

American Rivers, Inc.
1101 14th Street, NW 1400
Washington, DC 20005

American Rivers, Inc.:

Enclosed are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 Form 990-T

2023 District of Columbia Form D-20

We prepared the returns from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts. Please note that upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such an examination.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Regards,

RSM US LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

American Rivers, Inc.
1101 14th Street, NW 1400
Washington, DC 20005

Prepared By:

RSM US LLP
920 5th Avenue, Suite 2800
Seattle, WA 98104

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2025

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

American Rivers, Inc.
1101 14th Street, NW 1400
Washington, DC 20005

Prepared By:

RSM US LLP
920 5th Avenue, Suite 2800
Seattle, WA 98104

Amount Due or Refund:

Overpayment of \$663. The entire overpayment has been applied to the estimated tax payments.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

AMERICAN RIVERS, INC.

EIN or SSN

23-7305963

Name and title of officer or person subject to tax

**VICKIE J BARROW-KLEIN
CFO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>36,643,206.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II 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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 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 **RSM US LLP** to enter my PIN **20036**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91755453724

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 **RSM US LLP**Date **05/15/25****ERO Must Retain This Form - See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. AMERICAN RIVERS, INC.	Taxpayer identification number (TIN) 23-7305963
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 14TH STREET, NW, 1400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JENNIFER MARSHALL**
1101 14TH STREET, NW, 1400 - WASHINGTON, DC 20005

Telephone No. **202-347-7550** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2024)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**AMERICAN RIVERS, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1101 14TH STREET, NW

Room/suite

1400

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20005**F** Name and address of principal officer: **THOMAS C. KIERNAN****SAME AS C ABOVE****D** Employer identification number**23-7305963****E** Telephone number**202-347-7550****G** Gross receipts \$**38,070,323.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.AMERICANRIVERS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1974****M** State of legal domicile: **DC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20		
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	112		
	6	Total number of volunteers (estimate if necessary)	6	55		
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,901.	
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,936.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	20,627,373.	Current Year	35,675,231.
	9	Program service revenue (Part VIII, line 2g)	940,337.	456,552.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	172,284.	239,871.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,411.	271,552.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,808,405.	36,643,206.		
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	995,348.	5,131,460.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,966,208.	11,842,340.		
16a		Professional fundraising fees (Part IX, column (A), line 11e)	178,050.	476,575.		
b		Total fundraising expenses (Part IX, column (D), line 25)	4,563,790.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,694,294.	16,572,102.		
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,833,900.	34,022,477.		
19		Revenue less expenses. Subtract line 18 from line 12	974,505.	2,620,729.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	21,376,739.	End of Year	26,399,588.
	21	Total liabilities (Part X, line 26)	4,512,784.	6,413,181.		
	22	Net assets or fund balances. Subtract line 21 from line 20	16,863,955.	19,986,407.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	VICKIE J. BARROW-KLEIN, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SUE ROBISON	SUE ROBISON	05/15/25		P00560072
Firm's name	Firm's EIN		Phone no.		
	RSM US LLP	42-0714325	206-281-4444		
Firm's address					
920 5TH AVENUE, SUITE 2800 SEATTLE, WA 98104					

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

4a (Code:) (Expenses \$ 23,150,736. including grants of \$ 4,925,309.) (Revenue \$ 339,928.)
SEE SCHEDULE O4b (Code:) (Expenses \$ 2,200,586. including grants of \$ 73,909.) (Revenue \$ 116,624.)

MOBILIZE RIVER AND WATER MOVEMENT: AMERICAN RIVERS HAS ALWAYS BEEN KNOWN FOR OUR WILLINGNESS AND ABILITY TO WORK WITH EVERYONE, FROM LOCAL PARTNERS TO GOVERNMENT AGENCIES TO DECISION-MAKERS, TO DO WHAT'S BEST FOR RIVERS. WE KNOW THAT THE CHALLENGES TO RIVERS ARE INCREASING DRAMATICALLY. WE NEED A BROAD, POWERFUL, NON-PARTISAN RIVER MOVEMENT TO FACE THESE CHALLENGES AND DRIVE CHANGE THAT MAKES RIVERS HEALTHIER, WATER CLEANER, AND COMMUNITIES SAFER. WE WON'T STOP UNTIL EVERY RIVER HAS MULTITUDES OF CHAMPIONS SPEAKING UP FOR IT.

4c (Code:) (Expenses \$ 1,342,229. including grants of \$ 132,242.) (Revenue \$)

PROTECT HEALTHY RIVERS: SCIENTISTS SAY WE MUST PROTECT ONE-HALF OF THE PLANET TO SUSTAIN THE WEB OF BIODIVERSITY UPON WHICH ALL LIFE DEPENDS. BY DRIVING FEDERAL AND STATE PROTECTIONS, WE WILL SAFEGUARD 1 MILLION MILES OF RIVERS, FROM REMOTE MOUNTAIN STREAMS TO URBAN WATERWAYS. TO DO IT, WE ARE WORKING WITH LOCAL PARTNERS TO PROTECT OUR HEALTHIEST, MOST REMOTE, AND SCENIC RIVERS, AS WELL AS RIVERS IN URBAN AND SUBURBAN AREAS, THROUGH THE FEDERAL WILD AND SCENIC LEGISLATION AND OTHER APPROACHES.

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **26,693,551.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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 "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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>	15	X
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	X
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. See instructions</i>	17 X	
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 "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
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	X
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	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 94	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V 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 Statements, filed for the calendar year ending with or within the year covered by this return	2a	112
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
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	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
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).		
a 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	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e 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	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
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	N/A
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	N/A
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	N/A

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	20			
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		20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JENNIFER MARSHALL - 202-347-7550
1101 14TH STREET, NW, 1400, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS KIERNAN PRESIDENT	40.00 1.00			X				372,290.	0.	42,595.
(2) PAULA WOLFERSEDER YABAR SENIOR VICE PRESIDENT, ADV	40.00				X			219,939.	0.	9,392.
(3) HEATHER TAYLOR-MIESLE SENIOR VICE PRESIDENT	38.00 2.00				X			193,751.	7,872.	7,355.
(4) JENNIFER HOFFNER VP, CONSERVATION STRATEGIE	40.00				X			170,685.	0.	37,189.
(5) KRISTIN MAY CFO	40.00			X				187,073.	0.	19,154.
(6) JENNIFER MARSHALL ASSISTANT SECRETARY	37.00 3.00			X				163,307.	9,325.	33,017.
(7) FREDERICK ILLSTON VP, POLICY AND GOV'T (THRU 4/5/25)	40.00					X		145,322.	0.	31,578.
(8) AMANDA KOBER VP, COMMUNICATIONS	40.00				X			136,868.	0.	35,370.
(9) MELISSA LEWIS VP, PPL JUSTICE & CULTURAL	40.00				X			165,432.	0.	1,207.
(10) PATRICIA CALLAHAN PROGRAM DIRECTOR	40.00				X			147,956.	0.	746.
(11) JONATHON D MORYC SENIOR DIRECTOR	40.00				X			126,152.	0.	12,954.
(12) ABIGAIL ROME SECRETARY	4.00 1.00	X		X				0.	0.	0.
(13) AJA DECOTEAU DIRECTOR	2.00	X						0.	0.	0.
(14) ALYSSA MACY DIRECTOR	2.00	X						0.	0.	0.
(15) ANDREW SHEEHAN TREASURER	2.00	X		X				0.	0.	0.
(16) ANGELA WIGGINS DIRECTOR	2.00	X						0.	0.	0.
(17) BETH BURROUGH DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BILL HOFFMAN DIRECTOR	2.00	X						0.	0.	0.
(19) DAN REICHER DIRECTOR	2.00	X						0.	0.	0.
(20) DAVID SOLOMON DIRECTOR	2.00	X						0.	0.	0.
(21) DONALD AYER DIRECTOR	2.00	X						0.	0.	0.
(22) FRED ST. GOAR DIRECTOR	2.00	X						0.	0.	0.
(23) JAMES BEH DIRECTOR	2.00	X						0.	0.	0.
(24) JO-ELLEN DARCY VICE CHAIR	4.00 1.00	X		X				0.	0.	0.
(25) JOHN COSTELLO DIRECTOR	2.00	X						0.	0.	0.
(26) KRISTIN BLAIR HULL PH.D. DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								2,028,775.	17,197.	230,557.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,028,775.	17,197.	230,557.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HANFORD APPLIED RESTORATION & CONSERVATION 755 BAYWOOD DR STE 380, PETALUMA, CA 94954	LANDSCAPE RESTORATION	5,144,051.
MACAULEY CONSTRUCTION INC, 1205 GREENSTONE CUT OFF RD, PLACERVILLE, CA 95667	LANDSCAPE RESTORATION	1,110,366.
ANCHOR QEA LLC 1201 3RD AVE, SUITE 2600, SEATTLE, WA 98101	LANDSCAPE RESTORATION	671,599.
PRODUCTION SOLUTIONS INVOICING, 1953 GALLOWS ROAD, SUITE 500, VIENNA, VA 22182	MEMBERSHIP MAILINGS	650,786.
HABITAT RESTORATION SCIENCES INC 1217 DISTRIBUTION WAY, VISTA, CA 92081	LANDSCAPE RESTORATION	541,271.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK BARNES, PH.D. DIRECTOR	2.00	X						0.	0.	0.
(28) MARK BUSTO DIRECTOR	2.00	X						0.	0.	0.
(29) MARK GREATREX DIRECTOR	2.00	X						0.	0.	0.
(30) MARTIN CHAVEZ DIRECTOR	2.00	X						0.	0.	0.
(31) MARY PAVEL DIRECTOR	2.00	X						0.	0.	0.
(32) NA'TAKI OSBORNE JELKS, PH.D. DIRECTOR	2.00	X						0.	0.	0.
(33) PALLAVI PHARTIYAL, PH.D. CHAIR	4.00	X		X				0.	0.	0.
(34) QUETA GONZALEZ DIRECTOR	2.00	X						0.	0.	0.
(35) ROY ROMER DIRECTOR	2.00	X						0.	0.	0.
(36) SHANNON WHEELER DIRECTOR	2.00	X						0.	0.	0.
(37) SUSAN WALLACE DIRECTOR	2.00	X						0.	0.	0.
(38) TOM BARNEY DIRECTOR	2.00	X						0.	0.	0.
(39) TREVOR PRICE DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	20,499.					
	b Membership dues	1b	1,558,574.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	16,020,285.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,075,873.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							35,675,231.
Program Service Revenue			Business Code					
	2 a PROGRAM SERVICE CONTRACTS		900099	456,552.	456,552.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				456,552.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			245,644.			245,644.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			244,294.			244,294.	
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,421,344.					
	c Gain or (loss)	7c	-5,773.					
	d Net gain or (loss)			-5,773.			-5,773.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
	11 a MISCELLANEOUS		900099	22,357.			22,357.	
	b SALES REVENUE		900099	4,901.		4,901.		
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				27,258.			
12 Total revenue. See instructions				36,643,206.	456,552.	4,901.	506,522.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 ...	5,061,083.	5,061,083.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,377.	70,377.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,581,095.	491,060.	764,339.	325,696.
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	6,456,116.	4,641,022.	527,413.	1,287,681.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	285,706.	183,617.	45,278.	56,811.
9 Other employee benefits	2,801,315.	1,800,347.	443,945.	557,023.
10 Payroll taxes	718,108.	461,513.	113,804.	142,791.
11 Fees for services (nonemployees):				
a Management				
b Legal	87,667.	77,667.	10,000.	
c Accounting	58,982.		58,982.	
d Lobbying	39,046.	39,046.		
e Professional fundraising services. See Part IV, line 17	476,575.			476,575.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,350,228.	12,693,631.	93,815.	562,782.
12 Advertising and promotion	845,268.	78,532.	12,664.	754,072.
13 Office expenses	389,863.	102,339.	199,248.	88,276.
14 Information technology	58,996.	11,170.	42,478.	5,348.
15 Royalties				
16 Occupancy	675,653.	199,185.	331,394.	145,074.
17 Travel	781,055.	638,645.	27,153.	115,257.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	181,278.	103,867.	52,302.	25,109.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,264.	25,941.	7,084.	3,239.
23 Insurance				
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.)				
a OTHER	42,834.	7,143.	23,480.	12,211.
b EQUIPMENT RENTAL & MAIN	24,968.	7,366.	11,757.	5,845.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,022,477.	26,693,551.	2,765,136.	4,563,790.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,224,786.	1	4,316,243.
	2 Savings and temporary cash investments	6,441,698.	2	4,426,322.
	3 Pledges and grants receivable, net	4,870,770.	3	5,272,602.
	4 Accounts receivable, net	2,885,456.	4	6,440,952.
	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	
	8 Inventories for sale or use	15,796.	8	30,089.
	9 Prepaid expenses and deferred charges	294,331.	9	282,680.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 461,327.		
	b Less: accumulated depreciation	10b 390,659.	10c	70,668.
	11 Investments - publicly traded securities	2,941,754.	11	3,223,013.
	12 Investments - other securities. See Part IV, line 11	1,026,374.	12	1,171,496.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,585,888.	15	1,165,523.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,376,739.	16	26,399,588.	
Liabilities	17 Accounts payable and accrued expenses	1,865,087.	17	4,320,304.
	18 Grants payable		18	
	19 Deferred revenue	585,690.	19	536,435.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	2,062,007.	25	1,556,442.
	26 Total liabilities. Add lines 17 through 25	4,512,784.	26	6,413,181.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,008,126.	27	5,311,620.
	28 Net assets with donor restrictions	13,855,829.	28	14,674,787.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,863,955.	32	19,986,407.
	33 Total liabilities and net assets/fund balances	21,376,739.	33	26,399,588.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,643,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,022,477.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,620,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,863,955.
5	Net unrealized gains (losses) on investments	5	501,723.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,986,407.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16059273.	18235415.	17569446.	20627373.	35675231.	108166738
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16059273.	18235415.	17569446.	20627373.	35675231.	108166738
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)						1713324.
6 Public support. Subtract line 5 from line 4.						106453414

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	16059273.	18235415.	17569446.	20627373.	35675231.	108166738
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72,533.	51,636.	83,922.	194,704.	489,938.	892,733.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				125.	1,885.	2,010.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,328.	29,378.	24,329.	29,018.	22,357.	130,410.
11 Total support. Add lines 7 through 10						109191891
12 Gross receipts from related activities, etc. (see instructions)					12	3,713,542.
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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.49 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.96 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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 organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

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

Section 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		

Section 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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
2 Activities Test. Answer lines 2a and 2b below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
2a		
b		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	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	

Section 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):		
a	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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI **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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON**

2019 AMOUNT: \$ 25,328.

2020 AMOUNT: \$ 29,378.

2021 AMOUNT: \$ 24,329.

2022 AMOUNT: \$ 29,018.

2023 AMOUNT: \$ 22,357.

2023

*** Not Open to Public Inspection ***

323171 04-01-23

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
AMERICAN RIVERS, INC.	23-7305963

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>CALIFORNIA WILDLIFE CONSERVATION BOARD</u> <u>PO BOX 944209</u> <u>SACRAMENTO, CA 94244</u>	\$ <u>2,368,512.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE</u> <u>715 P STREET</u> <u>SACRAMENTO, CA 95814</u>	\$ <u>3,019,154.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>U.S. FISH AND WILDLIFE SERVICE</u> <u>1849 C STREET, NW</u> <u>WASHINGTON, DC 20240</u>	\$ <u>824,591.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>NATIONAL OCEANIC AND ATMOSPHERIC AGENCY</u> <u>1401 CONSTITUTION AVENUE NW, ROOM 5128</u> <u>WASHINGTON, DC 20230</u>	\$ <u>2,270,801.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>HEWLETT FOUNDATION</u> <u>2121 SAND HILL ROAD</u> <u>MENLO PARK, CA 94025</u>	\$ <u>2,305,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>NATIONAL PARK SERVICE</u> <u>1849 C STREET, NW</u> <u>WASHINGTON, DC 20240</u>	\$ <u>1,101,090.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN RIVERS, INC.**23-7305963****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE., SW WASHINGTON, DC 20585	\$ 990,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	U.S. FOREST SERVICE 1400 INDEPENDENCE AVE., SW WASHINGTON, DC 20250-0003	\$ 739,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KIESLER HEIDI/RUSHMORE 243 DENNIS LN GLENCOE, IL 60022-1319	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JONES ROBERT ALAN TRUST BEQUEST 1235 WESTLAKES DRIVE BERWYN, PA 19312	\$ 882,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-7305963

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>

Name of organization	Employer identification number
AMERICAN RIVERS, INC.	23-7305963

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		77,978.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		169,788.	
c Total lobbying expenditures (add lines 1a and 1b)		247,766.	
d Other exempt purpose expenditures		33,815,486.	
e Total exempt purpose expenditures (add lines 1c and 1d)		34,063,252.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	966,130.	1,000,000.	1,000,000.	3,966,130.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,949,195.
c Total lobbying expenditures	205,887.	94,546.	143,377.	247,766.	691,576.
d Grassroots nontaxable amount	250,000.	241,533.	250,000.	250,000.	991,533.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,487,300.
f Grassroots lobbying expenditures	10,924.	5,398.	28,418.	77,978.	122,718.

Schedule C (Form 990) 2023

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

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

1a 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.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,856,959.	3,571,670.	3,587,194.	3,084,161.	3,106,835.
b Contributions			486,598.	5,000.	2,000.
c Net investment earnings, gains, and losses	562,889.	406,870.	-386,848.	600,942.	73,759.
d Grants or scholarships					
e Other expenditures for facilities and programs	130,205.	121,581.	115,274.	102,909.	98,433.
f Administrative expenses					
g End of year balance	4,289,643.	3,856,959.	3,571,670.	3,587,194.	3,084,161.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 26.5500 %

b Permanent endowment 54.1200 %

c Term endowment 19.3300 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		40,869.	34,321.	6,548.
d Equipment		420,458.	356,338.	64,120.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				70,668.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	171,690.
(3) LEASE LIABILITY	1,384,752.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,556,442.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE LONG-TERM FINANCIAL STABILITY. THE PRINCIPAL IS TO BE HELD IN PERPETUITY, WHILE THE EARNINGS MAY BE USED FOR OPERATIONS IN ACCORDANCE WITH THE BOARD APPROVED SPENDING POLICY.

Department of the Treasury
Internal Revenue Service

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

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

2023

Open to Public Inspection

23-7305963

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this section.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS INC

(I) ADDRESS OF FUNDRAISER:

1617 JFK BLVD SUITE 1700, PHILADELPHIA, PA 19103

(I) NAME OF FUNDRAISER: THE COMPASS GROUP INC

(I) ADDRESS OF FUNDRAISER:

800 N CHARLES STREET, SUITE 300M, BALTIMORE, MD 21201

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number
23-7305963

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN WHITEWATER PO BOX 1540 CULLOWHEE, NC 28723	23-7083760	501(C)(3)	185,246.	0.			RESTORE DAMAGED RIVERS AND WATERS
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE, STE 2, BOSTON, MA 02129	04-6001677	501(C)(3)	21,901.	0.			RESTORE DAMAGED RIVERS AND WATERS
BONNEVILLE ENVIRONMENTAL FOUNDATION - 1500 SW 1ST AVE STE 710, - PORTLAND, OR 97201	93-1248274	501(C)(3)	41,738.	0.			RESTORE DAMAGED RIVERS AND WATERS
BUENA VISTA RANCHERIA OF ME-WUK INDIANS - 1418 20TH ST, STE 200, - SACRAMENTO, CA 95811	68-0330511	GOVERNMENT	10,493.	0.			RESTORE DAMAGED RIVERS AND WATERS
CALIFORNIA SPORTFISHING PROTECTION ALLIANCE - 3536 RANIER AVE - STOCKTON, CA 95204	68-0004105	501(C)(3)	67,585.	0.			RESTORE DAMAGED RIVERS AND WATERS
CALIFORNIA TROUT 360 PINE ST, 4TH FLOOR SAN FRANCISCO, CA 94104	23-7097680	501(C)(3)	26,500.	0.			RESTORE DAMAGED RIVERS AND WATERS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 50.
- 3 Enter total number of other organizations listed in the line 1 table 13.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVIN UNIVERSITY 3201 BURTON ST SE, GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	26,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
CLARK FORK COALITION PO BOX 7593, MISSOULA, MT 59807	36-3428665	501(C)(3)	25,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
COMMUNITY OUTREACH WORSHIP CENTER 3526 49TH ST EAST MOLINE, IL 61265	38-4160888		7,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
CONNECTICUT RIVER CONSERVANCY 15 BANK ROW, GREENFIELD, MA 01301	04-2148397	501(C)(3)	190,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
DUCKS UNLIMITED INC 2525 RIVER RD, BISMARCK, ND 58503-9011	13-5643799	501(C)(3)	16,637.	0.			RESTORE DAMAGED RIVERS AND WATERS
EMERALD CITIES COLLABORATIVE INC 1660 L ST NW, STE 204, WASHINGTON, DC 20036-4003	27-0920269	501(C)(3)	10,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
ENVIRONMENTAL AND ENERGY STUDY INSTITUTE - 1020 19TH ST NW, STE 400, - WASHINGTON, DC 20036	52-1268030	501(C)(3)	15,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
FAMILIES ANCHORED IN TOTAL HARMONY INC - 656 CAROLINA STREET, - GARY, IN 46402	26-1818399	501(C)(3)	10,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
FOOTHILL CONSERVANCY 35 COURT ST, STE 1 JACKSON, CA 95642	68-0205572	501(C)(3)	12,000.	0.			RESTORE DAMAGED RIVERS AND WATERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE RIVER 3336 BRADSHAW RD, STE 335 SACRAMENTO, CA 95827	94-2400210	501(C)(3)	56,112.	0.			RESTORE DAMAGED RIVERS AND WATERS
GALLATIN RIVER TASK FORCE PO BOX 160513, BIG SKY, MT 59716	74-3127146	501(C)(3)	93,750.	0.			RESTORE DAMAGED RIVERS AND WATERS
GLOBAL PHILANTHROPY PARTNERSHIP 2440 N LAKEVIEW #15A, CHICAGO, IL 60614	56-2342600	501(C)(3)	10,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
GRAND CANYON TRUST 2601 NORTH FORT VALLEY RD FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	12,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
GRAND VALLEY METRO COUNCIL 678 FRONT AVE NW, STE 200 GRAND RAPIDS, MI 49504	38-2958726		11,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
HGS LLC 6575 WEST LOOP SOUTH, SUITE 300, BELLAIRE, TX 77401	54-1968018		830,012.	0.			RESTORE DAMAGED RIVERS AND WATERS
IDAHO RIVERS UNITED PO BOX 633 BOISE, ID 83701	82-0439916	501(C)(3)	29,320.	0.			RESTORE DAMAGED RIVERS AND WATERS
JUNCTION COALITION PO BOX 3185, TOLEDO, OH 43607	81-1449842	501(C)(3)	26,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
KEARNS & WEST INC 500 WASHINGTON ST STE 425, SAN FRANCISCO, CA 94111	04-2813873		394,918.	0.			RESTORE DAMAGED RIVERS AND WATERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KLAMATH RIVER RENEWAL CORPORATION 2001 ADDISON ST STE 317, BERKELEY, CA 94074	81-2761910	501(C)(3)	10,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
KRIS BASS ENGINEERING 625 S LAKESIDE DR, RALEIGH, NC 27606	46-1463257		15,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
LOW IMPACT HYDROPOWER INSTITUTE C/O NPCM, PO BOX 211, STERLING, MA 01564	94-3356689	501(C)(3)	63,328.	0.			RESTORE DAMAGED RIVERS AND WATERS
LUMMI INDIAN BUSINESS COUNCIL 2665 KWINA RD, BELLINGHAM, WA 98226	91-1004074	GOVERNMENT	57,500.	0.			RESTORE DAMAGED RIVERS AND WATERS
MICHIGAN TROUT UNLIMITED INC PO BOX 442, DEWITT, MI 48820	23-7188803	501(C)(3)	9,068.	0.			RESTORE DAMAGED RIVERS AND WATERS
MILWAUKEE WATER COMMONS INC 1836 W FOND DU LAC AVE, MILWAUKEE, WI 53204	83-2154946	501(C)(3)	16,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
MOUNTAIN TRUE 29 MARKET ST STE 610, ASHEVILLE, NC 28801	56-1422691	501(C)(3)	470,449.	0.			RESTORE DAMAGED RIVERS AND WATERS
MULTIPLIER 548 MARKET ST, PMB 81178 SAN FRANCISCO, CA 94104	91-2166435	501(C)(3)	26,500.	0.			RESTORE DAMAGED RIVERS AND WATERS
MURRAY STATE UNIVERSITY 200 SPARKS HALL, MURRAY, KY 42071	61-1005783	GOVERNMENT	25,395.	0.			RESTORE DAMAGED RIVERS AND WATERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAACP ILLINOIS STATE CONFERENCE PO BOX 20384 SPRINGFIELD, IL 62708	80-0737563	501(C)(4)	26,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
NATIONAL HYDROPOWER ASSOCIATION INC - 200 MASSACHUSETTS AVE NW STE 320, - WASHINGTON, DC 20001	52-1339888	501(C)(6)	206,089.	0.			RESTORE DAMAGED RIVERS AND WATERS
NORTH CLACKAMAS URBAN WATERSHEDS COUNCIL - 2416 SE LAKE RD, - MILWAUKIE, OR 97222	27-1160027	501(C)(3)	94,832.	0.			RESTORE DAMAGED RIVERS AND WATERS
OREGON DEPARTMENT OF TRANSPORTATION - FINANCIAL SERVICES MS #21, 355 CAPITAL ST NE, - SALEM, OR 97301-3871	93-1111585	GOVERNMENT	565,509.	0.			RESTORE DAMAGED RIVERS AND WATERS
PRAIRIE RIVERS NETWORK 1605 SOUTH STATE ST, STE 1, CHAMPAIGN, IL 61820	37-6085905	501(C)(3)	25,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
RESOURCES LEGACY FUND 400 CAPITOL MALL, SUITE 2150, SACRAMENTO, CA 95814	95-4703838	501(C)(3)	73,519.	0.			RESTORE DAMAGED RIVERS AND WATERS
RIDGES TO RIFFLES INDIGENOUS CONSERVATION GROUP - 2043 3300 BROADWAY ST STE 502, - EUREKA, CA 95501	92-1512281	501(C)(3)	10,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
SKAGIT COUNTY PUBLIC WORKS 1800 CONTINENTAL PL, MT. VERNON, WA 98273	91-6001361	GOVERNMENT	153,625.	0.			RESTORE DAMAGED RIVERS AND WATERS
SMITHSONIAN INSTITUTION OSP CLEARING ACCOUNT, 24411 NETWORK PL, - CHICAGO, IL 60673-1243	53-0206027	501(C)(3)	17,727.	0.			RESTORE DAMAGED RIVERS AND WATERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH YUBA RIVER CITIZENS LEAGUE 313 RAILROAD AVE, STE 101 NEVADA CITY, CA 95959	68-0171371	501(C)(3)	36,214.	0.			RESTORE DAMAGED RIVERS AND WATERS
SOUTHEASTERN ASSOCIATION OF FISH AND WILDLIFE AGENCIES - PO BOX 646 - HARTWELL, GA 30643	57-0542609	501(C)(4)	80,959.	0.			RESTORE DAMAGED RIVERS AND WATERS
STEPT LLC PO BOX 9369, JACKSON, WY 83002	47-3089716		15,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
SUSANVILLE INDIAN RANCHERIA 745 JOAQUIN ST, SUSANVILLE, CA 96130	94-2165016		15,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
TERRA FUEGO RESOURCE FOUNDATION INC - 3238 #5 HWY 32, - CHICO, CA 95973	45-4019200	501(C)(3)	83,105.	0.			RESTORE DAMAGED RIVERS AND WATERS
THE ORION SOCIETY INC 187 MAIN ST, GREAT MARRINGTON, MA 01230	22-3508064	501(C)(3)	10,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
TROUT UNLIMITED VA 1777 N KENT ST, STE 100 ARLINGTON, VA 22209	38-1612715	501(C)(3)	64,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST, 5TH FLOOR - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	30,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
UNIQUE PLACES TO SAVE PO BOX 1183, CHAPEL HILL, NC 27514	46-2076094	501(C)(3)	62,605.	0.			RESTORE DAMAGED RIVERS AND WATERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CONGREGATIONS OF THE METRO EAST - PO BOX 1648 - CAHOKIA, IL 62206	36-4409776	501(C)(3)	15,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
UNITED STATES GEOLOGICAL SURVEY 12201 SUNRISE VLY DR RM 6A221 MS 27 RESTON, VA 20192	53-0196958	GOVERNMENT	58,470.	0.			RESTORE DAMAGED RIVERS AND WATERS
US DEPT OF INTERIOR-YOSEMITE NATIONAL PARK - PO BOX 279, ADMINISTRATION - MARIPOSA, CA 95338	53-0197094		425,297.	0.			RESTORE DAMAGED RIVERS AND WATERS
WATER & POWER 2140 SHATTUCK AVENUE STE 801, BERKELEY, CA 94704	45-1214465		50,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
WE THE PEOPLE OF DETROIT 1520 CHATEAUFORT PL, DETROIT, MI 48207	47-5123903	501(C)(3)	12,000.	0.			RESTORE DAMAGED RIVERS AND WATERS
WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL - 1007 LAKE DRIVE SE, - GRAND RAPIDS, MI 49506	23-7128379	501(C)(3)	12,500.	0.			RESTORE DAMAGED RIVERS AND WATERS
WETLAND DYNAMICS LLC 3393 E COUNTY RD 9 S, MONTE VISTA, CO 81144	46-1601753		45,661.	0.			RESTORE DAMAGED RIVERS AND WATERS
WORLD WILDLIFE FUND 1250 24TH ST NW, WASHINGTON, DC 20037	52-1693387	501(C)(3)	19,760.	0.			RESTORE DAMAGED RIVERS AND WATERS

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESTORE DAMAGED RIVERS AND WATERS	3	9,850.	0.		
PROTECT HEALTHY RIVERS	1	761.	0.		

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AMERICAN RIVERS MAINTAINS ELECTRONIC RECORDS FOR EACH GRANTEE'S ELIGIBILITY FOR THE FUNDING, THE CRITERIA USED FOR SELECTION, AND TO DOCUMENT THE MONITORING OF THE USE OF THE GRANT FUNDS. MONITORING IS ACHIEVED THROUGH REGULAR REPORTING BY THE GRANTEES ON PROJECT PROGRESS AND RESULTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	26	667,562.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32B:

A BROKER IS USED TO SELL PUBLICLY TRADED SECURITIES (STOCK GIFTS). THE
BROKER IS INSTRUCTED TO SELL ALL SECURITIES UPON RECEIPT FROM DONORS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number
23-7305963

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

AMERICAN RIVERS IS CHAMPIONING A NATIONAL EFFORT TO PROTECT AND RESTORE ALL RIVERS, FROM REMOTE MOUNTAIN STREAMS TO URBAN WATERWAYS. HEALTHY RIVERS PROVIDE PEOPLE AND NATURE WITH CLEAN, ABUNDANT WATER AND NATURAL HABITAT. FOR 50 YEARS, AMERICAN RIVERS STAFF, SUPPORTERS, AND PARTNERS HAVE SHARED A COMMON BELIEF: LIFE DEPENDS ON RIVERS. AMERICAN RIVERS IS THE ONLY NATIONAL ORGANIZATION DEDICATED ENTIRELY TO PROTECTING AND RESTORING THE RIVERS ALL LIFE DEPENDS ON. WITH A HALF-CENTURY OF EXPERIENCE ADDRESSING RIVER THREATS FROM COAST-TO-COAST, WE'VE PROTECTED MORE RIVERS AND REMOVED MORE DAMS THAN ANY OTHER ORGANIZATION. IN 2024, WE WORKED IN 50 STATES TO PROTECT HEALTHY RIVERS, RESTORE DAMAGED RIVERS, AND CHAMPION A POWERFUL RIVER MOVEMENT. IN ADDITION TO PROTECTING 853 MILES OF RIVERS FROM DAMMING AND DEVELOPMENT, WE REMOVED 7 DAMS TO RESTORE RIVER HEALTH AND PUBLIC SAFETY AND GALVANIZED MORE THAN 15,993 VOLUNTEERS TO REMOVE MORE THAN 550,000 LBS OF TRASH FROM THEIR HOMETOWN RIVERS.

FORM 990, PART III, LINE 1

AMERICAN RIVERS IS CHAMPIONING A NATIONAL EFFORT TO PROTECT AND RESTORE ALL RIVERS, FROM REMOTE MOUNTAIN STREAMS TO URBAN WATERWAYS. HEALTHY RIVERS PROVIDE PEOPLE AND NATURE WITH CLEAN, ABUNDANT WATER AND NATURAL HABITAT. FOR 50 YEARS, AMERICAN RIVERS STAFF, SUPPORTERS, AND PARTNERS HAVE SHARED A COMMON BELIEF: LIFE DEPENDS ON RIVERS. AMERICAN RIVERS IS THE ONLY NATIONAL ORGANIZATION DEDICATED ENTIRELY TO PROTECTING AND RESTORING THE RIVERS ALL LIFE DEPENDS ON. WITH A HALF-CENTURY OF EXPERIENCE ADDRESSING RIVER THREATS FROM COAST-TO-COAST, WE'VE

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

Schedule O (Form 990) 2023

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

PROTECTED MORE RIVERS AND REMOVED MORE DAMS THAN ANY OTHER ORGANIZATION. IN 2024, WE WORKED IN 50 STATES TO PROTECT HEALTHY RIVERS, RESTORE DAMAGED RIVERS, AND CHAMPION A POWERFUL RIVER MOVEMENT. IN ADDITION TO PROTECTING 853 MILES OF RIVERS FROM DAMMING AND DEVELOPMENT, WE REMOVED 7 DAMS TO RESTORE RIVER HEALTH AND PUBLIC SAFETY AND GALVANIZED MORE THAN 15,993 VOLUNTEERS TO REMOVE MORE THAN 550,000 LBS OF TRASH FROM THEIR HOMETOWN RIVERS.

FORM 990, PART III, LINE 4A

RESTORE DAMAGED RIVERS AND WATERS: WE NEED TO FUNDAMENTALLY TRANSFORM THE HEALTH OF RIVERS IN OUR COUNTRY. UP TO 85% OF ALL DAMS IN OUR COUNTRY ARE UNNECESSARY, HARMFUL, AND EVEN DANGEROUS. BECAUSE REMOVING A DAM IS THE SINGLE MOST IMPACTFUL WAY TO SECURE A RIVER'S FUTURE HEALTH, WE MUST REMOVE THOUSANDS OF THEM QUICKLY. OUR WORK TO REMOVE DAMS HAS BEEN CENTRAL TO AMERICAN RIVERS OVER THE PAST DECADES AND WILL BE EVEN MORE IMPORTANT AS WE WORK TO RESTORE RIVERS IN THE DECADES AHEAD. WE ARE PRIORITIZING REMOVING 400 OUTDATED AND UNSAFE DAMS BY 2027 AND WILL KICKSTART THE REMOVAL OF 30,000 DAMS BY 2050. WE ALSO DRIVE NATIONAL SOLUTIONS TO FLOODING THAT PRIORITIZE COMMUNITIES' SAFETY, EQUITY, AND THE HEALTH OF RIVER HABITATS AND WILL RESTORE 20,000 ACRES OF FUNCTIONAL FLOODPLAINS BY 2027. IN ADDITION, WE WORK TO ENSURE CLEAN WATER BY WORKING IN CITIES TO CONNECT COMMUNITIES TO THEIR RIVERS, AND WE WORK TO RESTORE HEALTHY RIVER FLOWS, HABITAT, AND ACCESS BY ENGAGING IN HYDROPOWER RELICENSING AND REFORM.

FORM 990, PART VI, SECTION A, LINE 1A:

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

THE EXECUTIVE COMMITTEE ACTS FOR THE BOARD OF DIRECTORS AS MAY BE REQUIRED IN BETWEEN ANNUAL, REGULAR, AND SPECIAL MEETINGS, PROVIDED HOWEVER THAT THE POWER TO ELECT TO, OR REMOVE A DIRECTOR FROM, THE BOARD OF DIRECTORS IS A POWER RESERVED SOLELY TO THE BOARD OF DIRECTORS AS A WHOLE. THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF UP TO NINE MEMBERS: FIVE SERVING EX OFFICIO: THE CHAIR, VICE CHAIR, SECRETARY, TREASURER, AND CHAIR OF THE BOARD GOVERNANCE COMMITTEE; AND UP TO FOUR OTHER DIRECTORS SERVING AT-LARGE AS ELECTED BY THE BOARD OF DIRECTORS.

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

THE 990 IS PREPARED BY THE EXTERNAL ACCOUNTING FIRM USING INFORMATION PROVIDED BY MANAGEMENT. A FINAL DRAFT IS SUBMITTED TO THE AUDIT COMMITTEE FOR REVIEW. THE AUDIT COMMITTEE THEN MEETS WITH THE ACCOUNTING FIRM. WHEN THE FORM HAS BEEN ACCEPTED BY THE AUDIT COMMITTEE ON BEHALF OF THE FULL BOARD, IT IS SHARED WITH THE FULL BOARD. THE FORM IS THEN SIGNED BY THE PRESIDENT OR CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW BOARD MEMBERS ARE REQUIRED TO SIGN THIS DOCUMENT PROMPTLY UPON COMMENCEMENT OF THEIR BOARD SERVICE AND ALL BOARD MEMBERS SHALL REVIEW AND RE-SIGN THE POLICY EVERY YEAR. A SIMILAR PROCESS IS IN PLACE FOR ALL EMPLOYEES, INCLUDING KEY EMPLOYEES. THE OFFICE OF THE GENERAL COUNCIL REVIEWS ALL COMPLETED CONFLICT OF INTEREST FORMS AND INTERROGATES FOR LEVEL OF POTENTIAL RISK. IF INDEED A CONFLICT IS DETERMINED, THE BOARD MEMBER AND/OR EMPLOYEE IS REQUIRED TO RECUSE THEMSELVES OF ANY DECISION-MAKING IN THE AREA OF CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

THE COMPENSATION COMMITTEE COMPILES DATA ON CEO SALARIES FOR COMPARABLE ORGANIZATIONS AND USES THIS INFORMATION TO DETERMINE THE APPROPRIATE SALARY FOR AMERICAN RIVERS' PRESIDENT.

THE COMPENSATION COMMITTEE REVIEWS THE FINDINGS OF A PERIODIC COMPENSATION SURVEY CONDUCTED BY AN EXTERNAL CONSULTANT TO DETERMINE THE APPROPRIATE SALARY AND ANY FRINGE BENEFITS FOR THE PRESIDENT. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

AMERICAN RIVERS, INC'S BOARD OF DIRECTORS MEETING MINUTES ON OCTOBER 18, 2024 INCLUDE APPROVAL OF THE CEO'S COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, WA, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE. THE ABOVE ARE AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES 12,693,631.

MANAGEMENT AND GENERAL EXPENSES 93,815.

FUNDRAISING EXPENSES 562,782.

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number

23-7305963

TOTAL EXPENSES 13,350,228.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 13,350,228.

FORM 990, PART IV, LINE 12A

THE ORGANIZATION IS EXPECTED TO RECEIVE CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE TAX YEAR. AT THE TIME OF FILING THE FORM 990, THE AUDITED STATEMENTS HAVE NOT BEEN ISSUED FOR THIS TAX YEAR.

FORM 990, PART XII, LINE 3A

THE ORGANIZATION IS EXPECTED TO RECEIVE AN AUDIT SET FORTH IN THE UNIFORM GUIDANCE 2 C.F.R. PART 200, SUBPART F FOR THE TAX YEAR. AT THE TIME OF FILING THE FORM 990, THE AUDITED STATEMENTS HAVE NOT BEEN ISSUED FOR THIS TAX YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN RIVERS, INC.

Employer identification number
23-7305963

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN RIVERS ACTION FUND - 99-0692195	PUBLIC ENGAGEMENT TO CONSERVE RIVERS	DISTRICT OF COLUMBIA	501(C)(4)		AMERICAN RIVERS, INC.		X
1101 14TH STREET, NW, SUITE 1400							
WASHINGTON, DC 20005							

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

Schedule R (Form 990) 2023

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	X
b	Gift, grant, or capital contribution to related organization(s)			1b	X
c	Gift, grant, or capital contribution from related organization(s)			1c	X
d	Loans or loan guarantees to or for related organization(s)			1d	X
e	Loans or loan guarantees by related organization(s)			1e	X
f	Dividends from related organization(s)			1f	X
g	Sale of assets to related organization(s)			1g	X
h	Purchase of assets from related organization(s)			1h	X
i	Exchange of assets with related organization(s)			1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)			1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)			1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)			1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	X
o	Sharing of paid employees with related organization(s)			1o	X
p	Reimbursement paid to related organization(s) for expenses			1p	X
q	Reimbursement paid by related organization(s) for expenses			1q	X
r	Other transfer of cash or property to related organization(s)			1r	X
s	Other transfer of cash or property from related organization(s)			1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN RIVERS ACTION FUND	N	20,800.FMV	
(2) AMERICAN RIVERS ACTION FUND	O	30,975.FMV	
(3) AMERICAN RIVERS ACTION FUND	Q	14,501.FMV	
(4) AMERICAN RIVERS ACTION FUND	S	39,532.FMV	
(5)			
(6)			

Provide additional information for responses to questions on Schedule R. See instructions.

CARRYOVER DATA TO 2024

Based on the information provided with this return, the following are possible carryover amounts to next year.

319341
04-01-23

DETAIL CARRYOVER SCHEDULE											
Type and Entity: CONTRIBUTION - 50% CASH FED			Section 382 Carryover								
Section 382 Annual Limitation			Amount Used for	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Year Orig- inated	Original Carryover Amount										
2022	913,190.										
2023	5,131,245.										
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	S										
	C										
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
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N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

AMERICAN RIVERS, INC.

EIN or SSN

23-7305963

Name and title of officer or person subject to tax

**VICKIE J BARROW-KLEIN
CFO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** 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, 7b, 8b, 9b,** or **10b,** 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	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>407.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II 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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 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 RSM US LLP to enter my PIN 20036
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91755453724

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 RSM US LLPDate 05/15/25**ERO Must Retain This Form - See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. AMERICAN RIVERS, INC.	Taxpayer identification number (TIN) 23-7305963
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 14TH STREET, NW, 1400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JENNIFER MARSHALL**
1101 14TH STREET, NW, 1400 - WASHINGTON, DC 20005

Telephone No. **202-347-7550** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 1,070.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 70.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 1,000.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMERICAN RIVERS, INC.	D Employer identification number 23-7305963
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A			Number, street, and room or suite no. If a P.O. box, see instructions. 1101 14TH STREET, NW, 1400	E Group exemption number (see instructions)
			City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	F <input type="checkbox"/> Check box if an amended return.
			C Book value of all assets at end of year 26,399,588.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity				

H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) 1	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	
L The books are in care of JENNIFER MARSHALL Telephone number 202-347-7550	

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	3,151.
2	Reserved	2	
3	Add lines 1 and 2	3	3,151.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	215.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	2,936.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	2,936.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	1,936.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	407.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	407.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	407.	
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f	0.	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	407.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	70.	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c	1,000.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7		1,070.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		663.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 663. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CFO	Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	SUE ROBISON	SUE ROBISON	05/15/25	PTIN P00560072
	Firm's name RSM US LLP	Firm's EIN 42-0714325		
	Firm's address 920 5TH AVENUE, SUITE 2800 SEATTLE, WA 98104	Phone no. 206-281-4444		

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

FORM 990-T		CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIONS	N/A	5,131,460.	
TOTAL TO FORM 990-T, PART I, LINE 4		5,131,460.	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2018

FOR TAX YEAR 2019

FOR TAX YEAR 2020

FOR TAX YEAR 2021

FOR TAX YEAR 2022 913,190

TOTAL CARRYOVER

913,190

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

5,131,460

TOTAL CONTRIBUTIONS AVAILABLE

6,044,650

TAXABLE INCOME LIMITATION AS ADJUSTED

215

EXCESS CONTRIBUTIONS

6,044,435

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

6,044,435

ALLOWABLE CONTRIBUTIONS DEDUCTION

215

TOTAL CONTRIBUTION DEDUCTION

215

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization <div style="text-align: center;">AMERICAN RIVERS, INC.</div>	B Employer identification number <div style="text-align: center;">23-7305963</div>
C Unrelated business activity code (see instructions) 455000	D Sequence: 1 of 1

E Describe the unrelated trade or business **MERCHANDISE SALES THROUGH A THIRD PARTY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) STMT 3	12 4,901.		4,901.
13 Total. Combine lines 3 through 12	13 4,901.		4,901.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		250.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 4	14		1,500.
15 Total deductions. Add lines 1 through 14	15		1,750.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		3,151.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		3,151.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11	Total dividends-received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
MERCHANDISE SALES		4,901.
TOTAL TO SCHEDULE A, PART I, LINE 12		4,901.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,500.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,500.

TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

American Rivers, Inc.
1101 14th Street, NW 1400
Washington, DC 20005

Prepared By:

RSM US LLP
920 5th Avenue, Suite 2800
Seattle, WA 98104

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	281
Less: payments and credits	\$	650
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	369

Overpayment:

Credited to your estimated tax	\$	369
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return to our office. We will then transmit your return electronically to the DCOTR. Do not mail the paper copy of the return to the DCOTR.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

2023 **FR-120** SUB Extension of Time to File a
DC Corporation Franchise Tax Return

ENTER DOLLAR AMOUNTS

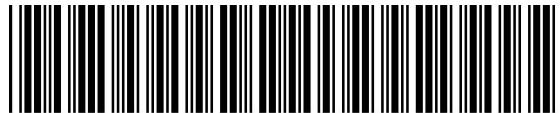
1	Total estimated corporation franchise tax liability for the tax period.	1	650	. 00
2	Estimated franchise tax payments (include any tax overpayment credit).	2		. 00
3	Other payments.	3		. 00
4	Total payments and credits (add Lines 2 and 3).	4		. 00
5	Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5	650	. 00

Detach at perforation and mail the voucher, with payment attached, to the:
Office of Tax and Revenue
PO Box 96019
Washington DC 20090-6019

343351 11-14-23

Government of the
District of Columbia

2023 **FR-120** SUB Extension of Time
to File a DC Corporation
Franchise Tax Return



231200S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Amount of payment 650 . 00
(dollars only)

Taxpayer Identification Number
237305963

Tax period ending (MMDDYYYY)
06302024

Business Name or Designated Agent name
AMERICAN RIVERS, INC.

Business mailing address (number, street and suite/apartment number if applicable)
1101 14TH STREET, NW

City
WASHINGTON

State ZIP Code + 4
DC 20005

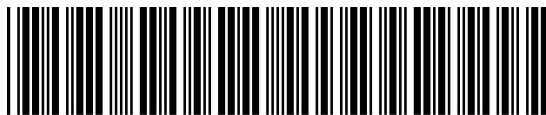
Mark if Combined Report
Mark if Living or Traveling Outside the U.S.

A 6 or 7 month extension of time to file until

15, 2024, for calendar year 2023, or until

MAY 15, 2025 or fiscal year ending 2024, is requested.

2023

D-20 SUB Corporation
Franchise Tax Return

230203S11019

Taxpayer Identification Number (TIN)

237305963

Number of business locations

In DC: 1 Outside DC: 0

SOFTWARE DEVELOPER USE ONLY

VENDOR ID #

1019

Name of corporation

AMERICAN RIVERS, INC.

Tax period ending (MMDDYYYY)

06302024

Mark if:

QHTC located in DC
Ballpark TIF area

Mark if:

AMENDED RETURN

Mark if:

FINAL RETURN

Mark if:

CERTIFIED QHTC

Mark if:

COMBINED REPORT*

Business mailing address #1

1101 14TH STREET, NW

Business mailing address #2

City

WASHINGTON

State

DC

ZIP code+4

20005

*You must fill in the Designated Agent info below

Mark if:

WORLDWIDE**

**Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank,
if minus, enter amount and fill in space.

GROSS INCOME

1	Gross receipts, minus returns and allowances		1	0	.00
2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)		2		.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus	3		.00
4	Dividends from Form D-20, Schedule B		4		.00
5	Interest (attach statement)		5		.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6		.00
7	Gross royalties (attach statement)		7		.00
8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus	8(a)		.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)		.00
9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund		9		.00

DEDUCTIONS

10	Other income (loss) (attach statement)	STATEMENT 1	Mark if minus	10	4901	.00
11	Total gross income. Add Lines 3 - 10		Mark if minus	11	4901	.00
12	Compensation of officers from Form D-20, Schedule C			12		.00
13	Salaries and wages			13		.00
14	Repairs			14		.00
15	Bad debts			15		.00
16	Rent			16		.00
17	Taxes From Form D-20, Schedule D			17		.00
18	(a) Interest payments		.00			
	(b) Minus nondeductible payments to related entities		.00	= 18c		.00
19	Contributions and/or gifts (attach statement)			19		.00
20	Amortization (attach a copy of your federal Form 4562)			20		.00
21	Depreciation (attach a copy of your federal Form 4562)			21		.00
	Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)					
22	Depletion (attach statement)			22		.00
23	(a) Enter royalty payments made		.00			
	(b) Minus nondeductible payments to related entities		.00	= 23c		.00

Taxpayer Name: AMERICAN RIVERS, INC.



230203S21019

Taxpayer Identification Number (TIN) 237305963

Enter dollar amounts only

DEDUCTIONS	24	Pension, profit-sharing plans	24	.00
	25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	25	.00
	26	Other deductions (attach statement) STATEMENT 2	26	1500 .00
	27	Total deductions. Add Lines 12-26	27	1500 .00
	28	Net income Line 11 minus Line 27	28	3401 .00
	29	(a) Non-business income/state adjustment (attach statement)	29a	.00
		(b) Expense related to non-business income (attach statement)	29b	.00
		(c) 29(a) minus 29(b)	29c	.00
	30	Net income subject to apportionment Line 28 minus Line 29(c)	30	3401 .00
	31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9	31	1.000000
TAXABLE INCOME	32	Net income from trade or business apportioned to DC	32	3401 .00
		Line 30 amount multiplied by Line 31 factor		
	33	Other income/deductions attributable to DC (attach statement - see instructions)	33	0 .00
	34	Total taxable income before apportioned NOL deduction	34	3401 .00
		Line 32 plus or minus Line 33		
	35	Apportioned NOL deduction (Losses occurring in year 2000 and later) *	35	.00
		* (Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)		
	36	Total DC taxable income. Line 34 minus Line 35	36	3401 .00
	37	Tax 8.25% of Line 36	37	281 .00
	38	Minus nonrefundable credits from Schedule UB, Line 9	38	.00
TAX - PAYMENTS AND CREDITS	39	Total DC gross receipts from Line '4' MTLGR Worksheet STATEMENT 3		.00
	40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M	40	281 .00
	41	Payments and refundable credits:		
		(a) Tax paid, if any, with request for an extension of time to file	41a	650 .00
		(b) Tax paid, if any, with original return if this is an amended return	41b	.00
		(c) 2023 estimated franchise tax payments	41c	.00
		(d) Refundable credits from Schedule UB, Line 12	41d	.00
	42	If this is an amended 2023 return, enter refund requested with original return.	42	.00
	43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	43	650 .00
	44	Estimated tax interest (Mark if D-2220 attached)	44	.00
45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.	45	.00	
	Will this payment come from an account outside of the U.S.? Yes No See instructions			
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46	369 .00	
47	Amount you want to apply to your 2024 estimated franchise tax	47	369 .00	
48	Amount to be refunded. Line 46 minus Line 47.	48	.00	

Third party designee To authorize another person to discuss this return with OTR, mark here

and enter the name and phone number of that person. See instructions.

Designee's name

Phone number

PLEASE
SIGN
HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

2023477550

PAID
PREPARER
ONLY

Officer's signature

SUE ROBISON

Title

05/15/25

Date

RSM US LLP

Telephone number of person to contact

SEATTLE, WA 98104

Preparer's signature (if other than taxpayer)

Preparer's PTIN P00560072

Date

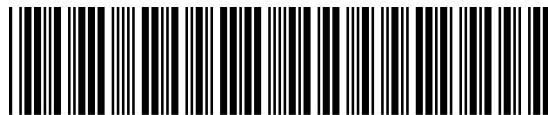
Firm name

Firm address

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here. X

Email Address

SUE.ROBISON@RSMUS.COM



230203S31019

Taxpayer Name: AMERICAN RIVERS, INC.

Taxpayer Identification Number (TIN) 237305963

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale			
3. Salaries and wages			
4. Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)			
5. Total			
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20, Line 2.)			

Method of inventory valuation:		Total Dividends	
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)						

Schedule D - Taxes (See specific instructions for Line 17.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
		TOTAL (Enter here and on D-20, Line 17.)	

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	3151	7. Total DC taxable income reported (from D-20, Line 36).	3401
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME	0	NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 17).		8. Net income apportioned or allocated to outside DC.	0
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	0	9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0	(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).	3401	(b) _____	0
(a) UNALLOWABLE FEDERAL			
(b) _____			
6. TOTAL of Lines 1-5.	6552	10. TOTAL of Lines 7, 8 and 9.	3401



Taxpayer Name: AMERICAN RIVERS, INC.
Taxpayer Identification Number (TIN) 237305963

230203S41019

Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income.	. 00	. 00	

For Financial Institutions:

2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income.	. 00	. 00	
3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.	. 00	. 00	
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3)			
5. DC APPORTIONMENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31 For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.			

Schedule G- Balance Sheets

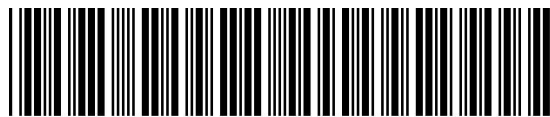
Beginning of Taxable Year

End of Taxable Year

	(A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash		7666484		8742565
2. Trade notes and accounts receivable	2885456		6440952	
(a) MINUS: Allowance for bad debts		2885456		6440952
3. Inventories		15796		30089
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc.				
5. Other current assets (attach statement)		5165101		5555282
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)		3968128		4394509
9. Buildings and other fixed depreciable assets	444234		461327	
(a) MINUS: Accumulated depreciation	354348	89886	390659	70668
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)		1585888		1165523
14. TOTAL ASSETS		21376739		26399588
15. Accounts payable		1865087		4320304
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)		585690		536435
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)		2062007		1556442
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated		16863955		19986407
25. MINUS: Cost of treasury stock				
26. TOTAL LIABILITIES AND CAPITAL		21376739		26399588

Taxpayer Name: AMERICAN RIVERS, INC.

Taxpayer Identification Number (TIN) 237305963



230203S51019

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books		7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest	
2. Federal income tax			
3. Excess of capital losses over capital gains			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation (b) Depletion		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation (b) Depletion	
		9. TOTAL of Lines 7 and 8	
6. TOTAL of Lines 1 through 5		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.) ...	

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year		5. Distributions: (a) Cash	
2. Net income per books		(b) Stock	
3. Other increases (itemize)		(c) Property	
		6. Other decreases (itemize).	
		7. TOTAL of Lines 5 and 6	
4. TOTAL of Lines 1, 2 and 3		8. Balance at end of year (Line 4 minus Line 7) ...	

Schedule I - Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.					
2.					
3.					
4.					
5.					
6. TOTAL (Enter the total of Col. 3 on D-20, Line 6. Enter total of Col 4, 5, and 6 on appropriate deduction lines.)					

*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount

DC FORM D-20

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

MERCHANDISE SALES

4,901.

TOTAL TO FORM D-20, PAGE 1, LINE 9

4,901.

DC FORM D-20

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX PREP FEES

1,500.

TOTAL TO FORM D-20, PAGE 2, LINE 24

1,500.

DC FORM D-20

MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)

STATEMENT 3

1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR
FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL
INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2,
COLUMN 2 OF D-20. 0.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION)
FOR WHICH GAINS REPORTED IN LINE 1 0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED
PER D-20, LINE 33 0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3)
TOTAL TO D-20, LINE 39 0.

2023 D-20E SUB
District of Columbia Corporation Franchise Tax Declaration for Electronic Filing

Tax period ending 06 30 2024

Name of Corporation
AMERICAN RIVERS, INC.Taxpayer Identification Number
237305963Business Mailing Address
1101 14TH STREET, NWCity
WASHINGTONState
DCZIP code + 4
20005**PART I - TAX RETURN INFORMATION (Whole dollars only)****PLEASE ENTER WHOLE DOLLAR AMOUNTS**

1. Total DC Taxable Income (D-20, Line 36)	Mark if minus	3,401 .00
2. Total DC Gross Receipts (D-20, Line 39)		.00
3. Net tax (D-20, Line 40)		281 .00
4. Total amount Due or Overpayment (D-20, Line 4 5 or 46)		369 .00

PART II - PAYMENT METHOD Direct Debit Paper Check

For Direct Debit enter the following information:

I authorize the DC government to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment.

9. Routing Number* *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

10. Account Number

11 Type of Account Checking Savings

PART III - DECLARATION OF CORPORATION OFFICER

Under penalties of perjury, I declare that the above amounts agree with the amounts shown on the corresponding lines of the electronic portion of the 2023 Corporation Franchise Tax Return. I have also examined a copy of the return(s) being filed electronically with the District of Columbia, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct and complete. Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Officer's Signature

Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above corporation return and that the entries on the D-20E are complete and correct to the best of my knowledge. The officer representing the corporation will have signed this form before I submit the return. I will give the corporation or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Mark if also paid preparer

RSM US LLP**P00560072**

ERO's Signature Date

ERO Taxpayer Identification Number

ERO's Use OnlyFirm's name (or yours if self-employed) **RSM US LLP****920 5TH AVENUE, SUITE 2800 98104****42-0714325**

Address and ZIP Code

EIN

206-281-4444

Phone Number

Under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, complete. Declaration of preparer is based on all information of which I have any knowledge.

Paid Preparer Use OnlyPreparer's name (type/print) **SUE ROBISON**

Preparer's signature

PTIN **P00560072**Firm's name **RSM US LLP**Firm's address **920 5TH AVENUE SUITE 2800, SEATTLE,**Firm's EIN **420714325****PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.**