Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

201

2010

OMB No 1545-0047

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

							Inspection
			lendar year, or tax year begin C Name of organization	ning 01-01-2010 and ending 12-31-2010	0	D Employer	identification number
_	eck ıf a dress ch	applicable hange	CLEAN UP THE RIVER ENVIRONM	ENT		31-1693	
_	me cha	-	Doing Business As				
_	tial retu	-				E Telephone	number
_	mınate		Number and street (or P O box 117 SOUTH FIRST ST	If mail is not delivered to street address)	Room/suite	(320) 269	
_	ended	return n pending	City or town, state or country, ar MONTEVIDEO, MN 56265	nd ZIP + 4		G Gross receip	ots \$ 331,054
Арі	plication	n penang	5 N 1 1 1 6	L 66			
			F Name and address of p PATRICK MOORE	orincipal officer	H(a) Isthisa	group return for affil	ıates?
			117 SOUTH 1ST ST MONTEVIDEO, MN 5626	5.5	H(b) Are all	affiliates included	?
			MONTEVIDEO, MN 3020	55	If "No	o," attach a lıs	t (see instructions)
r Ta	x-exem	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Grou	p exemption n	umber 🟲
ı w	ebsit e	e: 🕨 WW	W CUREMNRIVER ORG				
K For	m of or	ganızatıon	Corporation Trust Associa	ation Other ►	L Year of fo	rmation 1992	M State of legal domicile
Da	rt I	Sum	mary		•		MN
Га			-				
	1	•		sion or most significant activities THE UPPER MINNESOTA RIVER AND	TO TAKE AC	TION TO RES	TORE THIS AREA OF
a)	1			LOGICAL INTEGRITY AND NATURAL B			
Governance			<u>-</u>				
፸							
<u> </u>							
Ę.	2	Check th	ıs box দ ıf the organızatıon	discontinued its operations or disposed o	of more than 2	5% of its net	assets
	3	Number	of voting members of the gove	erning body (Part VI, line 1a)		з	15
eo eo			_	rs of the governing body (Part VI, line 1b)	_		15
≘							
Activities &				ın calendar year 2010 (Part V, line 2a)		5	3
ပ္			nber of volunteers (estimate i			6	50
				Part VIII, column (C), line 12		7a	0
	ь	Net unrel	lated business taxable incom	e from Form 990-T, line 34		7b	
					Prio	r Year	Current Year
	8	Contrib	outions and grants (Part VIII	, line 1 h)		197,992	318,846
Revenue	9	Progra	m service revenue (Part VIII	7,610	10,077		
<u>ş</u>	10	Invest	ment income (Part VIII, colu	278	241		
ä	11	Otheri	revenue (Part VIII, column (A	5,479	1,269		
	12		evenue—add lines 8 through :				
	42					211,359	330,433
	13			art IX, column (A), lines 1-3)		880	280
	14			t IX, column (A), line 4)			0
8	15	Salarıe 10)	s, other compensation, emplo	oyee benefits (Part IX, column (A), lines 5	5-	83,779	106,597
Expenses	16a	Profess	sional fundraising fees (Part I			0	
ੜੇ	ь	Total fur	ndraising expenses (Part IX, column	(D), line 25) ►27,791			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		102,805	56,898
	18			nust equal Part IX, column (A), line 25)		187,464	163,775
	19			ne 18 from line 12		23,895	166,658
<u>%</u> ত				<u> </u>		g of Current	End of Year
Net Assets or Fund Balances	20	Total -	scate (Part V line 15)		Y	158 308	
A B	20 21		ssets (Part X, line 16)			158,308 46,297	324,907 46,362
<u>5</u> 5			, , ,			•	
	22			ct line 21 from line 20		112,011	278,545
Pai	rt II	Sign	ature Block				
know		and belief		nined this return, including accompanying s te. Declaration of preparer (other than office			
		****			20	11-11-09	
Sigr		Signa	ture of officer		Da	nte	
Her		PATRI	ICK MOORE EXECUTIVE DIRECTOR				
			or print name and title				
	I	Print/Type		Preparer's signature D		Check if self-	PTIN
Paid]	preparer's	name JAMES B KNUTSON	JAMES B KNUTSON 20	011-11-11	employed 🕨 🦵	. =
Prep	arer		ne DANA F COLE & COMPANY LLP				Firm's EIN
•	Only	Firm's add	Iress PO BOX 502				Phone no (320) 269- 2146
	-	I	MONTEVIDEO, MN 56265				1-110

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

Par	t III			ce Accomplishment onse to any question in th			.
1	Briefl	y describe the orga	nızatıon's mıssıon				
				R MINNESOTA RIVER A GRITY AND NATURAL B		CTION TO RESTORE THE BENEFIT OF ALL	IIS AREA OF THE
2				nt program services durii			Yes ✓ No
		s," describe these r				,	
3	Did th	ie organization ceas	e conducting, or m	ake sıgnıfıcant changes ı			Yes V No
	If "Ye	s," describe these o	hanges on Schedu	le O			
4	Section	on 501(c)(3) and 50) 1 (c)(4) organizatio		(1) trusts are re	st program services by e quired to report the amou ce reported	
4a	(Code	2) (Expenses \$	1,543 including gra	ants of \$) (Revenue \$	360)
	RIVER	RS & HISTORY WEEKENI	O - APPROXIMATELY 80	CANOES IN ONE WEEKEND ON	LOCAL RIVERS FOR	R THIS YEARLY EVENT	
4b	(Code	2) (Expenses \$	7,943 including gra	ants of \$) (Revenue \$	6,038)
	ANNU	AL MEETING - SPRING I	MEMBERS MEETING TO	ELECT NEW DIRECTORS/REPO	RT ON PROGRESS/S	SOCIAL GATHERING	
4с	(Code	2) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4d	Othe	r program services	(Describe in Sche	dule 0) See also Addit id	nal Data for De	scription	
	(Exp	enses \$	71,022 incli	uding grants of \$	280) (Revenue \$	3,679)
4e	Tota	l program service e	xpenses ► \$	80,508			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	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	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes Vo			
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	36		Νο
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	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	1			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
.	return			
	That least one is reported on fine 2a, did the organization me an required lederal employment tax returns.	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νo
ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	76		
0	Form 1098-C?	7h		
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	1 1			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year			
	Is the organization licensed to issue qualified health plans in more than one state?			
u	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
-	in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4.4.		4.4=		NI -
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14b		No
n	Be	441		

DIXIE TILDEN 418 CHIPPEWA ST 418 CHIPPEWA ST MONTEVIDEO,MN 56265

(320) 269-2984

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

									_
Check if Schedule O-contains a response to an									1.4
. Neck it Schenille U. contains a response to an	nijestion in this Part VI -	_	_	_	_	_	_	_	- 14

Se	ction A. Governing Body and Management								
			Yes	No					
1-									
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	b Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο					
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?	3		N o					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο					
6	Does the organization have members or stockholders?	6		Νο					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
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	9		N o					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal								
<u>Re</u>	venue Code.)								
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes						
13	Does the organization have a written whistleblower policy?	13	Yes						
14	Does the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	15a	Yes							
b	15b		No						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed ► MN								
18	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply								
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of								
	interest policy, and financial statements available to the public. See Additional Data Table								
∠U	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	mzatior	 - 					

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, officers, 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) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DUANE NINNEMAN CHAIRMAN	1 00	х		х				30,000	0	0
(2) JAMES FALK DIRECTOR	1 00	х						0	0	0
(3) JOSH PRESTON DIRECTOR	1 00	х						0	0	0
(4) RACHEL RIGENHAGEN DIRECTOR	1 00	х						0	0	0
(5) CASEY SCHULTE DIRECTOR	1 00	х						0	0	0
(6) DAN KURKIEWICZ DIRECTOR	1 00	х						0	0	0
(7) SCOTT WILSON DIRECTOR	1 00	х						0	0	0
(8) PRESTON MEYER DIRECTOR	1 00	х						0	0	0
(9) SCOTT TEDRICK DIRECTOR	1 00	х						0	0	0
(10) KURT BALDWIN DIRECTOR	1 00	х						0	0	0
(11) DENNIS ULRICH TREASURER	3 00	х		х				0	0	0
(12) TROY GOODNOUGH DIRECTOR	1 00	х						0	0	0
(13) TOM WATSON DIRECTOR	1 00	х						0	0	0
(14) JOE HAUGER CHAIRMAN	1 00	х		х				0	0	0
(15) MARVIN BOIKE DIRECTOR	1 00	х						0	0	0
(16) JULIA AHLERS NESS DIRECTOR	1 00	Х						0	0	0

\$100,000 in compensation from the organization 🕨

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	A verage Position (check all hours that apply)							(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other compensation		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganızatı relate organıza	he on and ed	
17) PATRICK MOORE	32 00			х				40,000		0		6,08	
1b Sub-Total				٠.	٠.	'	-						
c Total from continuation	on sheets to Part VII, See	tion A				Þ							
d Total (add lines 1b an	d 1c)		•		•		<u> </u>	70,000				6,080	
	duals (including but not lir e compensation from the				ted	above)) who	received more tha	n				
									_		Yes	No	
	st any former officer, dire mplete Schedule J for such				eye •	mploy •	ee, c	or highest compensa	ated employee	3		Νο	
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such									4		Νο	
	on line 1a receive or accri he organization? <i>If</i> " <i>Yes,"</i>								r individual for	5		No	
Section B. Independ Complete this table for	ent Contractors r your five highest compei	nsatedi	nden	ende	nt c	ontrac	tors	that received more	than				
	ation from the organization		паср					Time received more					
	(A) Name and business ad	dress						Descri	(B) ption of services		(C) Compen		
										+			
2 Total number of indepen	odent contractors (includi	na hut n	ot lin	niter	l to 1	those	iste	d above) who receiv	ed more than	+			

	0 (2010)				P	age 9
Part VI	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excludee from tax under sections
gifts, grants lar amounts	b Membership dues 1b c Fundraising events 1c d Related organizations 1d	5,725				513, or 514
and other similar amounts	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	318,846				
Program Service Revenue	Busing ANNUAL BANQUET b EVENTS c CONTRACTED SERVICES d	900099 900099 900099	6,038 2,724 1,315	2,724		
	f All other program service revenue g Total. Add lines 2a-2f		10,077 241			24
	'	ersonal				
	(i) Securities (ii) Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	Other				
	(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events					
	Da Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses	1,860 600	1,260			1,2€
1	returns and allowances . a b Less cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Busin b C C C C C C C C C C C C C C C C C C	30 21 ess Code	9			
1	e Total. Add lines 11a-11d		330,433		orm 990 (2	1,5

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	280		γ	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	70,000	28,000	28,000	14,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	70,000	20,000	20,000	14,000
7	Other salaries and wages	22,434	8,973	8,974	4,487
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,000	1,200	1,200	600
9	Other employee benefits	6,080		2,432	1,216
10	Payroll taxes	5,083	· · · · ·	2,432	1,017
a	Fees for services (non-employees)	3,063	2,033	2,033	1,017
ь	Management Legal				
с	Accounting	1,350		1,350	
d	Lobbying	2,223		2,555	
e e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,626	1,301		325
13	Office expenses	5,342	2,417	2,321	604
14	Information technology	3,312	2,117	2,321	
15	Royalties				
16	Occupancy	6,412	2,564	2,565	1,283
17	Travel	9,328	,	2,303	1,866
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7,320	7,402		1,000
19	Conferences, conventions, and meetings	6,984	6,984		
20	Interest	5,221	5,221		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,977	1,409	568	
23	Insurance	619	,	619	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	013		013	
а	ENTERTAINMENT/SPEAKER FEE	7,648	7,648		
b	SUPPLIES	6,589	2,635	2,636	1,318
c	COMMUNICATION	3,919	3,135		784
d	CONTRACTORS	867	867		
е	DUES & SUBSCRIPTIONS	797		797	
f	All other expenses	3,440	1,168	1,981	291
25	Total functional expenses. Add lines 1 through 24f	163,775	80,508	55,476	27,791
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· .

Part X Balance Sheet (A) (B) Beginning of year End of year 53.328 108,564 1 Cash—non-interest-bearing 8.133 2 2 8.221 Savings and temporary cash investments 3 3 4,000 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 6 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) 6 8 Inventories for sale or use 83 8 63 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part 218.892 10a VI of Schedule D 15.501 203,391 ь Less accumulated depreciation 10b 95.879 10c 885 11 11 668 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 158.308 16 324,907 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . 18 18 45.000 19 19 45.000 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 1.297 25 1,362 Other liabilities Complete Part X of Schedule D 26 46.297 26 46.362 **Total liabilities.** Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 112.011 27 278,545 Temporarily restricted net assets 28 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 112,011 278,545 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 158.308 324,907 34

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	330,433
2	Total expenses (must equal Part IX, column (A), line 25)	2			163,77!
3	Revenue less expenses Subtract line 2 from line 1	3			166,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	112,01
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-124
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	278,545
Par	Table Transport			٦.	I
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 in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

31-1693392

OMB No 1545-0047

B NO 1545-004

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

CLEAN UP THE RIVER ENVIRONMENT

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. ▶ See separate instructions.

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions											
he c	e organization is not a private foundation because it is (For lines 1 through 11, check only one box)											
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospi	tal or a coo	perative hospital ser	vice organiz	atıon descr	ıbed ın sect io	n 170(b)(1)	(A)(iii).			
4	Γ			ı organızatıon operat ty, and state	ed in conjun	ction with a	hospital des	cribed in se c	ction 170(b)(tion 170(b)(1)(A)(iii). Enter the		
5	Γ	Anorga	ınızatıon ope	erated for the benefit	of a college	or universi	ty owned or o	perated by	a governmen	tal unıt descr	ıbed ın	
		section	170(b)(1)(A)(iv). (Complete Pa	art II)							
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın sect i	ion 170(b)(1	L)(A)(v).			
7	Γ			it normally receives	a substantıa	ıl part of ıts	support from	a governme	ental unit or f	rom the gene	ral public	
		describ		A)(vi) (Complete Pa	art II \							
8	\vdash			described in section		A)(vi) (Co)	mnlete Part II	Γ)				
9	<u> </u>			it normally receives					hutions men	nhershin fees	and aross	
-	'			ities related to its ex								
		•		oss investment incor	•	_						
				anızatıon after June						· · · · · · · · · · · · · · · · · · ·		
10	\sqcap	•		anized and operated	•			•	•			
11	Г	Anorga	nızatıon org	anized and operated	exclusively	for the ben	efit of, to perf	form the fund	ctions of, or t	o carry out th	ne purposes of	
		the box		y supported organiza bes the type of supp b Type II	ortıng organı	ı <u>za</u> tıon and		s 11e throu	gh 11h	_	9(a)(3). Check III - Other	
e	\sqcap	By chec	king this bo	ox, I certify that the	organızatıon	ıs not cont	rolled directly	or indirect	y by one or r	nore disqualif	ied persons	
				on managers and oth	ner than one	or more pul	blicly support	ed organizat	tions describ	ed in section	509(a)(1) or	
f			509(a)(2)	received a written de	termination	from the ID	C that it is a	Type I Typ	a II or Type	III supportin	a organization	
•		check t		received a Willeli de	:termination	nom the IN	S that it is a	туре 1, тур	e II OI I ype	III supportini		
g			-	006, has the organi	zatıon accep	ted any gift	t or contributi	on from any	of the			
			g persons?	rectly or indirectly co	ontrole autho	aralona ort	togothor with	narcane dae	cribed in (ii)		V N-	
				governing body of the	•		-	persons des	cribed iii (ii)	11g(Yes No	
				er of a person describ			ation.			11g(i	` 	
				led entity of a persor	• • •		above?			11g(i	` 	
h				ig information about						9(-	,	
				· 9		-	,					
				(iii) Type of	(iv) Is the		(v)		(vi			
	(i)			organization	organizati		Did you no organizat		Is th		(vii)	
	Name suppoi		(ii) EIN	(described on lines 1- 9 above	col (ı) lıst		col (i) of		organiza col (i) ord		A mount of	
	ganız		LIN	or IRC section	your gove docume		suppo		in the U	•	support	
	_			(see		1				1	-	
				instructions))	Yes	No	Yes	No	Yes	No		
										+		
						-	+	1	1			
							+					
						-	1	-		1		

Total

Part II 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.)

-	action A Public Support	organización i	ans to quality t	maci the tests	noted below, pic	sase complete	1 41 (111.)
	ection A. Public Support	1	1	1	1 1		·
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
_	grants ")			1			
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge			1			
4	Total. Add lines 1 through 3			<u> </u>			
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
c	(f) Public Support. Subtract line 5 from			+			
6	line 4						
S	ection B. Total Support	1	1	1			<u> </u>
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
-	Gross income from interest,						
8	dividends, payments received on	l					
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly	l					
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	l					
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth. or	fifth tax vear as a	501(c)(3) organi	ızatıon.
	check this box and stop here	5	= =, = = = = = =	,,, 31	, -a. a. a.	- (-)(-) - (5411	▶ □
	<u> </u>						
	ection C. Computation of Pub						
14	Public Support Percentage for 2010) (line 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A, Pai	t II, line 14			15	
16a	33 1/3% support test-2010. If the	organization did	not check the box	x on line 13. and	line 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qua	-		·	2		▶ □
ь	33 1/3% support test—2009. If the	•			a, and line 15 is 3	3 3 1/3% or more	. ,
_	box and stop here. The organization				,	_,	▶□
17a	10%-facts-and-circumstances test-				ne 13, 16a, or 16b	and line 14	,
	is 10% or more, and if the organizat						
	in Part IV how the organization mee						rted
	organization			J	•		▶ ┌
ь	10%-facts-and-circumstances test-	–2009. If the orga	anızatıon dıd not o	check a box on lii	ne 13, 16a, 16b, o	r 17a and line	
	15 is 10% or more, and if the organ	ızatıon meets the	e "facts and circu	mstances" test,	check this box and	d stop here.	
	Explain in Part IV how the organizat						у
	supported organization						▶ ┌
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	
	instructions						₽ □

Part III 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.)

<u>S</u> e	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	139,838	188,588	322,970	197,992		183,258	1,032,646
,	include any "unusual grants ") Gross receipts from admissions,							
2	merchandise sold or services							
	performed, or facilities furnished in	16,161	21,955	15,437	7,647		10,107	71,307
	any activity that is related to the	10,101	21,933	15,457	7,047		10,107	71,507
	organization's tax-exempt							
_	purpose Gross receipts from activities that						+	
3	are not an unrelated trade or				5,959		1,860	7,819
	business under section 513				,		´	,
4	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
5	behalf The value of services or facilities						+	
3	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	155,999	210,543	338,407	211,598		195,225	1,111,772
7a	A mounts included on lines 1, 2,	00.400	112.000	270 000	125.000		70 000	702.404
	and 3 received from disqualified	88,400	142,000	278,000	125,000		70,000	703,400
h	persons A mounts included on lines 2 and 3						+	
U	received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of the							
	amount on line 13 for the year	88,400	142,000	278,000	125,000		70,000	703,400
	Add lines 7a and 7b Public Support (Subtract line 7c	88,400	142,000	278,000	123,000		70,000	703,400
8	from line 6)							408,372
Se	ction B. Total Support							
	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
9	ın) A mounts from line 6	155,999	210,543	338,407	211,598		195,225	1,111,772
9 10a	Gross income from interest,	133,333	210,515	330,107	211,330		173,223	1,111,772
104	dividends, payments received on							
	securities loans, rents, royalties	1,407	2,646	1,594	278		241	6,166
	and income from similar							
	sources							
Ь	Unrelated business taxable income (less section 511 taxes)							
	from businesses acquired after							
	June 30, 1975							
c	Add lines 10a and 10b	1,407	2,646	1,594	278		241	6,166
11	Net income from unrelated							
	business activities not included							
	in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part							
	IV)							
13	Total support (Add lines 9, 10c, 11 and 12)	157,406	213,189	340,001	211,876		195,466	1,117,938
14	First Five Years If the Form 990 is for	or the organization	n's first, second.	third, fourth, or f	ifth tax vear as a	section5	01(c)(3) organization.
	check this box and stop here		,	,,	, , , , , , , , , , , , , , , , , , , ,		(-/(-	▶ □
	ection C. Computation of Publ			(0)				
15	Public Support Percentage for 2010		-	L3 column (f))		15		36 530 %
16	Public support percentage from 200	9 Schedule A, Pa	rt III, line 15			16		34 980 %
	- Line B. Connection 6.7			_				
	Investment upon personting for 3				(f))			
17	Investment income percentage for 2	•			(1))	17		1 000 %
18	Investment income percentage from 33 1/3% support tests—2010. If the					18		1 000 %

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported

organization 33 1/3% support tests—2009. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID:

Software Version:

EIN: 31-1693392

Name: CLEAN UP THE RIVER ENVIRONMENT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 71,022 including grants of \$ 280) (Revenue \$ 3,679)

OTHER ACTIVITIES TO FUNCTION AS A CATALYST AND COORDINATOR OF CITIZEN ACTION EFFORTS DESIGNED TO RAISE AWARENESS AND CLEAN UP THE MINNESOTA RIVER efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493319027031

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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

▶ Se	ction 527 organizations Complete Part I-A only					
f th	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4	7 (Lobb	ying <i>i</i>	Activi	ties), ther	า
	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part					
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete					
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Pa	rt V, lin	e 35a	(Pro	xy Tax), th	en
	ction 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization AN UP THE RIVER ENVIRONMENT	Employe	erider	itific a	tion numbe	r
CLL		31-169	3302			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s			org '	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures		-	\$		
3	Volunteer hours					
Par	t I-B 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					
Par	t I-C Complete if the organization is exempt under section 501(c) except :	section	n 50:	1(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	•	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	527				
	exempt funtion activities		F	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	.7b	 -	\$		
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	ר No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 politica organization made payments. For each organization listed, enter the amount paid from the filing of amount of political contributions received that were promptly and directly delivered to a separate separate segregated fund or a political action committee (PAC). If additional space is needed, proceedings of the second	rganızat politica	ion's alorga	funds ınızatı	Also ente on, such a	r the

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3) an	d filed Form 5768	(election
	Check I if the filing organization belongs to			
В	Check I if the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying I (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		
i	Subtract line 1f from line 1c If zero or less, ent	er - O -		

4-Year Averaging Period Under Section 501(h) (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 on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expe	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount	41,229	54,289			95,518
ь	Lobbying ceiling amount (150% of line 2a, column(e))					143,277
_с	Total lobbying expenditures	498	2,016			2,514
d	Grassroots non-taxable amount	10,307	13,572			23,879
e	Grassroots ceiling amount (150% of line 2d, column (e))					35,819
f	Grassroots lobbying expenditures					

	•	·	5 -
Part II-B	Complete if the organization	ion is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under section 5	01(h)).	

			1)	(b)	
		Yes	No	A mount	
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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
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?		No		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νο

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	WORK ON BSII AND CEM

4

5

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DLN: 93493319027031

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ema	Revenue Service F- Attach to Fo	orm 990. F See separate instructions.			Tilisher	uon
	me of the organization AN UP THE RIVER ENVIRONMENT		Emp	loyer identificat	tion numb	er
				1693392		
Pa	rt I Organizations Maintaining Donor Ad		unds	or Accounts.	. Comple	te if the
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds	1 .	(b) Funds and ot	horacca	ıntc
	Tatal number at and aftern	(a) Donor advised funds	'	(b) Funds and of	neraccou	ints
	Total number at end of year					
	Aggregate contributions to (during year)					
•	Aggregate grants from (during year)					
	Aggregate value at end of year					
i	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		nor adv	sed	☐ Yes	ר No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				☐ Yes	ר No
a	tt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV	, lıne 7.	
<u>!</u>	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat. Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year.	on or pleasure) Preservation of ar Preservation of a	certıfıe	d historic struct	•	a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements	ı	2b			
c	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	• •	2d			
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservations.	atıon easement ıs located ▶			luring	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	☐ Yes	▽ No
	Staff and volunteer hours devoted to monitoring, insp					
	A mount of expenses incurred in monitoring, inspecting			g the year 🕶 \$_		
}	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?				☐ Yes	√ No
)	In Part XIV, describe how the organization reports contained and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia				
a r	Complete if the organization answered '		or Ot	her Similar A	Assets.	
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			·		
	If the organization received or held works of art, histo	orical treasures or other cimilar accore f	or finan			
	following amounts required to be reported under SFA		oi iiiiali	ciai gani, piovid	e tile	
а	Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	easu	res, or O	the	r Simila	r Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	lowing	that are	e a significa	ant u	se of its co	ollection	ו	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	\sqcap	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	in hov	w the	y furthe	er the o	rganızatıon	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions o	r other ass	ets r	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	/ıng ta	able		Г			A mou	ınt	
c	Beginning balance						r	1c				
d												
e	Distributions during the year						F	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	217 م				L				Yes	✓ No
			U Z I '							,	. cs	j- 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans		ad "Va	s" to F	form aan	Dar	t IV line	10		
Fal	Endowment Funds. Complete F	(a)Current Year)Prior \			Years Back		Three Years)Four Y	ears Back
1a	Beginning of year balance	-						 		<u> </u>		
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and a	dmınıstere	d for	the			
	organization by	_									Yes	No
	(i) unrelated organizations							•		3a(i)		No
	(ii) related organizations									3a(ii)	<u> </u>	No L N o
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b		No_
	t VI Investments—Land, Buildings					90 Da	rt X line	10				
	<u>, </u>	,, and Equipme	3		a) Cost o		(b)Cost or o		(c) Accum	ulated		
	Description of investment				sis (inve		basis (oth		deprecia		(d) Bo	ook value
	_and		•	\vdash								
	Buildings		•	<u> </u>			191	1,984		785		191,199
	_easehold improvements		•	<u> </u>								
d E	Equipment			1			26	5,908	1	14,716		12,192
				-								
	Other		•	上						·		203,391

	Form 990, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	+	Cost or end-of-year market value
(1)Financial derivatives	+ +	
(2)Closely-held equity interests Other	+	
o thei		
	1	
	+	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
., -,		Cost or end-of-year market value
	+	
	+	
	+	
	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, I	Inc. 15	
(a) Descr		(b) Book value
(4) 5000.		(a) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	.
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
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Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount 1,362	

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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DLN: 93493319027031

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization CLEAN UP THE RIVER ENVIRONMENT Employer identification number

31-1693392

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO FOCUS PUBLIC AWARENESS ON THE UPPER MINNESOTA RIVER AND TO TAKE ACTION TO RESTORE THIS AREA OF THE RIVER'S WATER QUALITY, BIOLOGICAL INTEGRITY AND NATURAL BEAUTY FOR THE BENEFIT OF ALL

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEV EMENTS DESCRIPTION		OTHER ACTIVITIES TO FUNCTION AS A CATALYST AND COORDINATOR OF CITIZEN ACTION EFFORTS DESIGNED TO RAISE AWARENESS AND CLEAN UP THE MINNESOTA RIVER

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERSHIP IS OPEN TO ALL PERSONS WHO PAY ANNUAL MEMBERSHIP DUES

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR REVIEWS AND SIGNS THE 990 THE 990 IS AVAILABLE TO BOARD MEMBERS ELECTRONICALLY

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AN ANNUAL CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS TO BE FILLED OUT BY EMPLOYEES AND BOARD MEMBERS THE BOARD OR A DULY CONSTITUTED COMMITTEE SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO CURE

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR WILL HAVE A PERFORMANCE EVALUATION DONE BY THE FULL BOARD OF DIRECTORS AS LISTED AS AN AGENDA ITEM AT THE OCTOBER OR NOVEMBER MEETING THIS WILL DETERMINE THE EXECUTIVE DIRECTOR'S SALARY FOR THE COMING YEAR THAT SALARY WILL BE REVIEWED IN COMPARISON TO THE REST OF THE STATE AS LISTED ON THE MN NONPROFIT SALARY AND BENEFITS SURVEY FOR THE PRIOR YEAR AVAILABLE IN NOVEMBER OF EACH YEAR THE EXECUTIVE DIRECTOR SHOULD PROVIDE A WRITTEN NARRATIVE OF THE PAST YEAR'S ACCOMPLISHMENTS FOR USE OF THE BOARD AT THE PERFORMANCE REVIEW

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THEY ARE AVAILABLE IN THE FORM OF A REPORT AT THE ANNUAL MEETING AND BY REQUEST AT ANYTIME BY STOPPING AT THE OFFICE

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	THE FAIR MARKET VALUE OF STOCK DECREASED BY 124

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493319027031

OMB No 1545-0172

Form 4562

Attachment Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** CLEAN UP THE RIVER ENVIRONMENT INDIRECT DEPRECIATION 31-1693392 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 1,918 18 If you are electing to group any assets placed in service during the tax year into one or more . 📂 general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life 963 5 0 HYS/L 59 **b** 12-year 12 yrs **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 1,977 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) Type of property (list vehicles first) Date placed in service precentage property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use (see instructions) 27 Property used more than 50% in a qualified business use 18	g) hod/ ention 25 r," or rela mpleting th	evidence (h) Deprecia deduct	written?) ation/ tion	Yes so	(i) Elected ection 179 cost
(a) Type of property (list vehicles first) Date placed in service precentage percentage	g) hod/ ention 25 r," or rela mpleting th	(h) Deprecia deduct 29 ated pers his section (d)	ation/ tion son for those (e	se vehicle	(i) Elected ection 179 cost
(a) Date placed in local meetanets which service property (list vehicles first) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rela	29 ated pershis section	on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rela	ated pers	for those (e)	(f)
27 Property used more than 50% in a qualified business use	r," or rela	ated pers	for those (e)	(f)
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27 Property used 50% or less in a qualified business use % %	mpleting th	ated pers	for those (e)	(f)
27 Property used 50% or less in a qualified business use	mpleting th	ated pers	for those (e)	(f)
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28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers	for those (e)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers	for those (e)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owne if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owne if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete year (do not include commuting miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	mpleting th	ated pers	for those (e)	(f)
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year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles with the prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, including employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more applications. The provide with the prohibits personal use of vehicles, except commemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more applications.	Veh	hicle 4	Vehic	le 5	
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32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except come employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 1 or prohibits by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employers.	Yes	No	Yes	No	Yes N
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 1% or one of the complex of t					
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employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more 39 Do you treat all use of vehicles by employees as personal use?			•	Ye	es No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more 39 Do you treat all use of vehicles by employees as personal use?					$-\!$
40 Do you provide more than five vehicles to your employees, obtain information from your employ					
vehicles, and retain the information received?	ees abou	ut the us	e of the		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru-	ctions)				
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehicle	les			
Part VI Amortization					
(b) (c) (d) (a				(f)	
(a) Date Amortizable Code Aff	(e)	od or A mortiz		A mortization for	
. I amount I section I :	nortizatioi			ıs yeaı	r
42 A mortization of costs that begins during your 2010 tax year (see instructions)	nortization eriod or				
	nortizatioi				
	nortization eriod or				
43 A mortization of costs that began before your 2010 tax year	nortization eriod or				

44 Total. Add amounts in column (f) See the instructions for where to report

44

TY 2010 Averaging Attachment

Name: CLEAN UP THE RIVER ENVIRONMENT

EIN: 31-1693392

Explanation: THERE HAS BEEN NO LOBBYING ACTIVITY BY THE ORGANIZATION

IN 2009 AND 2010.