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## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

|                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| B Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br><b>AMERICAVIEW</b><br>Number and street (or P O box, if mail is not delivered to street address)<br><b>AJM JOHNSON HALL</b><br>City or town, state or country, and ZIP + 4<br><b>BOZEMAN, MT 59717-3495</b> | D Employer identification number<br><b>77-0602801</b>                                                              |
|                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | E Telephone number<br><b>(406) 994-6120</b>                                                                        |
|                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | F Group Exemption Number ▶                                                                                         |
|                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br>Other (specify) ▶ |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

|                                                                                                                                                                                                                                                                                      |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| I Website: ▶ <b>WWW.AMERICAVIEW.ORG</b>                                                                                                                                                                                                                                              | H Check ▶ <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                           |                                                                                                                           |
| K Check ▶ <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. |                                                                                                                           |

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **716,200.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

|                                                                                           |                                                                                                                                               |                                                                                                                                                     |                 |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Revenue                                                                                   | 1 Contributions, gifts, grants, and similar amounts received                                                                                  | 1                                                                                                                                                   | <b>710,660.</b> |
|                                                                                           | 2 Program service revenue including government fees and contracts                                                                             | 2                                                                                                                                                   |                 |
|                                                                                           | 3 Membership dues and assessments                                                                                                             | 3                                                                                                                                                   |                 |
|                                                                                           | 4 Investment income                                                                                                                           | 4                                                                                                                                                   |                 |
|                                                                                           | 5a Gross amount from sale of assets other than inventory                                                                                      | 5a                                                                                                                                                  |                 |
|                                                                                           | b Less cost or other basis and sales expenses                                                                                                 | 5b                                                                                                                                                  |                 |
|                                                                                           | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)                                   | 5c                                                                                                                                                  |                 |
|                                                                                           | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/> |                                                                                                                                                     |                 |
|                                                                                           | a Gross revenue (not including \$ _____ of contributions reported on line 1)                                                                  | 6a                                                                                                                                                  |                 |
|                                                                                           | b Less direct expenses other than fundraising expenses                                                                                        | 6b                                                                                                                                                  |                 |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c                                                                                                                                            |                                                                                                                                                     |                 |
| 7a Gross sales of inventory, less returns and allowances                                  | 7a                                                                                                                                            |                                                                                                                                                     |                 |
| b Less cost of goods sold                                                                 | 7b                                                                                                                                            |                                                                                                                                                     |                 |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c                                                                                                                                            |                                                                                                                                                     |                 |
| 8 Other revenue (describe ▶ <b>CONFERENCE AND OTHER INCOME</b> )                          | 8                                                                                                                                             | <b>5,540.</b>                                                                                                                                       |                 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6c, 7c, and 8                                  | 9                                                                                                                                             | <b>716,200.</b>                                                                                                                                     |                 |
| Expenses                                                                                  | 10 Grants and similar amounts paid (attach schedule)                                                                                          | 10                                                                                                                                                  | <b>562,489.</b> |
|                                                                                           | 11 Benefits paid to or for members                                                                                                            | 11                                                                                                                                                  |                 |
|                                                                                           | 12 Salaries, other compensation, and employee benefits                                                                                        | 12                                                                                                                                                  | <b>0.</b>       |
|                                                                                           | 13 Professional fees and other payments to independent contractors                                                                            | 13                                                                                                                                                  | <b>65,904.</b>  |
|                                                                                           | 14 Occupancy, rent, utilities, and maintenance                                                                                                | 14                                                                                                                                                  |                 |
|                                                                                           | 15 Printing, publications, postage, and shipping                                                                                              | 15                                                                                                                                                  | <b>1,174.</b>   |
|                                                                                           | 16 Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )                                                                                        | 16                                                                                                                                                  | <b>86,599.</b>  |
|                                                                                           | 17 Total expenses. Add lines 10 through 16                                                                                                    | 17                                                                                                                                                  | <b>716,166.</b> |
|                                                                                           | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                            | 18                                                                                                                                                  | <b>34.</b>      |
|                                                                                           | Net Assets                                                                                                                                    | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19              |
| 20 Other changes in net assets or fund balances (attach explanation)                      |                                                                                                                                               | 20                                                                                                                                                  |                 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20                |                                                                                                                                               | 21                                                                                                                                                  | <b>20,492.</b>  |

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              | <b>29,253.</b>        | <b>32,951.</b>  |
| 23 Land and buildings                                                          |                       |                 |
| 24 Other assets (describe ▶ <b>SEE STATEMENT 2</b> )                           | <b>84,221.</b>        | <b>104,876.</b> |
| 25 Total assets                                                                | <b>113,474.</b>       | <b>137,827.</b> |
| 26 Total liabilities (describe ▶ <b>SEE STATEMENT 3</b> )                      | <b>93,016.</b>        | <b>117,335.</b> |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | <b>20,458.</b>        | <b>20,492.</b>  |

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12-17-08

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Form 990-EZ (2008)



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                                                                                                                                                                                                           |     | X  |
| <b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes                                                                                                                                                                                                                                                                                                                       |     | X  |
| <b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T                                                                                                                                                                                                                        |     |    |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                                                                                                                      |     | X  |
| <b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                                                                                    | N/A |    |
| <b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N                                                                                                                                                                                                                                                                                                                       |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a 0.</span>                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                              |     | X  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                                                                                                                                                                                                                                           |     | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b N/A</span>                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <b>39</b> Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right">39a N/A</span>                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b N/A</span>                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>                                                                                                                                                                                                      |     |    |
| <b>b</b> Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I                                                                                                                                                                                                                 |     | X  |
| <b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>                                                                                                                                                                                                                                                                                              |     |    |
| <b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                                                             |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <span style="float:right">▶ NONE</span>                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>42a</b> The books are in care of <span style="float:right">▶ WATKINS, MEEGAN, DRURY &amp; CO.</span> Telephone no <span style="float:right">▶ (301) 654-7555</span><br>Located at <span style="float:right">▶ 7700 WISCONSIN AVENUE, #500, BETHESDA, MD</span> ZIP + 4 <span style="float:right">▶ 20814</span>                                                                                                                                                           |     |    |
| <b>b</b> 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)?<br>If "Yes," enter the name of the foreign country <span style="float:right">▶</span><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. |     | X  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the US?<br>If "Yes," enter the name of the foreign country <span style="float:right">▶</span>                                                                                                                                                                                                                                                                              |     | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>                                                                                                                                                                   |     |    |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                                 |     | X  |
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                          |     | X  |

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | Yes | No |
|-----|-----|----|
| 46  |     | X  |
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
| Total number of other employees paid over \$100,000            |                                                          |                  |                                                                     |                                          |

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
| Total number of other independent contractors each receiving over \$100,000  |                     |                  |

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: *Mary E. O'Neill* Date: **5-7-10**

*Mary E. O'Neill, Treasurer*

Type of print name and title

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: **5/6/10** Check if self-employed: ☐ Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed): **TATE AND TRYON** EIN: **20-0000000**

address, and ZIP + 4: **805 15TH STREET, NW SUITE 900** Phone: **(202) 293-2200**

**WASHINGTON, DC 20005**

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

Form 990-EZ (2008)

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

Name of the organization

AMERICAVIEW

Employer identification number

77-0602801

|               |                                                                                                         |
|---------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part ) (see instructions) |
|---------------|---------------------------------------------------------------------------------------------------------|

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 1547040. | 1555747. | 1830293. | 1370506. | 710,660. | 7014246.  |
| 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 <b>Total.</b> Add lines 1 - 3                                                                                                                                                                       | 1547040. | 1555747. | 1830293. | 1370506. | 710,660. | 7014246.  |
| 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) |          |          |          |          |          |           |
| 6 <b>Public Support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          | 7014246.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                             | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4                                                                                                                                                                                                     | 1547040. | 1555747. | 1830293. | 1370506. | 710,660. | 7014246.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                          |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                      |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                                                                                                         |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                           |          |          |          |          |          | 7014246.  |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                                                        |          |          |          |          | 12       | 18,550.   |
| 13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |        |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                | 14 | 100.00 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f                                                                                                                                                                                                                                                                                                                                                                   | 15 | 100.00 | % |
| 16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>                                                                                                                                                                 |    |        |   |
| b <b>33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                         |    |        |   |
| 17a <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |    |        |   |
| b <b>10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |    |        |   |
| 18 <b>Private foundation.</b> 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"/>                                                                                                                                                                                                                                                                  |    |        |   |

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                           | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                             |          |          |          |          |          |           |
| <b>2</b> 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       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                        |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5                                                                                                                                                         |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                      |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                            |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                           | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                               |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                                                                                                  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g                    | <b>16</b> | % |

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

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h                      | <b>18</b> | % |

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 ☐



FORM 990-EZ

OTHER EXPENSES

STATEMENT

1

DESCRIPTIONAMOUNT

CONTRACT LABOR/CONSULTANTS

49,317.

TRAVEL

26,626.

INSURANCE

2,200.

EVENT EXPENSE

6,493.

TELEPHONE

1,732.

BANK FEES

115.

DEPRECIATION

66.

MISCELLANEOUS

50.

TOTAL TO FORM 990-EZ, LINE 16

86,599.

| FORM 990-EZ                   | OTHER ASSETS | STATEMENT   | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |   |
| FEDERAL GRANTS RECEIVABLE     | 84,155.      | 104,876.    |   |
| EQUIPMENT, NET                | 66.          | 0.          |   |
| TOTAL TO FORM 990-EZ, LINE 24 | 84,221.      | 104,876.    |   |

FORM 990-EZ

OTHER LIABILITIES

STATEMENT

3

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

93,016.

117,335.

TOTAL TO FORM 990-EZ, LINE 26

93,016.

117,335.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS                                                                 | DONEE'S<br>RELATIONSHIP | AMOUNT  |
|------------------------------------------------------------------------------------------------------------|-------------------------|---------|
| GRANT<br>AUBURN UNIVERSITY<br>107 SAMFORD HALL<br>AUBURN, AL 36849                                         | NONE                    | 23,989. |
| GRANT<br>SOUTH DAKOTA STATE UNIVERSITY<br>PO BOX 2201<br>BROOKINGS, SD 57007                               | NONE                    | 19,843. |
| GRANT<br>MICHIGAN TECHNOLOGICAL UNIVERSITY<br>1400 TOWNSEND DRIVE<br>HOUGHTON, MI 49931                    | NONE                    | 6,703.  |
| GRANT<br>MONTANA STATE UNIVERSITY<br>108 CULBERTSON HALL, PO BOX 172000<br>BOZEMAN, MT 59717               | NONE                    | 41,311. |
| GRANT<br>MOREHEAD STATE UNIVERSITY<br>150 UNIVERSITY BLVD.<br>MOREHEAD, KY 40351                           | NONE                    | 11,359. |
| GRANT<br>OFFICE OF SPONSORED PROGRAMS, MT ST. UNIV<br>PO BOX 172470, 309 MONTANA HALL<br>BOZEMAN, MT 59717 | NONE                    | 32,064. |
| GRANT<br>PURDUE UNIVERSITY<br>499 S CAPITOL STREET SW<br>WASHINGTON, DC 20003                              | NONE                    | 23,989. |
| GRANT<br>STEPHEN F. AUSTIN STATE UNIVERSITY<br>1936 NORTH STREET<br>NACOGDOCHES, TX 75962                  | NONE                    | 23,989. |
| GRANT<br>THE PENNSYLVANIA STATE UNIVERSITY<br>777 WEST HARRISBURG PIKE<br>MIDDLETOWN, PA 17057             | NONE                    | 7,109.  |

|                                                                                                           |      |         |
|-----------------------------------------------------------------------------------------------------------|------|---------|
| GRANT<br>THE REGENTS OF UNIVERSITY OF CALIFORNIA<br>1111 FRANKLIN STREET, 12TH FLOOR<br>OAKLAND, CA 94607 | NONE | 37,186. |
| GRANT<br>TOWSON UNIVERSITY<br>8000 YORK ROAD<br>TOWSON, MD 21252                                          | NONE | 11,610. |
| GRANT<br>TREASURER OF VIRGINIA TECH<br>902 PRICES FORK ROAD, SUITE 4000<br>BLACKSBURG, VA 24061           | NONE | 23,989. |
| GRANT<br>UNIVERSITY OF ARKANSAS<br>ADMINISTRATION BUILDING ROOM 205<br>FAYETTEVILLE, AR 72701             | NONE | 23,746. |
| GRANT<br>UNIVERSITY OF HAWAII<br>2444 DOLE STREET, BACHMAN 202<br>HONOLULU, HI 96822                      | NONE | 25,637. |
| GRANT<br>UNIVERSITY OF IDAHO<br>875 PERIMETER DRIVE<br>MOSCOW, ID 83844                                   | NONE | 23,989. |
| GRANT<br>UNIVERSITY OF KANSAS CENTER FOR RESEARCH<br>1301 JAYHAWK ROAD<br>LAWRENCE, KS 66045              | NONE | 23,989. |
| GRANT<br>UNIVERSITY OF NEBRASKA<br>3835 HOLDREGE STREET<br>LINCOLN, NE 68583                              | NONE | 13,742. |
| GRANT<br>UNIVERSITY OF NORTH DAKOTA<br>UNIVERSITY AVENUE, STOP 8157<br>GRAND FORKS, ND 58202              | NONE | 37,891. |
| GRANT<br>UNIVERSITY OF NORTHERN IOWA<br>1227 WEST 27TH STREET<br>CEDAR FALLS, IA 50614                    | NONE | 13,135. |

|                                                                                                               |      |                 |
|---------------------------------------------------------------------------------------------------------------|------|-----------------|
| GRANT<br>UNIVERSITY OF WYOMING<br>1000 E. UNIVERSITY AVENUE<br>LARAMIE, WY 82071                              | NONE | 53,355.         |
| GRANT<br>UNIVERSITY OF ALASKA FAIRBANKS OGCA<br>3295 COLLEGE ROAD, PO BOX 757900<br>FAIRBANKS, AK 99709       | NONE | 12,179.         |
| GRANT<br>UW-MADISON GAR ACCOUNT<br>RESEARCH AND SPONSORED PROGRAMS DRAWER 538<br>MILWAUKEE, WI 53278          | NONE | 5,198.          |
| GRANT<br>WEST VIRGINIA UNIVERSITY RESEARCH CORP<br>886 CHESTNUT RIDGE RD, PO BOX 6216<br>MORGANTOWN, WV 26506 | NONE | 49,053.         |
| GRANT<br>WVU RESEARCH CORPORATION<br>886 CHESTNUT RIDGE RD, PO BOX 6216<br>MORGANTOWN, WV 26506-6216          | NONE | 6,353.          |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10                                                                        |      | <u>551,408.</u> |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

AMERICAVIEW IS A NATIONWIDE PROGRAM THAT FOCUSES ON SATELLITE REMOTE SENSING DATA AND TECHNOLOGIES IN SUPPORT OF APPLIED RESEARCH, K-16 EDUCATION, WORKFORCE DEVELOPMENT, AND TECHNOLOGY TRANSFER. AMERICAVIEW'S OBJECTIVE IS THE DEVELOPMENT OF REMOTE SENSING CONSORTIA IN EVERY PARTICIPATING STATE, SUCH THAT THE ORGANIZATION BECOMES A NATIONALLY COORDINATED CONSORTIUM OF LOCALLY-CONTROLLED STATE-LEVEL CONSORTIA. CURRENTLY 29 STATES ARE FULL MEMBERS, AND 7 STATES ARE AFFILIATE MEMBERS.

--AMERICAVIEW, IN COOPERATION WITH DATA PROVIDERS, CONTINUED TO EXPAND THE NUMBER OF AVAILABLE SENSOR DATA SETS IN STANDARD READY-TO-USE FORMATS AND MAKE THEM AVAILABLE TO PUBLIC AGENCIES, EDUCATIONAL INSTITUTIONS, AND COMMERCIAL ENTITIES IN EVERY STATE THROUGH APPROPRIATE LICENSE AGREEMENTS AND DATA/PRODUCT ACCESS FEES.

--AMERICAVIEW PARTICIPANTS HAVE LEVERAGED EXISTING EDUCATION AND OUTREACH PROGRAMS AND ENABLED NEW PROGRAMS THAT WILL PROVIDE TRAINING AND DISTRIBUTE APPROPRIATE DATA; EXPAND REMOTE SENSING RESEARCH; AND FACILITATE LONG-TERM WORKFORCE DEVELOPMENT.

--AMERICAVIEW PARTICIPANTS ARE ALSO WORKING TO FOSTER APPLICATIONS RESEARCH BY PROVIDING A MECHANISM FOR CONSORTIA TO SUPPORT GRANTS AND CONTRACTS TO UNIVERSITIES AND PRIVATE AND PUBLIC PARTNERSHIPS. DURING THIS FISCAL YEAR, AMERICAVIEW AWARDED GRANTS TO MORE THAN 22 UNIVERSITIES.

--AMERICAVIEW CONDUCTS A PUBLIC RELATIONS EFFORT TO GIVE ITSELF AN IDENTITY IN THE MINDS OF THE PUBLIC, AND TO KEEP CONGRESS AND THE EXECUTIVE BRANCH INFORMED OF ITS ACCOMPLISHMENTS AND FUNDING NEEDS.

--AMERICAVIEW FOSTERS SUSTAINABLE TECHNOLOGY TRANSFER TO THE PUBLIC AND PRIVATE SECTORS THROUGH THE EDUCATION, OUTREACH, AND RESEARCH ACTIVITIES OF ITS PARTICIPANTS.



990-EZ.PG 2

STATEMENT 7

AV'S BASIC MISSION IS TO ADVANCE THE AVAILABILITY, TIMELY DISTRIBUTION, AND WIDESPREAD USE OF REMOTE SENSING DATA AND TECHNOLOGY THROUGH EDUCATION, RESEARCH, OUTREACH, AND SUSTAINABLE TECHNOLOGY TRANSFER TO THE PUBLIC AND PRIVATE SECTORS.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

|                                                                                            |                                                                                                         |                                |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>Part II</b>                                                                             | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed). |                                |
| Type or print<br><br>File by the extended due date for filing the return. See instructions | Name of Exempt Organization                                                                             | Employer identification number |
|                                                                                            | AMERICAVIEW                                                                                             | 77-0602801                     |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions                                   | For IRS use only               |
|                                                                                            | AJM JOHNSON HALL, NO. 204                                                                               |                                |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.                |                                |
|                                                                                            | BOZEMAN, MT 59717-3495                                                                                  |                                |

**Check type of return to be filed** (File a separate application for each return).

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

WATKINS, MEEGAN, DRURY & CO.

- The books are in the care of ☒ 7700 WISCONSIN AVENUE, #500 - BETHESDA, MD 20814

Telephone No. ☒ (301) 654-7555

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 EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until MAY 15, 2010
- 5 For calendar year       , or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.

|    |                                                                                                                                                                                                                                  |    |        |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                 | 8a | \$     |
| b  | If this application is for Form 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 and any amount paid previously with Form 8868 | 8b | \$     |
| c  | <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions       | 8c | \$ N/A |

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ *[Signature]*

Title ☒ CPA

Date ☒ 7/12/2010

Form 8868 (Rev 4-2009)