                                             | No                                                   |                                                   |                                                 |
| (C)                                |          |                                                                                             |                                                      |                                                   |                                                 |
| (D)                                |          |                                                                                             |                                                      |                                                   |                                                 |
| (E)                                |          |                                                                                             |                                                      |                                                   |                                                 |
| Total                              |          |                                                                                             |                                                      |                                                   |                                                 |

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)       | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1                                                 |          |          |          |          |          |           |
| 2                                                 |          |          |          |          |          |           |
| 3                                                 |          |          |          |          |          |           |
| 4                                                 |          |          |          |          |          |           |
| 5                                                 |          |          |          |          |          |           |
| 6                                                 |          |          |          |          |          |           |
| Public support. Subtract line 5 from line 4. .... |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                          | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|----------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7                                                                    |          |          |          |          |          |           |
| 8                                                                    |          |          |          |          |          |           |
| 9                                                                    |          |          |          |          |          |           |
| 10                                                                   |          |          |          |          |          |           |
| 11                                                                   |          |          |          |          |          |           |
| 12                                                                   |          |          |          |          |          |           |
| 13                                                                   |          |          |          |          |          |           |
| Gross receipts from related activities, etc (see instructions) ..... |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|    |                                                                                        |    |   |
|----|----------------------------------------------------------------------------------------|----|---|
| 14 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 | Public support percentage from 2013 Schedule A, Part II, line 14                       | 15 | % |

- 16 a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 17 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐
- b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in)                                                                                                                                   | (a) 2010   | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")                                                                         | 1,028,084. | 657,251. | 352,356. | 432,443. | 336,551. | 2,806,685. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |            |          |          |          |          | 0.         |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513.                                                                             | 152,376.   | 77,880.  | 153,886. | 160,718. | 161,402. | 706,262.   |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                          |            |          |          |          |          | 0.         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                  |            |          |          |          |          | 0.         |
| 6 Total. Add lines 1 through 5.                                                                                                                                             | 1,180,460. | 735,131. | 506,242. | 593,161. | 497,953. | 3,512,947. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons.                                                                                                | 0.         | 0.       | 0.       | 0.       | 0.       | 0.         |
| 7b 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.         | 0.       | 0.       | 0.       | 23,743.  | 23,743.    |
| 8 Public support. (Subtract line 7c from line 6.)                                                                                                                           |            |          |          |          | 23,743.  | 3,489,204. |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in)                                                                                                                                         | (a) 2010   | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|----------|----------|------------|
| 9 Amounts from line 6.                                                                                                                                                            | 1,180,460. | 735,131. | 506,242. | 593,161. | 497,953. | 3,512,947. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.                                               | 15,592.    | 4,966.   | 1,275.   | 1,180.   | 143.     | 23,156.    |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                        |            |          |          |          |          | 0.         |
| c Add lines 10a and 10b.                                                                                                                                                          | 15,592.    | 4,966.   | 1,275.   | 1,180.   | 143.     | 23,156.    |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                   |            |          |          |          |          | 0.         |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI, SEE PART VI).                                                                   | 112,120.   | 49,641.  | 21,459.  |          | 6,353.   | 189,573.   |
| 13 Total support. (Add lines 9, 10c, 11 and 12.)                                                                                                                                  | 1,308,172. | 789,738. | 528,976. | 594,341. | 504,449. | 3,725,676. |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. |            |          |          |          |          |            |

**Section C. Computation of Public Support Percentage**

|                                                                                            |         |
|--------------------------------------------------------------------------------------------|---------|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). | 93.65 % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15.                      | 95.53 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                 |        |
|-------------------------------------------------------------------------------------------------|--------|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). | 0.62 % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17.                        | 0.64 % |

- 19a 33-1/3% support tests — 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b 33-1/3% support tests — 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 (b) and (c) 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")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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?                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                               |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)                                                                                                                                                                                                                                                                                                                                                   |     |    |

**Supporting Organizations (continued)**

**Section B. Type I Supporting Organizations**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

|     |  |  |  |
|-----|--|--|--|
| 11a |  |  |  |
| 11b |  |  |  |
| 11c |  |  |  |

Yes No

**Section C. Type II Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the purposes of the supported organization(s) that operated, supervised, or controlled the benefit carried out the purposes of the supported organization(s)? If "Yes," explain in Part VI how providing such supporting organization.

|   |  |  |  |
|---|--|--|--|
| 1 |  |  |  |
| 2 |  |  |  |

Yes No

**Section D. All Type III Supporting Organizations**

1 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 the supported organization(s).

|   |  |  |  |
|---|--|--|--|
| 1 |  |  |  |
|---|--|--|--|

Yes No

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

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).

3 By reason of the relationship described in (2), 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.

|   |  |  |  |
|---|--|--|--|
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Yes No

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent 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 instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.

b Did the activities described in (a) 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 involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a 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? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

|    |  |  |  |
|----|--|--|--|
| 2a |  |  |  |
| 2b |  |  |  |
| 3a |  |  |  |
| 3b |  |  |  |

Yes No

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A – Adjusted Net Income**

|                                                                                                                                                                                                            | (A) Prior Year | (B) Current Year (optional) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 Net short-term capital gain                                                                                                                                                                              |                |                             |
| 2 Recoveries of prior-year distributions                                                                                                                                                                   |                |                             |
| 3 Other gross income (see instructions)                                                                                                                                                                    |                |                             |
| 4 Add lines 1 through 3                                                                                                                                                                                    |                |                             |
| 5 Depreciation and depletion                                                                                                                                                                               |                |                             |
| 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) |                |                             |
| 7 Other expenses (see instructions)                                                                                                                                                                        |                |                             |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              |                |                             |

**Section B – Minimum Asset Amount**

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) |  |
| a Average monthly value of securities                                                                                            |  |
| b Average monthly cash balances                                                                                                  |  |
| c Fair market value of other non-exempt-use assets                                                                               |  |
| d Total (add lines 1a, 1b, and 1c)                                                                                               |  |
| e Discount claimed for blockage or other factors (explain in detail in Part VII)                                                 |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                                                   |  |
| 3 Subtract line 2 from line 1d                                                                                                   |  |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               |  |
| 6 Multiply line 5 by .035                                                                                                        |  |
| 7 Recoveries of prior-year distributions                                                                                         |  |
| 8 Minimum Asset Amount (add line 7 to line 6)                                                                                    |  |

**Section C – Distributable Amount**

|                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    |  |
| 2 Enter 85% of line 1                                                                                                                                                      |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   |  |
| 4 Enter greater of line 2 or line 3                                                                                                                                        |  |
| 5 Income tax imposed in prior year                                                                                                                                         |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                    |  |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |  |

**Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

|                                  |                                                                                                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Section D – Distributions</b> |                                                                                                                                            |
| 1                                | Amounts paid to supported organizations to accomplish exempt purposes.                                                                     |
| 2                                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.     |
| 3                                | Administrative expenses paid to accomplish exempt purposes of supported organizations.                                                     |
| 4                                | Amounts paid to acquire exempt-use assets.                                                                                                 |
| 5                                | Qualified set-aside amounts (prior IRS approval required).                                                                                 |
| 6                                | Other distributions (describe in Part VI). See instructions.                                                                               |
| 7                                | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                  |
| 8                                | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |
| 9                                | Distributable amount for 2014 from Section C, line 6.                                                                                      |
| 10                               | Line 8 amount divided by Line 9 amount.                                                                                                    |

| <b>Section E – Distribution Allocations (see instructions)</b> |                                                                                                                                                     | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------------------------------|
| 1                                                              | Distributable amount for 2014 from Section C, line 6.                                                                                               |                                |                                        |                                           |
| 2                                                              | Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions).                                                 |                                |                                        |                                           |
| 3                                                              | Excess distributions carryover, if any, to 2014.                                                                                                    |                                |                                        |                                           |
| a                                                              |                                                                                                                                                     |                                |                                        |                                           |
| b                                                              |                                                                                                                                                     |                                |                                        |                                           |
| c                                                              |                                                                                                                                                     |                                |                                        |                                           |
| d                                                              |                                                                                                                                                     |                                |                                        |                                           |
| e                                                              | From 2013.                                                                                                                                          |                                |                                        |                                           |
| f                                                              | Total of lines 3a through e.                                                                                                                        |                                |                                        |                                           |
| g                                                              | Applied to underdistributions of prior years.                                                                                                       |                                |                                        |                                           |
| h                                                              | Applied to 2014 distributable amount.                                                                                                               |                                |                                        |                                           |
| i                                                              | Carryover from 2009 not applied (see instructions).                                                                                                 |                                |                                        |                                           |
| j                                                              | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                   |                                |                                        |                                           |
| 4                                                              | Distributions for 2014 from Section D, line 7: \$                                                                                                   |                                |                                        |                                           |
| a                                                              | Applied to underdistributions of prior years.                                                                                                       |                                |                                        |                                           |
| b                                                              | Applied to 2014 distributable amount.                                                                                                               |                                |                                        |                                           |
| c                                                              | Remainder. Subtract lines 4a and 4b from 4.                                                                                                         |                                |                                        |                                           |
| 5                                                              | Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                                |                                        |                                           |
| 6                                                              | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                                |                                        |                                           |
| 7                                                              | Excess distributions carryover to 2015. Add lines 3j and 4c.                                                                                        |                                |                                        |                                           |
| 8                                                              | Breakdown of line 7:                                                                                                                                |                                |                                        |                                           |
| a                                                              |                                                                                                                                                     |                                |                                        |                                           |
| b                                                              |                                                                                                                                                     |                                |                                        |                                           |
| c                                                              |                                                                                                                                                     |                                |                                        |                                           |
| d                                                              | Excess from 2013.                                                                                                                                   |                                |                                        |                                           |
| e                                                              | Excess from 2014.                                                                                                                                   |                                |                                        |                                           |

BAA

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART III, LINE 12 - OTHER INCOME**

| NATURE AND SOURCE | 2014      | 2013       | 2012       | 2011        | 2010        |
|-------------------|-----------|------------|------------|-------------|-------------|
|                   | \$ 6,353. | \$ 21,459. | \$ 49,641. | \$ 112,120. | \$ 112,120. |
| TOTAL             | \$ 6,353. | \$ 21,459. | \$ 49,641. | \$ 112,120. | \$ 112,120. |

**ADDITIONAL EXPLANATION OF OTHER INCOME**  
RIVER FEES, MISCELLANEOUS

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

94-2400210

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

☐ 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

☒ 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 or 990-EZ), 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 VII, 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization  
FRIENDS OF THE RIVER FOUNDATIONEmployer identification number  
94-2400210**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                   |
|---------------|--------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | AMERICAN RIVERS<br>1101 14TH STREET NW, SUITE 140<br>WASHINGTON, DC 20005            | \$ 13,500.                    | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | PATAGONIA<br>259 W SANTA CLARA STREET<br>VENTURA, CA 93001                           | \$ 10,000.                    | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3             | APPLETON<br>PO BOX 1460<br>SANTA CRUZ, CA 95811                                      | \$ 6,000.                     | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4             | DEAN ALPER<br>100 DRAKES LANDING RD, SUITE 1<br>GREENBRAE, CA 94904                  | \$ 5,000.                     | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5             | ANN AND GORDON GETTY FOUNDATION<br>ONE EMBARCADERO CENTER<br>SAN FRANCISCO, CA 94111 | \$ 10,000.                    | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6             | GUY AND JEANINE SAPERSTEIN<br>52 GLEN ALPINE ROAD<br>PIEDMONT, CA 94611              | \$ 10,000.                    | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization: FRIENDS OF THE RIVER FOUNDATION  
 Employer identification number: 94-2400210

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                   |
|---------------|-----------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7             | TRISH KASPER<br>234 ELM ST, APT 211<br>SAN MATEO, CA 94401                        | \$ 18,875.                    | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8             | SUSAN SCHWARTZ<br>1418 20TH STREET, STE 100<br>SACRAMENTO, CA 95811               | \$ 5,000.                     | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9             | INTERNATIONAL COMMUNITY FOUNDATION<br>2505 N AVE.<br>NATIONAL CITY, CA 91950      | \$ 5,000.                     | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10            | WILLIAM & FLORA HEWLETT FOUNDATION<br>2121 SAND HILL ROAD<br>MENLO PARK, CA 94025 | \$ 27,000.                    | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|               |                                                                                   |                               |                                                                                                                                                               |
|               |                                                                                   |                               |                                                                                                                                                               |
|               |                                                                                   |                               |                                                                                                                                                               |
|               |                                                                                   |                               | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

FRIENDS OF THE RIVER FOUNDATION

94-2400210

**Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]



**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.  
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

**FRIENDS OF THE RIVER FOUNDATION**

Employer identification number 94-2400210

**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures.  \$

3 Volunteer hours.

**Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955.  \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955.  \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| (1)      |             |         |                                                                      |                                                                                                                                             |
| (2)      |             |         |                                                                      |                                                                                                                                             |
| (3)      |             |         |                                                                      |                                                                                                                                             |
| (4)      |             |         |                                                                      |                                                                                                                                             |
| (5)      |             |         |                                                                      |                                                                                                                                             |
| (6)      |             |         |                                                                      |                                                                                                                                             |

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014

BAA

| Calendar year (or fiscal year beginning in)               | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
|-----------------------------------------------------------|----------|----------|----------|----------|-----------|
| 2a Lobbying non-taxable amount                            |          |          |          |          |           |
| b Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| c Total lobbying expenditures                             |          |          |          |          |           |
| d Grassroots nontaxable amount                            |          |          |          |          |           |
| e Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                        |          |          |          |          |           |

## Lobbying Expenditures During 4-Year Averaging Period

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

## 4-Year Averaging Period Under Section 501(h)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)</p> <p><b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)</p> <p><b>c</b> Total lobbying expenditures (add lines 1a and 1b)</p> <p><b>d</b> Other exempt purpose expenditures</p> <p><b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)</p> <p><b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.</p> |  | <p><b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)</p> <p><b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-</p> <p><b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-</p>                                                                                                                                                                                                                                                                     |  | <p><b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |  |
| <p><b>1b</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)</p> <p><b>2a</b> Lobbying non-taxable amount</p> <p><b>2b</b> Lobbying ceiling amount (150% of line 2a, column (e))</p> <p><b>2c</b> Total lobbying expenditures</p> <p><b>2d</b> Grassroots nontaxable amount</p> <p><b>2e</b> Grassroots ceiling amount (150% of line 2d, column (e))</p> <p><b>2f</b> Grassroots lobbying expenditures</p>                                                        |  | <p><b>3</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)</p> <p><b>4</b> Total lobbying expenditures to influence a legislative body (direct lobbying)</p> <p><b>5</b> Total lobbying expenditures (add lines 3 and 4)</p> <p><b>6</b> Other exempt purpose expenditures</p> <p><b>7</b> Total exempt purpose expenditures (add lines 5 and 6)</p> <p><b>8</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.</p> |  | <p><b>9</b> Grassroots nontaxable amount (enter 25% of line 8f)</p> <p><b>10</b> Subtract line 9g from line 8a. If zero or less, enter -0-</p> <p><b>11</b> Subtract line 8f from line 8c. If zero or less, enter -0-</p>  |  |

## Limits on Lobbying Expenditures

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

## Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| (a) | (b)    |
|-----|--------|
| Yes | Amount |
| No  |        |

**SEE PART IV**

|    |                                                                                                                                                                                                                               |   |        |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| 1  | 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)?                                                                                                                                  | X |        |
| c  | Media advertisements?                                                                                                                                                                                                         |   |        |
| d  | Mailings to members, legislators, or the public?                                                                                                                                                                              | X |        |
| e  | Publications, or published or broadcast statements?                                                                                                                                                                           | X |        |
| f  | Grants to other organizations for lobbying purposes?                                                                                                                                                                          | X |        |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   | X |        |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     | X |        |
| i  | Other activities?                                                                                                                                                                                                             | X |        |
| j  | Total. Add lines 1c through 1i.                                                                                                                                                                                               |   | 1,934. |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                 | X |        |
| 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 IV** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                   |   |  |
|---|---------------------------------------------------------------------------------------------------|---|--|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                      |   |  |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 1 |  |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 2 |  |
|   |                                                                                                   | 3 |  |

**Part V** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

|   |                                                                                                                                                            |    |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members.                                                                                                        | 1  |  |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). |    |  |
| a | Current year.                                                                                                                                              | 2a |  |
| b | Carryover from last year.                                                                                                                                  | 2b |  |
| c | Total.                                                                                                                                                     | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.                                                           | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess expenditure next year?                             | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions).                                                                                  | 5  |  |

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B - DESCRIPTION OF LOBBYING ACTIVITY**

LOBBIED TO PROTECT RIVERS IN CALIFORNIA.

**Supplemental Financial Statements**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**FRIENDS OF THE RIVER FOUNDATION**

94-2400210

**Organizations Maintaining Donor Advised Funds or Accounts.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):  
☐ Preservation of land for public use (e.g., recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|   |                                                                                                                                          |    |
|---|------------------------------------------------------------------------------------------------------------------------------------------|----|
| a | Total number of conservation easements.                                                                                                  |    |
| b | Total acreage restricted by conservation easements.                                                                                      |    |
| c | Number of conservation easements on a certified historic structure included in (a).                                                      | 2a |
| d | Number of conservation easements included in (c) acquired after 8/7/06, and not on a historic structure listed in the National Register. | 2b |
|   |                                                                                                                                          | 2c |
|   |                                                                                                                                          | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

- 4 Number of states where property subject to conservation easement is located.
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (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 furtherance of public service, provide the following amounts relating to these items:

|      |                                                  |  |
|------|--------------------------------------------------|--|
| (i)  | Revenue included in Form 990, Part VIII, line 1. |  |
| (ii) | Assets included in Form 990, Part X.             |  |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

|   |                                                  |  |
|---|--------------------------------------------------|--|
| a | Revenue included in Form 990, Part VIII, line 1. |  |
| b | Assets included in Form 990, Part X.             |  |

BAA

Schedule D (Form 990) 2014

| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|
| 1a Land                                                                                         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation |
| 1b Buildings                                                                                    |                                      |                                 |                              |
| 1c Leasehold improvements                                                                       |                                      |                                 |                              |
| 1d Equipment                                                                                    |                                      |                                 |                              |
| 1e Other                                                                                        |                                      |                                 |                              |
|                                                                                                 |                                      | 24,097.                         | 16,826.                      |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 | 7,271.                       |

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

**Land, Buildings, and Equipment.**

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
- (ii) related organizations
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 3a(i) Yes No

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
- (ii) related organizations
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 3a(i) Yes No

**Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

- 1a Beginning of year balance.
- 1b Contributions.
- 1c Net investment earnings, gains, and losses.
- 1d Grants or scholarships.
- 1e Other expenditures for facilities and programs.
- 1f Administrative expenses.
- 1g End of year balance.
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.
- 2b
- 2c
- 2d
- 2e
- 2f
- 2g
- 2h
- 2i
- 2j
- 2k
- 2l
- 2m
- 2n
- 2o
- 2p
- 2q
- 2r
- 2s
- 2t
- 2u
- 2v
- 2w
- 2x
- 2y
- 2z
- 2aa
- 2ab
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**Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- 6 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 7a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?
- 7b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- 8a Public exhibition
- 8b Scholarly research
- 8c Preservation for future generations
- 8d Loan or exchange programs
- 8e Other
- 9 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- 10 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

**Part VIII Investments - Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security (including name of security)

(b) Book value

(c) Method of valuation: Cost or end-of-year market value

(1) Financial derivatives

(2) Closely-held equity interests

(3) Other

(A) Other

(B) Other

(C) Other

(D) Other

(E) Other

(F) Other

(G) Other

(H) Other

(I) Other

Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type

(b) Book value

(c) Method of valuation: Cost or end-of-year market value

(1) Other

(2) Other

(3) Other

(4) Other

(5) Other

(6) Other

(7) Other

(8) Other

(9) Other

(10) Other

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)

**Part VIII Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description

N/A

(b) Book value

(1) Other

(2) Other

(3) Other

(4) Other

(5) Other

(6) Other

(7) Other

(8) Other

(9) Other

(10) Other

Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)

**Part VIII Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability

(b) Book value

(1) Federal income taxes

(2) Other

(3) Other

(4) Other

(5) Other

(6) Other

(7) Other

(8) Other

(9) Other

(10) Other

(11) Other

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

SEE PART XIII.

MANAGEMENT OF FOR HAS EVALUATED THE TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES. MANAGEMENT DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST. WITH FEW EXCEPTIONS, FOR IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL AUTHORITIES FOR YEARS ENDING DECEMBER 31, 2010 AND BEFORE AND BY STATE AUTHORITIES FOR YEARS ENDING DECEMBER 31, 2009 AND BEFORE.

## PART X - FIN 48 FOOTNOTE

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## Supplemental Information.

|   |                                                                                  |    |            |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements.                      | 1  | 1,031,611. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities.                                          | 2a | 432,100.   |
| b | Prior year adjustments.                                                          | 2b |            |
| c | Other losses.                                                                    | 2c |            |
| d | Other (Describe in Part XIII.)                                                   | 2d |            |
| e | Add lines 2a through 2d.                                                         | 2e | 432,100.   |
| 3 | Subtract line 2e from line 1.                                                    | 3  | 599,511.   |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b.                | 4a |            |
| b | Other (Describe in Part XIII.)                                                   | 4b |            |
| c | Add lines 4a and 4b.                                                             | 4c |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 599,511.   |

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  
 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

|   |                                                                                 |    |          |
|---|---------------------------------------------------------------------------------|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements.       | 1  | 893,496. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |
| a | Net unrealized gains (losses) on investments.                                   | 2a |          |
| b | Donated services and use of facilities.                                         | 2b | 432,100. |
| c | Recoveries of prior year grants.                                                | 2c |          |
| d | Other (Describe in Part XIII.)                                                  | 2d |          |
| e | Add lines 2a through 2d.                                                        | 2e | 432,100. |
| 3 | Subtract line 2e from line 1.                                                   | 3  | 461,396. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b.               | 4a |          |
| b | Other (Describe in Part XIII.)                                                  | 4b |          |
| c | Add lines 4a and 4b.                                                            | 4c |          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 461,396. |

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  
 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.  
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**FRIENDS OF THE RIVER FOUNDATION**

**Fundraising Activities.** Complete if the organization answered "Yes" to 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.

- a ☐ Mail solicitations  
 b ☐ Internet and email solicitations  
 c ☐ Phone solicitations  
 d ☐ In-person solicitations  
 e ☐ Solicitation of non-government grants  
 f ☐ Solicitation of government grants  
 g ☐ Special fundraising events

2a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                     |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                     |                                                   |
| Total                                                     |               |                                                                |    |                                   |                                                                     | 0.                                                |

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.

11a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain:

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain:

| REVENUE |                                                                     | EXPENSES                                                 |   |                                                          |   |
|---------|---------------------------------------------------------------------|----------------------------------------------------------|---|----------------------------------------------------------|---|
| 1       | Gross revenue                                                       |                                                          |   |                                                          |   |
| 2       | Cash prizes                                                         |                                                          |   |                                                          |   |
| 3       | Noncash prizes                                                      |                                                          |   |                                                          |   |
| 4       | Rent/facility costs                                                 |                                                          |   |                                                          |   |
| 5       | Other direct expenses                                               |                                                          |   |                                                          |   |
| 6       | Volunteer labor                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | % | Yes <input type="checkbox"/> No <input type="checkbox"/> | % |
| 7       | Direct expense summary. Add lines 2 through 5 in column (d).        |                                                          |   |                                                          |   |
| 8       | Net gaming income summary. Subtract line 7 from line 1, column (d). |                                                          |   |                                                          |   |

**Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE |                                                               | EXPENSES |  |  |  |
|---------|---------------------------------------------------------------|----------|--|--|--|
| 1       | Gross receipts                                                |          |  |  |  |
| 2       | Less: Contributions                                           |          |  |  |  |
| 3       | Gross income (line 1 minus line 2)                            |          |  |  |  |
| 4       | Cash prizes                                                   |          |  |  |  |
| 5       | Noncash prizes                                                |          |  |  |  |
| 6       | Rent/facility costs                                           |          |  |  |  |
| 7       | Food and beverages                                            |          |  |  |  |
| 8       | Entertainment                                                 |          |  |  |  |
| 9       | Other direct expenses                                         |          |  |  |  |
| 10      | Direct expense summary. Add lines 4 through 9 in column (d).  |          |  |  |  |
| 11      | Net income summary. Subtract line 10 from line 3, column (d). |          |  |  |  |

**Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part 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.

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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 the organization's own exempt activities during the tax year ☐ \$

**16** Gaming manager information:

Name ☐ Director/officer ☐ Employee ☐ Independent contractor

Gaming manager compensation ☐ \$

Description of services provided ☐

**15a** Does the organization have a contact 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 amount of gaming revenue retained by the third party ☐ \$

**c** If 'Yes,' enter name and address of the third party: ☐

Name ☐

Address ☐

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records: ☐

|                                                                    | 13a | 13b |
|--------------------------------------------------------------------|-----|-----|
| <b>13</b> Indicate the percentage of gaming activity conducted in: |     |     |
| <b>a</b> The organization's facility                               |     |     |
| <b>b</b> An outside facility                                       |     |     |

**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

**11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

|                   |  |         |         |         |        |
|-------------------|--|---------|---------|---------|--------|
| CONTRACT SERVICES |  | (A)     | (B)     | (C)     | (D)    |
| TOTAL             |  | 98,481. | 76,788. | 16,257. | 5,436. |
| TOTAL             |  | 98,481. | 76,788. | 16,257. | 5,436. |

FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES

UPON REQUEST

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COMPENSATION APPROVED BY EXECUTIVE DIRECTOR AND CONFIRMED BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION APPROVED BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

TRANSACTION IS ENTERED INTO.

AND THE TRANSACTION IS FAIR AND REASONABLE TO THIS CORPORATION AT THE TIME THE

CIRCUMSTANCES, AND THIS CORPORATION ENTERS INTO THE TRANSACTION FOR ITS OWN BENEFIT

NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE

AFTER REASONABLE INVESTIGATION UNDER THE CIRCUMSTANCES THAT THE CORPORATION COULD

PRIOR TO APPROVING THE TRANSACTION, THE BOARD CONSIDERS AND IN GOOD FAITH DETERMINES

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

COPIES OF THE DRAFT WILL BE PROVIDED TO THE FINANCE COMMITTEE.

THE FORM 990 IS REVIEWED AND SIGNED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FRIENDS OF THE RIVER FOUNDATION

Employer identification number  
94-2400210

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 990-EZ.  
Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

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