Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

_		nue Service		irs.gov/Form990 for instructions and the late			inspection
<u>A</u>			dar year, or tax year begin		iing		, 20
В	Check if	f applicable:	C Name of organization Riv	erLink, Inc.		ľ	oyer identification number
	Address	change	Doing business as			58-18	367958
	Name cl	hange	Number and street (or P.O.	box if mail is not delivered to street address)	Room/suite	E Teleph	none number
	Initial re	turn	170 Lyman St.			(828)) 252-8474
	Final retu	urn/terminated		ce, country, and ZIP or foreign postal code			
	Amende	ed return	Asheville, NC 2	28801		G Gross	receipts \$ 607,845.
	Applicat	tion pending	F Name and address of princip	pal officer:	H(a) Is this a gro	- oup return fo	or subordinates? 🗌 Yes 🔀 No
			Lisa Raleigh, 17	0 Lyman St, Asheville, NC 28	801 H(b) Are all su	ubordinat	es included? Yes No
ı	Tax-exe	mpt status:	X 501(c)(3) 501(c)	() ◀ (insert no.) 4947(a)(1) or 527	' If "No," a	attach a lis	st. See instructions
J	Website	∷ ► river	link.org		H(c) Group ex	xemption	number ►
ĸ	_	organization:		sociation ☐ Other ► L Year of for	mation: 1989	M State	of legal domicile: NC
_	art I	Summa			•		-
	1		-	mission or most significant activities: Rive	erLink promo	tes t	he environmental
ĕ				f the French Broad River and	·		
and							
err	2	Check this	box ▶ ☐ if the organiza	tion discontinued its operations or dispos	ed of more than	25% of	its net assets
Š	3			governing body (Part VI, line 1a)		3	16
დ დ	4		_	mbers of the governing body (Part VI, line		4	16
es	5		-	ed in calendar year 2020 (Part V, line 2a)	•	5	7
Ę	6			te if necessary)		6	100
Activities & Governance	7a		•	- · · · · · · · · · · · · · · · · · · ·		7a	
1	b			ome from Form 990-T, Part I, line 11		7b	0.
	- 5	ivet uniterat	eu business taxable inct	one nom Form 990-1, Fart i, line 11	Prior Year		Current Year
		Contributio	one and avente (Dout VIII	line 1h)			
ne	8			line 1h)		055.	526,197.
Revenue	9		ervice revenue (Part VIII,			501.	12,511.
æ	10			nn (A), lines 3, 4, and 7d)		816.	19,874.
	11			, lines 5, 6d, 8c, 9c, 10c, and 11e)		836.	37,288.
	12			11 (must equal Part VIII, column (A), line 12)	<u> </u>	208.	595,870.
	13			Part IX, column (A), lines 1–3)		530.	900.
	14	-		art IX, column (A), line 4)			
es	15			yee benefits (Part IX, column (A), lines 5-10)	•	233.	360,354.
Expenses	16a			IX, column (A), line 11e)		007.	2,938.
ğ	b			, column (D), line 25) ►111,530.			
ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	395,	267.	260,826.
	18	Total expe	nses. Add lines 13–17 (m	nust equal Part IX, column (A), line 25) .	762,	037.	625,018.
	19	Revenue le	ess expenses. Subtract li	ne 18 from line 12	109,	.171.	-29,148.
Net Assets or Fund Balances					Beginning of Curr	ent Year	End of Year
sets	20	Total asset	ts (Part X, line 16)		4,018,	961.	3,918,231.
t As	21	Total liabili	ties (Part X, line 26)		114,	437.	35,101.
울	22	Net assets	or fund balances. Subtra	act line 21 from line 20	3,904,	524.	3,883,130.
P	art II	Signatu	re Block				
				this return, including accompanying schedules and s			ny knowledge and belief, it is
tru	e, correc	ct, and complete	e. Declaration of preparer (other	r than officer) is based on all information of which prep	arer has any knowled	dge.	
					10	/22/2	021
Si	gn	Signatu	ure of officer		Date		
He	ere	Lisa	a Raliegh, Execut	tive Director			
			r print name and title				
_		Print/Type	preparer's name	Preparer's signature	Date	Check	if PTIN
Pa		Stopho	en C Corliss	Stephen C Corliss	10/22/2021	self-emp	 - ''
	epare	Firma'a nan			· · · · · · · · · · · · · · · · · · ·		20-2571677
Us	se On	IV					28)236-0206
Ma	v the IF			arer shown above? See instructions	ZOOUT FIIOIR	. 110. (8	. X Yes

Form 990 (2020) Page **2**

Part	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:
•	To promote the environmental and economic vitality of the
	French Broad River and its watershed.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
40	(Code: \/Evpapage \ 206 107 including grants of \ 000 \/Boyanua \ 12 F11 \
4a	(Code:) (Expenses \$ 386,187. including grants of \$ 900.) (Revenue \$ 12,511.)
	During 2020, RiverLink continued its critical River revitalization work by encouraging
	watershed communities to experience, conserve, and learn about the French Broad River. We
	also carried out important land, education, and water conservation programs. The pandemic
	did impact some of our operations but we were able to survive and are in a great position to
	thrive again in 2021.
	: CAPITAL PROJECTS - RiverLink moved ahead with its communication and fundraising role for
	the Woodfin Greenway and Blueway. RiverLink released several important communication
	items on behalf of the Town to include the purchase of the Waste Pro Site, the release of bond
	funding, and construction initiated at Silver-Line Park.
	ranging, and comperaces interaced at priver him rain.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	CONSERVATION - The top story of 2020 for water quality was the completion of Central
	Asheville Watershed Restoration Plan to map out pollution issues in three tributaries of the
	French Broad River that drain from downtown Asheville into the French Broad. We also
	received a grant award to work on residential solutions to stormwater runoff in 2021. For land
	conservation, we prepared to renew our Land Trust Alliance accreditation for the first time
	since attaining it in 2016. RiverLink also participated in the public announcement of the full
	partnership between UNC Asheville, the Preservation Society and RiverLink at the Wilma
	Dykeman Homestead. We had recorded an easement in 2019 on the property but the final
	stage completed the creation of a writers-in-residence program for which RiverLink will have
	representation on the advisory board.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	LEARN - Our K-12 education had to shift to more virtual offerings early in the pandemic. We
	were one of the first to conduct a major virtual event with the Kids Earth Day Festival and our
	Art & Poetry Contest. Thanks to our skilled staff and dedicated partners, we were able to hold
	a special event online. We also shifted many of our experiential lessons to a video format,
	providing local schools with additional resources to teach STEM-based lessons. By year's end,
	we were back to having some lessons outside. We also created lessons on an interactive
	learning app called Travelstorys. The year 2020 will go down as one of the most challenging
	but our staff, board, and community pulled together to keep our organization sustainable and
	to provide our impact.
4d	p - g
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses > 386 187

Part I	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
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? <i>If</i> "Yes," complete Schedule C, Part II	4		×
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		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	×	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V </i>	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
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		×
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	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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 and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146		.,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			×
20a	If "Yes," complete Schedule G, Part III	19 20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	22		.,
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	23 24a		×
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), 501(c)(4), and 501(c)(29) 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		×
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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		×
30 31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30 31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
33	complete Schedule N, Part II	32		×
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N _C
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 1 ^		i

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	, , , , , , , , , , , , , , , , , , , ,	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	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 as charitable contributions?	6a		×
b	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 services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
		1/10		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
10	If "Vas " complete Form 4720. Schedule O	10		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 16			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. I Own website I Other (explain on Schedule O)	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and received Palombi, 170 Lyman St., Asheville, NC 28801 (828)252-8474	cords	>	

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	•		aniz	atio	n c	ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	(do not chec box, unless p officer and a			Position eck more than o os person is both la director/truste Key employee Officer (C) Position eck more than o os person is both la director/truste Menu Highest compensated Officer		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) John Oswald	4.00					ed.				
Chair		×		×				0.	0.	0.
(2) Sandy Melton Vice Chair	4.00	×		×				0.	0.	0.
(3) Susan Puryear Treasurer	0.50	×		×				0.	0.	0.
(4) Anne Keller Secretary	1.00	×		×				0.	0.	0.
(5) Buck Bragg Immediate Past-Chair	0.25	×						0.	0.	0.
(6) Fred Cardina Board Member	0.25	×						0.	0.	0.
(7) Lowel Grabel Board Member	0.25	×						0.	0.	0.
(8) Joseph Ransmeier Board Member	0.25	×						0.	0.	0.
(9) Joe Sasfy Board Member	0.25	×						0.	0.	0.
(10) Ken Grossman Board Member	0.25	×						0.	0.	0.
(11) John Ross Board Member	0.25	×						0.	0.	0.
(12) Dan Hitchcock Board Member	0.25	×						0.	0.	0.
(13) Allison Jordan Board Member	0.25	×						0.	0.	0.
(14) Tim Collins Board Member	0.25	×						0.	0.	0.

Part VII Section A. Officers, Direct	ors, Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
				(6	C)						
(A) Name and title	(B) Average hours	box,	unles	heck ss pe	erson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportal compensa	ation	(F) Estimated amount of other
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizati (W-2/1099-	ions	compensation from the organization and related organizations
	dotted line)	96	stee			nsated					
(15) Rick Noble	0.25										
Board Member		×						0.		0.	0.
(16) Eric Michael Board Member	0.25	×						0.		0.	0.
(17) Garrett Artz	40.00			×							
Executive Director (18)				<u> </u>				67,075.		0.	9,172.
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal							>	67,075.		0.	9,172.
c Total from continuation sheets to d Total (add lines 1b and 1c)	Part VII, Sectio		•			· ·	>	67,075.		0.	9,172.
Total number of individuals (including reportable compensation from the compensatio	ng but not limited						e) w		e than \$10	0,000	
											Yes No
3 Did the organization list any form employee on line 1a? If "Yes," comp											3 ×
4 For any individual listed on line 1a, organization and related organization individual	tions greater that	an \$	150,	,000	? /	f "Ye	s, "	complete Sched	dule J for	such	
5 Did any person listed on line 1a rec for services rendered to the organiz											5 ×
Section B. Independent Contractors								,			
1 Complete this table for your five compensation from the organization											
(A) Name and busine	ess address							(B) Description of serv	vices		(C) Compensation
2 Total number of independent con received more than \$100,000 of con	•	_					o th	ose listed abov	e) who		

Part VIII Statement of Revenue

		Check if Schedule	O co	intains a re	spon	ise or note to ar	ny line in this Pa	art VIII . . .		
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
اع ق	С	Fundraising events			1c	7,000.				
ffs,	d	Related organization			1d	,				
<u>a</u> g	е	Government grants			1e	140,380.				
ns,	f	All other contribution				,				
er S	-	and similar amounts no			1f	378,817.				
혈취	а	Noncash contribution	ons ir	ncluded in		, , , , , , , , , , , , , , , , , , , ,				
d C	3	lines 1a-1f			1g	\$				
a C	h	Total. Add lines 1a-					526,197.			
						Business Code				
Ce	2a	Contract Reve	nue			115310	10,857.	10,857.	0.	0.
e Z	b	RiverCamp				611710	226.	226.	0.	0.
gram Ser Revenue	С	Workshops				115310	1,428.	1,428.	0.	0.
am eve	d									
g &	е									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-	-2f .			🕨	12,511.			
	3	Investment income								
		other similar amounts)				🕨	19,874.	0.	0.	19,874.
	4	Income from investr	ment (of tax-exem	npt bo	ond proceeds ►				
	5	Royalties				🕨				
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a	48,0	006.					
	b	Less: rental expenses	6b	9,3	347.					
	С	Rental income or (loss)	6с	38,6	559.					
	d	Net rental income o	r (los	s)		<u> • </u>	38,659.	38,659.	0.	0.
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
je j	С	Gain or (loss)	7c							
	d	rtot gam or (1000)				<u> </u>				
Other	8a	Gross income fro								
١		events (not including								
		of contributions repart IV, line								
		•			8a	0.				
		Less: direct expens			8b	2,628.	2,620			0.500
	С	Net income or (loss)	•		g eve	nts ▶	-2,628.		0.	-2,628.
	9a	Gross income f activities. See Part I			9a	1,257.				
	L	Less: direct expens			9a 9b	1,257.				
		Net income or (loss)				Les ▶	1 257	0	0	1 257
	C				LIVILIE	55 /	1,257.	0.	0.	1,257.
	iva	Gross sales of in returns and allowan		ory, less	10a					
	b	Less: cost of goods			10b					
	C	Net income or (loss)				 orv ▶				
<u></u>		1331 11001110 01 (1033)	,	. 34103 01 11	. 7 01 110	Business Code				
oŭ.	11a					2221000 0000				
nue	b									
scellaneo Revenue	c									
Miscellaneous Revenue	d	All other revenue								
Σ	e	Total. Add lines 11a	a–11c	d		•				
	12	Total revenue. See					595,870.	51,170.	0.	18,503.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	or note to any line	e in this Part IX .	<u>.</u>	<u> U</u>
	et include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21 .	900.	900.		
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	76,248.	41,937.	15,249.	19,062.
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	237,342.	132,144.	46,874.	58,324.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,290.	4,058.	1,440.	1,792.
9	Other employee benefits	13,034.	7,264.	2,572.	3,198.
10	Payroll taxes	26,440.	14,680.	5,237.	6,523.
11	Fees for services (nonemployees):	20,110.		3,23,.	
а	Management				
b	Legal				
C	Accounting	20,150.	7,652.	9,252.	3,246.
d	Lobbying	20,130.	7,7032.	3,232.	3/2101
e	Professional fundraising services. See Part IV, line 17	2,938.			2,938.
f	Investment management fees	2,7551			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.) .	81,899.	68,714.	12,204.	981.
12	Advertising and promotion	52,555	70,121	,	
13	Office expenses	20,972.	4,534.	5,444.	10,994.
14	Information technology	13,531.	12,031.	1,500.	0.
15	Royalties	20,0021	12,0011	2,000.	
16	Occupancy	7,364.	2,769.	3,433.	1,162.
17	Travel	1,745.	1,648.	39.	58.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	177131	1,010.	33.	301
19	Conferences, conventions, and meetings	271.	156.	90.	25.
20	Interest				 -
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	18,879.	0.	18,879.	0.
23	Insurance	19,679.	14,044.	2,890.	2,745.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	AmeriCorps Members	25,780.	25,780.	0.	0.
b	Other Program Expenses	6,800.	6,752.	35.	13.
C	Dues and Subscriptions	13,685.	13,012.	249.	424.
d	Employee Training	744.	500.	199.	45.
е	All other expenses	29,327.	27,612.	1,715.	0.
25	Total functional expenses. Add lines 1 through 24e	625,018.	386,187.	127,301.	111,530.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				
	, ,	REV 09/08/21 PRO		L	Form 990 (2020)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	241,264.
2	Savings and temporary cash investments		2	543,773.
3	Pledges and grants receivable, net		3	10,865.
4	Accounts receivable, net		4	0
5	Loans and other receivables from any current or former officer, director,			•
•	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
7	Notes and loans receivable, net		7	256,655
8	Inventories for sale or use		8	230,033
9	Prepaid expenses and deferred charges		9	4,576
10a		20,777.		17370
104	basis. Complete Part VI of Schedule D 10a 3,133,454			
b			10c	2,779,615
11	Investments—publicly traded securities		11	1,858.
12	Investments—other securities. See Part IV, line 11		12	,
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	79,625
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,918,231
17	Accounts payable and accrued expenses	-	17	34,148
18	Grants payable		18	·
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	1,785.	23	953
24	Unsecured notes and loans payable to unrelated third parties	73,425.	24	
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		25	
26	Total liabilities. Add lines 17 through 25	114,437.	26	35,101
	Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	3,368,037.	27	3,480,315.
28	Net assets with donor restrictions	536,487.	28	402,815.
	Organizations that do not follow FASB ASC 958, check here ▶ □			
	and complete lines 29 through 33.			
29			29	
	and complete lines 29 through 33.		29 30	
29	and complete lines 29 through 33. Capital stock or trust principal, or current funds			
29 30	and complete lines 29 through 33. Capital stock or trust principal, or current funds		30	3,883,130

Form 990 (2020) Page **12**

Part	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			×
1	Total revenue (must equal Part VIII, column (A), line 12)	59	5,8	70.
2	Total expenses (must equal Part IX, column (A), line 25)	62	5,0	18.
3	Revenue less expenses. Subtract line 2 from line 1	-2	9,1	48.
4		3,90	4,5	24.
5	Net unrealized gains (losses) on investments		7,7	54.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
		3,88	3,1	30.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash X Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
_	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	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	0.		
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	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			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	0-		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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		<u>×</u> _
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 on Schedule O and describe any steps taken to undergo such audits.	3b	000	
				/

REV 09/08/21 PRO Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 58-1867958 RiverLink, Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 **(e)** 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 526,197. 2,544,460. 355,501. 525,441. 422,424. 714,897. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 355,501. 525,441. 422,424. 714.897. 526,197.2,544,460. 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 83,290. Public support. Subtract line 5 from line 4 2,461,170. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 355,501. 525,441. 422,424. 714,897. 526,197.2,544,460. 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 63,800. 71,664. 69,377. 67,880. 33,470. 306,191. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 90,198. 17,683. 910. 126,079. 234,870. **Total support.** Add lines 7 through 10 11 3,085,521. Gross receipts from related activities, etc. (see instructions) 12 199,692. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 79.77% 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. 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 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	sts listed bei	ow, piease co	impiete rait	II. <i>)</i>	
	on A. Public Support			1			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	e					🕨 🗀
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2020 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2019 Sch					16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2020 (I			-		17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box a	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗀
b	331/3% support tests-2019. If the organize	ation did not d	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this b	oox and stop h	nere. The organ	ization qualifies	as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation If the organization did	d not chack a	hay on line 14	100 or 10h	shook this how	and can inetru	ctions -

Part IV **Supporting Organizations**

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

Se

	ion 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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization? Supported organizations? If "You " provide detail in Part III.			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 or 990-EZ).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	an		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

10b

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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.				
Secti	on C. Type II Supporting Organizations			
			Yes	No
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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sooti		3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notre:	otions	c)
1 a	The organization satisfied the Activities Test. Complete line 2 below.	nstru	ctions	S).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	tions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	(Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organizations and explain how these activities directly further the 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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ons A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function:	allv i	ntegrated Type III suppor	ting organization

Schedule A (Form 990 or 990-EZ) 2020

Part V

Section D—Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers exe	rted			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

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

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Gross Rents-Program
related 2016: 62160. 2017: 0. 2018: 0. Description: Special Event Income, Gross
2016: 24663. 2017: 17385. 2018: 0. Description: Gross Inventory Sales 2016: 409.
2017: 0. 2018: 110. Description: Miscellaneous 2016: 2966. 2017: 298. 2018: 800.
Description: Greenway/Blueway Project 2019: 126079.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspect

Employer identification number

RiverLink, Inc. 58-1867958 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) X Protection of natural habitat Preservation of a certified historic structure | Preservation of open space 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. Held at the End of the Tax Year Total number of conservation easements . . 2a 21 Total acreage restricted by conservation easements 2b 102.0 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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 FASB ASC 958 relating to these items: Assets included in Form 990. Part X

Part	Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures, d	or Oth	er Similar As	sets (c	ontin	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner record	ds, checl	k any of the	followi	ng that make s	significar	it use	of its
а	☐ Public exhibition		d [Loan o	or exchange	progra	m			
b	☐ Scholarly research		е [Other						
С	☐ Preservation for future generations									-
4	Provide a description of the organizat	ion's collections a	ınd expla	in how th	ney further th	ne orga	nization's exer	npt purp	ose i	n Part
	XIII.		•		•	Ū				
5	During the year, did the organization	solicit or receive	donations	of art, I	historical trea	asures,	or other simil	ar		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization	•	on Forr	n 990. F	Part IV. line	9. or re	eported an ar	nount o	n For	rm
	990, Part X, line 21.				c,	o, o	.			
1a	Is the organization an agent, trustee,	custodian or other	er interm	ediary fo	r contributio	ns or o	other assets n	ot		
	included on Form 990, Part X?								es [No
b	If "Yes," explain the arrangement in Pa							·	U 3 _	_ 110
D	ii res, explain the arrangement ii r	art Am and comple	ite the for	iowing to	ibie.		Δ	mount		
^	Paginning halanga					1c	,	ITIOUTIC		
۲ C	Beginning balance					1d				
d	Additions during the year					_				
e	Distributions during the year					1e				
f	Ending balance					1f			F	
2a	Did the organization include an amoun						-		_	_ NO
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	pianation	n nas been p	rovided	on Part XIII .	<u> </u>		
Par				- 000 5)t.) /	10				
	Complete if the organization						n = .			
		(a) Current year	(b) Prio		(c) Two years		d) Three years bac			
_	Beginning of year balance	44,983.	41	,132.	44,1	51.	41,602	-	37,	667.
b	Contributions	3,000.								
С	Net investment earnings, gains, and									
	losses	5,819.	7	,811.	-2,6	92.	2,739		4,	236.
d	Grants or scholarships	1,910.								
е	Other expenditures for facilities and									
	programs		3	,620.						
f	Administrative expenses	398.		340.		27.	190			301.
g	End of year balance	51,494.	44	,983.	41,1	32.	44,151		41,	602.
2	Provide the estimated percentage of the	ne current year en	d balance	e (line 1g	, column (a))	held as	s:			
а	Board designated or quasi-endowmer	nt ▶ 0.	. %							
b	Permanent endowment ► 24.8	36 %								
	Term endowment ► 75.14%									
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.							
3a	Are there endowment funds not in the			ation tha	at are held ar	nd adm	inistered for th	ne		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	×	
	40							3a(ii)		×
b	If "Yes" on line 3a(ii), are the related or							3b		
4	Describe in Part XIII the intended uses	_	-						.1	
Part			11001140	***************************************						
· are	Complete if the organization		on Forr	n 990 F	Part IV line	11a S	ee Form 990	Part X	line	10
	Description of property	(a) Cost or oth			r other basis		cumulated		ok valu	
	Description of property	(investme	I		ther)		reciation	(a) b 0	ok valu	
10	Land	,	0.	•	47,001.	·			47 (001.
_			0.				220 202			774.
b	Buildings				46,976.		239,202.			//4.
_	Leasehold improvements				10 410		00 100		10	204
d	Equipment				10,410.		92,126.			284.
e Tatal	Other		00.0-11		29,067.	1	22,511.			556.
ı otal.	Add lines 1a through 1e. (Column (d) m	iust equal Form 99	10, Part X	, coiumn	(B), IINE 10C	.)		2,7	779,6	bl5.

Part VII	Investments – Other Securities.		_	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	· · ·	nod of valuation: -of-year market value
(1) Financial	derivatives			
.,	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . •			
Part VIII	Investments – Program Related.	1	•	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨			
Part IX	Other Assets.		_	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
	ment Held with the Community Foundation		3	51,494
	dship and Legal Defense Fund Held with the	Community Foun	dation of WNC	28,131.
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			79,625.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	ie 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8) (9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		, , .	
	runcertain tax positions. In Part XIII, provide the text of the footn		n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

X

e i c	XI Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, F	Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	615,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	7,753.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		11,975.		
е	Add lines 2a through 2d			2e	19,728.
3	Subtract line 2e from line 1			3	595,870.
4	Amounts 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 XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	595,870.
Part				r Ret	
	Complete if the organization answered "Yes" on Form 990, F				
1				1	636,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				000,0021
– a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses				
d	Other (Describe in Part XIII.)		11,974.	-	
e	Add lines 2a through 2d			2e	11,974.
3	Subtract line 2e from line 1			3	624,118.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i			021,110.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		900.		
	Add lines 4a and 4b			4c	900.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	625,018.
Part		10 10.) .	· · · · · · · ·	, J	023,010.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4· Pa	rt IV lines 1b and 2b	· Part \	V line 4: Part X line
	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t				
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		to prov		tormat	
Pt X	Line 2: RiverLink is exempt from federal income				
Pt X	, Line 2: RiverLink is exempt from federal income				
		taxe	s under 501(c)	(3)	ctivities
	, Line 2: RiverLink is exempt from federal income ne Internal Revenue Code. Under the Code, however,	taxe	s under 501(c)	(3)	ctivities
of t	he Internal Revenue Code. Under the Code, however,	taxe	s under 501(c)	(3) a	
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of the	he Internal Revenue Code. Under the Code, however, related to the organization's tax-exempt purpose marelated business income. The organization had no	taxe, incomay be incom	s under 501(c) ome from certa e subject to t me from unrela	in a	ion business
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Part XIII Supplemental Information (continued)					
dedicated to setting best practices for land trusts.					
Pt II, Line 9: The endowment is being held with the hope that in the future					
it can be built to a size that would provide supplemental income for operations.					
Pt V, Line 4: Conservation easements purchased are expensed. Conservation easements					
received by donation are not recognized in the financial statements.					
Pt XI, Line 2d: Rental expenses and direct fundraising expenses					
Pt XII, Line 2d: Rental expenses and direct fundraising expenses					
Pt XII, Line 4b: Land Donated to Local Government					

SCHEDULE O (Form 990 or 990-EZ)

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.

2020

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

RiverLink, Inc.	58-1867958				
Pt VI, Line 11b: The 990 is prepared by independent accountants and	reviewed				
by management and the Treasurer. The return is then presented to the	e Board of				
Directors for review prior to filing.					
Pt VI, Line 12c: Every board member and staff person signs a conflict of interest					
and confidentiality agreement annually. Any board member with a con	flict of interest				
on any specific issue informs the board and abstains from discussio	n and voting				
on the issue, and leaves the room while the full board is discussin	g the issue.				
Pt VI, Line 15a: In the annual budgeting process, the Board approve	s a budget				
line for aggregate salary expense. Thereafter, individual salaries	and salary				
increases for employees are determined by the Executive Director. T	he Board of				
Directors sets the Executive Director salary after a performance re	view and a				
check of comparable salary information for nonprofit organizations	with similar				
budgets.					
Pt VI, Line 18: Forms 1023 and 990 are available upon request and t	he Form 990				
is available on RiverLink's website for public viewing.					
Pt VI, Line 19: Governing documents, conflict of interest policy an	d audited				
financial statements are available upon request.					
Pt XI: Liabilities were adjusted by \$178 as part of the 2018 audit	that was				
completed after the Form 990 was filed.					
Pt III, Line 3: Due to the pandemic, RiverLink's education lessons	were moved				
to virtual offerings. Also, RiverLink was unable to host its annual	RiverFest				
or other in-person events.					
Pt IX, Line 11g:					
Description: Contract Services					
Total: \$81,899					

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning , 2020, and ending

OMB No. 1545-0047

Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax Taxpayer identification number 58-1867958 RiverLink, Inc. Name and title of officer or person subject to tax Lisa Raliegh, Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a Form 990** check here ► 🗵 **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ► **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here ► 3b 4a Form 990-PF check here ▶ **b Tax based on investment income** (Form 990-PF, Part VI, line 5) . . 4b 5a Form 8868 check here ► **b Balance due** (Form 8868, line 3c) 5b **6a Form 990-T** check here ► □ **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ► **b Total tax** (Form 4720, Part III, line 1) . . . Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above organization or 🗌 I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ▼ I authorize CORLISS & SOLOMON, PLLC to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. DocuSigned by: 10/22/2021 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶

> **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

2020

Name Employer Identification No. RiverLink, Inc. 58-1867958

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Contract Services	81,899.	68,714.	12,204.	981.
Total to Form 990, Part IX,				
line 11g	81,899.	68,714.	12,204.	981.

Additional Information For Tax Return

RiverLink, Inc.	58-1867958
Form 990 p 6: Line 17-1	
The organization maintains a Charitable Solicitation License with the NC Secretary of State (NC S renewal process, it must provide a copy of the return filed with the IRS to the NC SOS.	OS). As part of it's
Form 990 p 9: Line 6d Column B	

A portion of the RiverLink warehouse building is rented to artists as a model of adaptive re-use of old riverfront buildings. This is one of the organization's exempt purposes.