

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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 black lung benefit trust or private foundation)

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

2009

Open to Public Inspection

| A Fo                           | r the 2    | 2009 ca               | lendar yea                                     | r, or tax year beginning 07-01-2009                               | and ending 06-30-201                    | L <b>O</b>                            | _                                  |                              |  |
|--------------------------------|------------|-----------------------|--|---|---|---------------------------------------|------------------------------------|------------------------------|--|
| <b>B</b> Ch                    | eck ıf ap  | plicable              | Please   | C Name of organization AMERICAN RIVERS INC                        |   |                                       | D Employer ic                      | lentification number         |  |
| — Add                          | dress ch   | ange                  | use IRS<br>label or                            |   |   |                                       | 23-73059                           |                              |  |
| — Na                           | me char    | nge                   | print or                                       | Doing Business As   |   |                                       | E Telephone r                      | umber                        |  |
| — <sub>Init</sub>              | tal retur  | 'n                    | type. See<br>Specific                          | Number and street (or P O box if mail                             | ıs not delivered to street addre        | ess) Room/suite                       | (202) 347                          |                              |  |
| —<br>Tei                       | mınated    | i                     | Instruc-<br>tions.                             | 1101 14TH STREET NW No 1400                                       |   | ,                                     | <b>G</b> Gross receipt             | s \$ 17,880,084              |  |
| — <sub>Am</sub>                | ended r    | eturn                 |  | City or town, state or country, and ZIP                           | + 4                                     |                                       | 1                                  |                              |  |
| — <sub>Apı</sub>               | olication  | pending               |  | WASHINGTON, DC 20005  |   |                                       |                                    |                              |  |
|                                |            | ,                     | F Nan  | L<br>ne and address of principal officer                          |   | W->                                   |                                    | •                            |  |
|                                |            |                       |  | CA WODDER   |   |                                       | is a group retu<br>ates?           | rn for                       |  |
|                                |            |                       |  | .4TH STREET<br>NGTON,DC 20005                                     |   |                                       |                                    |                              |  |
|                                |            |                       | WASHI  | NG10N,DC 20005  |   | 1 ' '                                 | ll affiliates inclu                |                              |  |
| <b>T</b> Ta                    | x-exem     | pt status             | ▼ 501(c)                                       | ) ( 3 ) ◀ (insert no )  |   | 1 -                                   | o," attach a lis<br>up exemption n | t (see instructions)         |  |
|                                |            |                       |  | CANRIVERS ORG   | ·                                       | H(c) Grou                             | ap exemption n                     | umber P                      |  |
|                                |            |                       |  |   |   | <u> </u>                              |                                    |                              |  |
|                                |            |                       |  | ion Trust Association Other -                                     |   | <b>L</b> Year of fo                   | ormation 1974                      | M State of legal domicile DC |  |
| Pa                             | rt I       | Sumi                  |  |   | anificant activities                    |                                       |                                    |                              |  |
|                                | 1          |                       |  | e organization's mission or most si<br>RS PROTECTS AND RESTORES A | -                                       | THE BENEFI                            | T OF PEOPLE,                       | WILDLIFE, AND                |  |
| œ.                             | 1          | NATUR                 |  |   |   |                                       |                                    | ,<br>                        |  |
| €                              |            |                       |  |   |   |                                       |                                    |                              |  |
| Governance                     |            |                       |  |   |   |                                       |                                    |                              |  |
| Š                              | 2          | Check t               | hıs box 🛏                                      | _<br>if the organization discontinued it                          | s operations or disposed                | d of more than                        | 25% of its net                     | assets                       |  |
|                                | 3          | Number                | of voting r                                    | nembers of the governing body (Pa                                 | rt VI, line 1a)                         |                                       | :                                  | 321                          |  |
| Activities &                   | 4          | Number                | of indepen                                     | ident voting members of the govern                                | ing body (Part VI, line 1               | b)                                    |                                    | 1 21                         |  |
| Ě                              | 5          | Total nu              | umber of en                                    | nployees (Part V, line 2a)  |   |                                       | !                                  | 5 85                         |  |
| ਰੂ                             |            |                       |  | lunteers (estimate if necessary)                                  |   |                                       |                                    | 5 26                         |  |
| Q,                             | 7a         | Total gr              | oss unrela                                     | ted business revenue from Part VII                                | II, column (C), line 12                 |                                       | 7                                  | <b>'a</b> 0                  |  |
|                                | ь          | Net unr               | elated busi                                    | ness taxable income from Form 99                                  | 0-T, line 34                            |                                       | 7                                  | <b>'b</b> 0                  |  |
|                                |            |                       |  |   |   | Pric                                  | or Year                            | Current Year                 |  |
|                                | 8          | Contri                | butions and                                    | d grants (Part VIII, line 1h)                                     |   |                                       | 8,980,985                          | 12,708,965                   |  |
| 를                              | 9          | Progra                | ım service                                     | revenue (Part VIII, line 2g)                                      |   |                                       | 1,200                              | 0                            |  |
| Revenu                         | 10         | Invest                | ment incor                                     | ne (Part VIII, column (A), lines 3,                               | 4, and 7d)                              |                                       | 221,027                            | -603,222                     |  |
| æ                              | 11         | Other                 | revenue (P                                     | art VIII, column (A), lines 5, 6d, 8                              | c, 9c, 10c, and 11e)                    |                                       | 50,711                             |                              |  |
|                                | 12         |                       |  | dd lines 8 through 11 (must equal F                               | , | ne                                    | 0.252.022                          | 12 105 042                   |  |
|                                | 13         |                       |  | ar amounts paid (Part IX, column (A                               |   |                                       | 9,253,923                          | 12,105,943                   |  |
|                                | 14         |                       |  | or for members (Part IX, column (A)                               | •                                       |                                       | 1,221,593                          | 2,230,705                    |  |
|                                | 15         |                       |  | ompensation, employee benefits (Pa                                | 5-                                      |                                       |                                    |                              |  |
| 8                              | 15         | 10)                   | es, other co                                   | impensation, employee benefits (1                                 | J-                                      | 4,730,448                             | 4,828,636                          |                              |  |
| Expenses                       | 16a        | Profes                | sional fund                                    | raısıng fees (Part IX, column (A), lı                             |   | 65,180                                | 6,530                              |                              |  |
| ੜੇ                             | ь          | Total fu              | ndraising exp                                  | enses (Part IX, column (D), line 25) 🕨 1,92                       | 5,547                                   |                                       |                                    |                              |  |
|                                | 17         | Other                 | expenses (                                     | (Part IX, column (A), lines 11a–11                                |   | 3,189,776                             | 4,702,019                          |                              |  |
|                                | 18         | Total                 | expenses A                                     | Add lines 13–17 (must equal Part I                                | IX, column (A), line 25)                |                                       | 9,206,997                          | 11,767,890                   |  |
|                                | 19         | Reven                 | ue less exp                                    | oenses Subtract line 18 from line 1                               | 2                                       |                                       | 46,926                             | 338,053                      |  |
| <u>জু</u>                      |            |                       |  |   |   | _                                     | g of Current                       | End of Year                  |  |
| Net Assets or<br>Fund Balances | 30         | Tatel                 | 200ata /D=                                     | + V line 16\  |   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | /ear                               |                              |  |
| Ass<br>HBa                     | 20         |                       |  | t X, line 16)   |   |                                       | 7,821,295                          | 9,047,615                    |  |
| 5 H                            | 21         |                       |  | Part X, line 26)  |   |                                       | 1,060,116                          | 1,133,303                    |  |
|                                | 22<br>1301 |                       | ature Blo                                      | d balances Subtract line 21 from l                                | me 20                                   |                                       | 6,761,179                          | 7,914,312                    |  |
|                                |            |                       |  | equry, I declare that I have examined this                        | return, including accompanying          | schedules and s                       | statements, and to                 | the best of my knowledge     |  |
|                                |            |                       |  | correct, and complete Declaration of prepa                        |   |                                       |                                    |                              |  |
| c:                             |            |                       |  |   |   |                                       |                                    |                              |  |
| Sign<br>Here                   |            | ****<br>Signa         | ***<br>ature of office                         | 25  |   | 2010<br>Date                          | -11-05                             |                              |  |
|                                | _          | [, ]                  |  |   |   | 2410                                  |                                    |                              |  |
|                                |            |                       | CCA WODDE or print nam                         | R PRESIDENT<br>e and title  |   |                                       |                                    |                              |  |
|                                |            | P ''                  | <u> </u>                                       |   | Date                                    | Check If                              | Preparer's iden                    | tifying number               |  |
| De! -i                         |            | Preparer<br>signature |  | NINE ANDERSON   |   | self-                                 | (see instruction                   |                              |  |
| Paid<br>Prop                   |            | _                     | <u>,                                      </u> |   |   | empolyed 🕨 🦵                          |                                    |                              |  |
|                                | arer's     |                       | ame (or yours<br>nployed),                     | UHY ADVISORS MID-ATLANTIC MD IN                                   | C                                       |                                       | EIN 🕨                              |                              |  |
| Use (                          | only       |                       | and ZIP + 4                                    | 6851 OAK HALL LANE STE 300  |   |                                       |                                    |                              |  |
|                                |            |                       |  | COLUMBIA, MD 21045  |   |                                       | Phone no 🕨 (                       | 410) 720-5220                |  |
| May.                           | tha IDS    | S discus              | e this ratio                                   | rn with the preparer shown above?                                 | (see instructions)                      |                                       |                                    | Evas ENa                     |  |

Cat No 11282Y

Form 990 (2009)

Form **990** (2009)

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

AMERICAN RIVERS PROTECTS AND RESTORES AMERICA'S RIVERS FOR THE BENEFIT OF PEOPLE, WILDLIFE, AND NATURE

|    | Did the organization und<br>the prior Form 990 or 99 |   | nt program servic   | es during the year w  |  |                              |
|----|--|---|---|---|--|------------------------------|
|    |  | JU-LZ   |   |   |  | ┌ Yes ┌ No                   |
|    | If "Yes," describe these                             | new services on Sch   | nedule O  |   |  |                              |
|    | Did the organization ceaservices?                    | ase conducting, or m  | ake sıgnıfıcant ch  | anges in how it cond  |  | ┌ Yes ┌ No                   |
|    | If "Yes," describe these                             | changes on Schedul  | e O   |   |  |                              |
|    |  | 501(c)(4) organizatio   | ns and section 4  | 947(a)(1) trusts are  | rgest program services by<br>e required to report the amo<br>ervice reported                 | •                            |
| 4a | (Code  | ) (Expenses \$  | 6,393,504 inc   | luding grants of \$   | 2,138,481 ) (Revenue \$  | )                            |
|    | COMMITTED TO RESTORING                               | GOUR NATION'S RIVERS  | THROUGH - REMOVI  | ING OBSOLETE AND UNSA   | OMMUNITIES AND SUPPORT FISH<br>AFE DAMS - IMPROVING THE OPER<br>DDS - CONNECTING PEOPLE TO T | RATIONS OF DAMS, LEVEES, AND |
|    |  |   |   |   |  |                              |
| 4b | (Code  | ) (Expenses \$  | 848,639 inc   | luding grants of \$   | 33,075 ) (Revenue \$   | )                            |
|    | OPPORTUNITIES TO ENSUR                               | RE THAT OUR NATION'S R<br>G OR DAMMING NEAR RI                          | IVERS ARE PROTECTI<br>VERS - PROTECTING                       | ED, WE FOCUS ON - PR  | PROTECTION, FISH AND WILDLIFE<br>EVENTING HARMFUL AND DESTRU<br>- BRINGING NATIONAL ATTENTIO | JCTIVE PROJECTS SUCH AS      |
|    | (Code  | ) (Expenses \$  | 070.419 Inc   | luding grants of \$   | 19,111 ) (Revenue \$   | \                            |
| 4c | CLEAN WATER BY FOCUSIN<br>OUR URBAN AND SUBURBAI     | G OUR EFFORTS ON STO<br>N WATER SUPPLIES ARE S<br>ID OTHER NATURAL LAND | PPING POLLUTION FR<br>SAFE FOR DRINKING,<br>SCAPES THAT PROVI | OM SEWAGE SPILLS AND<br>FISHING AND BOATING<br>DE CLEAN WATER - ENC | STORMWATER RUNOFF, WE ARE<br>WE FOCUS ON ENSURING CLEAN<br>OURAGING MUNICIPALITIES TO E      | WATER SUPPLIES THROUGH -     |
|    |  |   |   |   |  |                              |
| 4d | Other program service                                | s (Describe in Sche   | dule O ) <b>See also</b>                                      | Additional Data for   | Description  |                              |
|    |  |   |   | 40.0  | 38 ) (Revenue \$   | 1                            |
|    | (Expenses \$   | 324,213 ınclı   | ıdıng grants of \$  | 40,0.   | 38 ) (Revenue \$   | ,                            |

| Part IV | Check | list of | Required | Schedules |
|---------|-------|---------|----------|-----------|
|         |       |         |          |           |

|     |  |     | Yes | No  |
|-----|--|-----|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | Yes |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏   | 2   | Yes |     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |     | N o |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   | Yes |     |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5   |     |     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | Νο  |
| 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   |     | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |     | Νο  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9   |     | Νο  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-<br>endowments? If "Yes," complete Schedule D, Part V  | 10  | Yes |     |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable  | 11  | Yes |     |
|     | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.  |     |     |     |
|     | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.   |     |     |     |
|     | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   |     |     |     |
|     | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  |     |     |     |
|     | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   |     |     |     |
|     | ◆ 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? If "Yes," complete Schedule D, Part X.              |     |     |     |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12  | Yes |     |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No   |     |     |     |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional   | Į   |     |     |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | Νο  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | No  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I                              | 14b |     | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>   | 15  |     | Νο  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III  | 16  |     | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I   | 17  |     | Νο  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II  | 18  | Yes |     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | N o |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20  |     | Νo  |

| Par | t IV Checklist of Required Schedules (continued)  |     |                 |        |
|-----|---|-----|-----------------|--------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Yes             |        |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |                 | No     |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                | 23  | Yes             |        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a |                 | No     |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |                 |        |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |                 |        |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |                 |        |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |                 | No     |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       | 25b |                 | N o    |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                    | 26  |                 | N o    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III            | 27  |                 | Νο     |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |                 |        |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |                 |        |
|     |   | 28a |                 | Νο     |
|     | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV   | 28b |                 | N o    |
| С   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV   | 28c |                 | N o    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏  | 29  | Yes             |        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |                 | No     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |                 | No     |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>   | 32  |                 | Νο     |
| 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  |                 | Νο     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  |                 | No     |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35  |                 | N o    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2  | 36  |                 | No     |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |                 | N o    |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes             |        |
|     |   | F   | orm <b>99</b> 0 | (2009) |

year

| orm | 990 (2009)   |     |     | Page ! |
|-----|--|-----|-----|--------|
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance   |     |     |        |
|     |  |     | Yes | No     |
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal  |     |     |        |
|     | of U.S. Information Returns. Enter -0- if not applicable   |     |     |        |
| h   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   |     |     |        |
| U   | 1b 0   |     |     |        |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  |     | V   |        |
| 2a  | gaming (gambling) winnings to prize winners?   | 1c  | Yes |        |
| Za  | Statements filed for the calendar year ending with or within the year covered by this return   |     |     |        |
| Ь   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   |     |     |        |
|     | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   | 2b  | Yes |        |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a  |     | No     |
| Ь   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b  |     |        |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  |     | No     |
| Ь   | If "Yes," enter the name of the foreign country •  |     |     |        |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | No     |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | No     |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  | 5c  |     |        |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | 6a  |     | Νο     |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |        |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |     |     |        |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  | Yes |        |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Yes |        |
| C   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | l No   |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     | 110    |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | N o    |
| f   |  | 7f  |     | No     |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  | Yes |        |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as  |     | .,  |        |
| 8   | required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess          | 7h  | Yes |        |
|     | business holdings at any time during the year?   | 8   |     |        |
| 9   | Sponsoring organizations maintaining donor advised funds.  |     |     |        |
|     | Did the organization make any taxable distributions under section 4966?  | 9a  |     |        |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |        |
| 10  | Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a   |     |     |        |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b  |     |     |        |
| _   | facilities   |     |     |        |
| 11  | Section 501(c)(12) organizations. Enter  |     |     |        |
|     | Gross income from members or shareholders  |     |     |        |
| Ь   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   |     |     |        |
| 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   |     |     |        |

WASHINGTON, DC 20005

(202) 347-7550

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

|     | processes, or changes in Schedule O. See instructions.   |         |           |              |  |  |  |
|-----|--|---------|-----------|--------------|--|--|--|
| Se  | ction A. Governing Body and Management   |         |           |              |  |  |  |
|     |  |         | Yes       | No           |  |  |  |
|     |  |         |           |              |  |  |  |
| 1a  | Enter the number of voting members of the governing body   1a   21   |         |           |              |  |  |  |
| ь   | Enter the number of voting members that are independent  | -       |           |              |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any   | -       |           |              |  |  |  |
|     | other officer, director, trustee, or key employee?   | 2       |           | Νο           |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .                                    | . 3     |           | Νο           |  |  |  |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4       |           | Νο           |  |  |  |
| 5   | Did the organization become aware during the year of a material diversion of the organization's assets?  | 5       |           | Νο           |  |  |  |
| 6   | Does the organization have members or stockholders?  | 6       |           | Νo           |  |  |  |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  | 7a      |           | Νο           |  |  |  |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b      |           | Νο           |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |         |           |              |  |  |  |
| а   | The governing body?  | 8a      | Yes       |              |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b      | Yes       |              |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9       |           | No           |  |  |  |
|     | ction B. Policies (This Section B requests information about policies not required by the Internal   |         |           |              |  |  |  |
| Re  | venue Code.)   |         |           |              |  |  |  |
|     |  |         | Yes       | No           |  |  |  |
|     | Does the organization have local chapters, branches, or affiliates?  | 10a     |           | N o          |  |  |  |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?                                       | 10b     |           |              |  |  |  |
| 11  | L Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |         |           |              |  |  |  |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990  |         |           |              |  |  |  |
|     | <b>L2a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13  |         |           |              |  |  |  |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | Yes       |              |  |  |  |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c     | Yes       |              |  |  |  |
| 13  | Does the organization have a written whistleblower policy?   | 13      | Yes       |              |  |  |  |
| 14  | Does the organization have a written document retention and destruction policy?  | 14      | Yes       |              |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                     |         |           |              |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official   | 15a     | Yes       |              |  |  |  |
| b   | Other officers or key employees of the organization  | 15b     |           | Νο           |  |  |  |
|     | If "Yes" to line a or b, describe the process in Schedule O (See instructions )  |         |           |              |  |  |  |
|     |  |         |           |              |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a     |           | Νo           |  |  |  |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the                           |         |           |              |  |  |  |
|     | organization's exempt status with respect to such arrangements?  | 16b     |           |              |  |  |  |
| Se  | ection 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, LA, ME, MD, MA, MI, MN, MS, MO, NC, ND, OH, OK, OR, PA, RI, SC, WI  | NH,N    | IJ,NM,    | NY,          |  |  |  |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website. |         |           |              |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table  |         |           |              |  |  |  |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of t  | he orga | ınızatıor | n <b>▶</b> - |  |  |  |
|     | RONNIE B HINES 1101 14TH STREET  | -       |           |              |  |  |  |

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if the organization did i | not compen              | sate any   | y curi   | rent | or fo                        | rmer   | ffice  | r, dırector, trustee                                  | or key employee  |  |
|--|-------------------------|--|--|------|------------------------------|--------|--|---|--|--|
| <b>(A)</b><br>Name and Title             | (B)<br>Average<br>hours | <b>(C)</b><br>Position (check all<br>that apply) |  |      |                              |        |  | ( <b>D)</b><br>Reportable<br>compensation             | <b>(E)</b><br>Reportable<br>compensation                                 | <b>(F)</b><br>Estimated<br>amount of other |
|  | per<br>week             | Individual trustee<br>or director                | Highest compensated employee  Key employee  Officer  Institutional Trustee or director |      | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |  |
| See add'l data                           |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |
|  |                         |  |  |      |                              |        |  |   |  |  |

Form 990 (2009)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >3

| Part V  | <b>/</b> | Statement of Kevenue  |                      |  |  |   |
|---|----------|---|----------------------|--|--|---|
|   |          |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| <b>¥</b> ¥  | 1a       | Federated campaigns 1a 82,72  | <u> </u>             |  |  |   |
| 亞克  | ь        | Membership dues <b>1b</b> 840,56  | 2                    |  |  |   |
| عَرِ≘   | l c      | Fundraising events 1c 69,24   | <del>-</del>         |  |  |   |
| ± 200 |          |   | -                    |  |  |   |
| ਰੂਵ   | d        |   | _                    |  |  |   |
| ること   | e        | Government grants (contributions) 1e 3,688,00   | _[                   |  |  |   |
| ⊋ੂੰ   | f        | All other contributions, gifts, grants, and <b>1f</b> 8,028,43 similar amounts not included above | 3                    |  |  |   |
| <u>₹</u>  | g        | Noncash contributions included in   |                      |  |  |   |
| Contributions, gifts, grants and other similar amounts  | -        | lines 1a-1f \$ \frac{361,705}{}   |                      |  |  |   |
| ဂိုင်း<br>လူနှင့်   | h        |   | 12,708,965           |  |  |   |
|   |          | Business Code   |                      |  |  |   |
| e⊒  | 3-       | Busiliess Code  | _                    |  |  |   |
| že.   | 2a       |   |                      |  |  |   |
| 윤   | Ь        |   |                      |  |  |   |
| မှ  | C        |   |                      |  |  |   |
| g<br>Z  | d        |   |                      |  |  |   |
| တ   | e        |   |                      |  |  |   |
| Program Service Revenue   | f        | All other program service revenue   |                      |  |  |   |
| ្ត  |          |   |                      |  |  |   |
|   | g        | <b>Total.</b> Add lines 2a-2f   |                      |  |  |   |
|   | 3        | Investment income (including dividends, interest  |                      |  |  |   |
|   |          | and other similar amounts)  | 67,032               |  |  | 67,032  |
|   | 4        | Income from investment of tax-exempt bond proceeds  |                      |  |  |   |
|   | 5        | Royalties   | 4,143                |  |  | 4,143   |
|   |          | (ı) Real (ıı) Personal  |                      |  |  |   |
|   | 6a       | Gross Rents   |                      |  |  |   |
|   | Ь        | Less rental expenses  |                      |  |  |   |
|   | c        | Rental income   |                      |  |  |   |
|   | d        | or (loss)  Net rental income or (loss)  | _                    |  |  |   |
|   | <u> </u> | (i) Securities (ii) Other   |                      |  |  |   |
|   | 7a       | Gross amount 5,062,368 from sales of assets other   |                      |  |  |   |
|   | ь        | than inventory Less cost or 5,732,622   |                      |  |  |   |
|   | -        | other basis and   |                      |  |  |   |
|   | l c      | sales expenses Gain or (loss) -670,254  |                      |  |  |   |
|   | d        | Net gain or (loss)  | -670,254             |  |  | -670,254  |
|   | 8a       | Gross income from fundraising   | •                    |  |  |   |
| Other Revenue   |          | events (not including  \$69,244  of contributions reported on line 1c) See Part IV, line 18       |                      |  |  |   |
| <u>.</u>  |          | 22,23   | 4                    |  |  |   |
| Ě   | Ь        | Less direct expenses b 41,51  |                      |  |  |   |
| 0   | С        | Net income or (loss) from fundraising events  | -19,285              |  |  | -19,285   |
|   | 9a       | Gross income from gaming activities See Part IV, line 19  |                      |  |  |   |
|   | ь        | Less direct expenses b  |                      |  |  |   |
|   | С        | Net income or (loss) from gaming activities   |                      |  |  |   |
|   | 10a      | Gross sales of inventory, less returns and allowances .   |                      |  |  |   |
|   | ь        | Less cost of goods sold <b>b</b>  | 7                    |  |  |   |
|   | c        | Net income or (loss) from sales of inventory  | 7                    |  |  |   |
|   |          | Miscellaneous Revenue Business Code   |                      |  |  |   |
|   | 11a      | MISCELLANEOUS 999,9   | 99 15,342            | 15,342   |  |   |
|   | ь        |   | +                    |  |  |   |
|   |          |   | +                    |  |  |   |
|   | c        | Allaskannan   |                      |  |  |   |
|   | d        | All other revenue   | 1                    |  |  |   |
|   | e        | Total Add lines 11a-11d   | 15,342               |  |  |   |
|   | 12       | Total revenue. See Instructions   | 12,105,943           | 15,342   | 0  | -618,364  |

|       | 990 (2009)   |                       |                              |                                     | Page <b>10</b>                        |
|-------|--|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
| Par   | Statement of Functional Expenses   |                       | - 1                          |                                     |                                       |
| А     | Section $501(c)(3)$ and $501(c)(4)$ organizations m<br>Il other organizations must complete column (A) but are not required to                                     | -                     |                              | (D).                                |                                       |
| Do no | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D</b> ) Fundraising expenses     |
| 1     | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 2,230,705             | 2,230,705                    |                                     | · · · · · · · · · · · · · · · · · · · |
| 2     | Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                              |                                     |                                       |
| 3     | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  |                       |                              |                                     |                                       |
| 4     | Benefits paid to or for members  |                       |                              |                                     |                                       |
| 5     | Compensation of current officers, directors, trustees, and key employees   | 720,378               | 327,440                      | 302,907                             | 90,031                                |
| 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   | 3,556,309             | 2,504,310                    | 385,790                             | 666,209                               |
| 8     | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 39,196                | 27,034                       | 4,591                               | 7,571                                 |
| 9     | Other employee benefits  | 188,854               | 127,058                      | 26,644                              | 35,152                                |
| 10    | Payroll taxes  | 323,899               | 213,884                      | 52,329                              | 57,686                                |
| 11    | Fees for services (non-employees)  |                       |                              |                                     |                                       |
| а     | Management   |                       |                              |                                     |                                       |
| ь     | Legal  | 37,616                | 35,258                       | 589                                 | 1,769                                 |
| С     | Accounting   | 32,080                | 7,500                        | 24,580                              |                                       |
| d     | Lobbying   | 1,500                 | 1,500                        |                                     |                                       |
| e     | Professional fundraising See Part IV, line 17  | 6,530                 |                              |                                     | 6,530                                 |
| f     | Investment management fees   |                       |                              |                                     |                                       |
| g     | Other  | 2,692,876             | 2,146,657                    | 230,626                             | 315,593                               |
| 12    | Advertising and promotion  |                       |                              |                                     |                                       |
| 13    | Office expenses  | 940,617               | 292,030                      | 55,423                              | 593,164                               |
| 14    | Information technology   |                       |                              |                                     |                                       |
| 15    | Royalties  |                       |                              |                                     |                                       |
| 16    | Occupancy  | 546,338               | 327,906                      | 129,090                             | 89,342                                |
| 17    | Travel   | 243,385               | 200,575                      | 4,916                               | 37,894                                |
| 18    | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                              |                                     |                                       |
| 19    | Conferences, conventions, and meetings   | 82,141                | 49,450                       | 21,431                              | 11,260                                |
| 20    | Interest   | 1,021                 |                              | 1,021                               |                                       |
| 21    | Payments to affiliates   |                       |                              |                                     |                                       |
| 22    | Depreciation, depletion, and amortization  | 75,247                | 43,317                       | 18,584                              | 13,346                                |
| 23    | Insurance  |                       |                              |                                     |                                       |
| 24    | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) |                       |                              |                                     |                                       |
| а     | OTHER  | 49,198                | 2,150                        | 47,048                              |                                       |
| b     |  |                       |                              |                                     |                                       |
| С     |  |                       |                              |                                     |                                       |
| d     |  |                       |                              |                                     |                                       |
| e     |  |                       |                              |                                     |                                       |
| f     | All other expenses   |                       |                              |                                     |                                       |
| 25    | Total functional expenses. Add lines 1 through 24f   | 11,767,890            | 8,536,774                    | 1,305,569                           | 1,925,547                             |
| 26    | Joint costs. Check here ► ☐ If following SOP 98-2  | . ,                   |                              |                                     | · · ·                                 |
|       | Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                   |                       |                              |                                     |                                       |
|       |  |                       |                              |                                     | 000 (3.000)                           |

Part X Balance Sheet (A) (B) Beginning of year End of vear 274.046 171.081 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 1,444,759 2 1,455,275 2 3,205,069 3,629,153 3 3 4 26.845 4 792,496 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . . . . . 172,462 9 216,160 Prepaid expenses and deferred charges . . . . . . . . . . . . Land, buildings, and equipment cost or other basis Complete 728.035 10a 10a Part VI of Schedule D 10b 344,757 b Less accumulated depreciation . . . . 367,558 **10c** 383.278 2,330,556 11 1.802.249 11 12 597,923 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 7,821,295 16 9,047,615 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 592.592 17 822.939 17 Accounts payable and accrued expenses . 18 18 190,187 19 23,850 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 277.337 25 Other liabilities Complete Part X of Schedule D . . . . . 25 286.514 26 **Total liabilities.** Add lines 17 through 25 . . . . . 1,060,116 1,133,303 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -115.845 50.275 27 Unrestricted net assets . . . . 27 28 5,157,251 28 6.144.258 Temporarily restricted net assets . . . . . Fund 1.719.773 1.719.779 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 6,761,179 7,914,312 33 33 34 Total liabilities and net assets/fund balances . . . . . 7.821.295 9.047.615 34

|    |   |    | Yes | No |  |  |  |
|----|---|----|-----|----|--|--|--|
| 1  | Accounting method used to prepare the Form 990  |    |     |    |  |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |    |     |    |  |  |  |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b | Yes |    |  |  |  |
| c  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |    |  |  |  |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both   |    |     |    |  |  |  |
|    | ▼ Separate basis  |    |     |    |  |  |  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |    |     |    |  |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | 3b | Yes |    |  |  |  |

Form **990** (2009)

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization AMERICAN RIVERS INC

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

**Employer identification number** 

23-7305963

| Pa   | rt I                            | Reaso  | on for Pub   | olic Charity Stat   | <b>us</b> (All orga                           | anızatıons                   | must comp                           | lete this pai                | rt.) See ınst                       | ructions             |                                 |
|------|---------------------------------|--|--|---|---|------------------------------|-------------------------------------|------------------------------|-------------------------------------|----------------------|---------------------------------|
| he ( | organiz                         | zation is  | not a private  | foundation because  | ıtıs (Forlır                                  | nes 1 throug                 | gh 11, check                        | only one box                 | )                                   |                      |                                 |
| 1    | Γ                               | A churc  | h, conventio   | on of churches, or as   | sociation of c                                | hurches <b>s</b> e           | ection 170(b)                       | (1)(A)(i).                   |                                     |                      |                                 |
| 2    | Γ                               | A schoo  | ol described   | ın <b>section 170(b)(1</b> )  | ( <b>A</b> )(ii). (Atta                       | ach Schedu                   | le E)                               |                              |                                     |                      |                                 |
| 3    | Γ                               | A hospi  | tal or a coop  | erative hospital serv   | vice organiza                                 | tıon descrit                 | oed in <b>section</b>               | 170(b)(1)(A                  | ۸)(iii).                            |                      |                                 |
| 4    | Γ                               |  | al research<br>l's name, cit   | organization operate<br>y, and state  | ed in conjunc                                 | tion with a h                | nospital desc                       | rıbed ın <b>secti</b> o      | on 170(b)(1)(                       | ( <b>A)(iii).</b> En | ter the                         |
| 5    | _                               | Δnorga   | nization one   | rated for the benefit   | of a college (                                | or university                | v owned or on                       | erated by a d                | overnmental                         | unit descri          | —<br>hed in                     |
| _    | '                               | -  | •  | A)(iv). (Complete Pa  |   | or ann versie                | , o,cu o, op                        | cratca b, a g                | jovanninantar                       | 41111 405011         | J 4 111                         |
| 6    | Г                               |  |  | ocal government or  | •   | l unit descr                 | nbed in <b>sectio</b>               | n 170(b)(1)(                 | A)(v).                              |                      |                                 |
| 7    | <u> </u>                        | An orga<br>describ   | nization that<br>ed in   | t normally receives a   | a substantial                                 |                              |                                     |                              |                                     | n the gener          | al public                       |
|      | _                               |  |  | <b>(Vi)</b> (Complete Pa  |   |                              |                                     |                              |                                     |                      |                                 |
| 8    |                                 |  |  | described in <b>section</b>   |   |                              |                                     |                              |                                     |                      |                                 |
| 9    | ı                               | -  |  | t normally receives   | • •   |                              | • •                                 |                              | •                                   |                      | =                               |
|      |                                 | •  |  | ties related to its ex  | -   | <del>-</del>                 |                                     | •                            | • •                                 |                      |                                 |
|      |                                 |  | _  | ss investment incom   |   |                              |                                     | •                            |                                     | () from bus          | inesses                         |
|      | _                               |  | acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) |   |   |                              |                                     |                              |                                     |                      |                                 |
| 10   | _                               | An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry ou |  |   |   |                              |                                     |                              |                                     | _                    |                                 |
| 11   | ı                               | one or r   | nore publicly  | anized and operated supported organiza ses the type of suppo <b>b</b> Type II | tions describ<br>orting organiz               | ed in sections               | on 509(a)(1)                        | or section 50<br>11e through | 9(a)(2) See                         | section 50           |                                 |
| e    | Γ                               | other th<br>section  | an foundation<br>509(a)(2)   | x, I certify that the con managers and oth                                    | er than one o                                 | r more publ                  | icly supporte                       | d organizatio                | ns described                        | ın section           | 509(a)(1) or                    |
| f    |                                 | check t  |  | eceived a written de  | termination f                                 | rom the IRS                  | tnatitis a i                        | ype I, I ype I               | .i or lype iii                      | supporting           | organization,                   |
| g    |                                 |  |  | 006, has the organiz  | ation accept                                  | ed any gift (                | or contributio                      | n from any of                | the                                 |                      | '                               |
| _    |                                 |  | g persons?   |   | -   |                              |                                     | -                            |                                     |                      |                                 |
|      |                                 |  |  | ectly or indirectly co  | •   |                              |                                     | ersons descr                 | ribed in (ii)                       |                      | Yes No                          |
|      |                                 |  | · -  | overning body of the  |   | _                            | tion?                               |                              |                                     | 11g(i                |                                 |
|      |                                 | • •  | •  | r of a person describ   | • • •   |                              |                                     |                              |                                     | 11g(i                | <del></del>                     |
|      |                                 |  |  | ed entity of a person   |   |                              |                                     |                              |                                     | 11g(ii               | ii)                             |
| h    |                                 | Provide  | the followin   | g information about t   | he supported                                  | d organizatio                | on(s)                               |                              |                                     |                      |                                 |
|      | (i)<br>Name<br>suppoi<br>rganiz | e of<br>rted   | (ii)<br>EIN  | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove | e<br>on in<br>ed in<br>rning | (v) Did you no organizat col (i) of | tify the<br>tion in<br>fyour | (vi) Is the organizati col (i) orga | on in<br>anized      | (vii)<br>A mount of<br>support? |
|      |                                 |  |  | instructions))  | Yes   | No                           | Yes                                 | No                           | Yes                                 | No                   |                                 |
|      |                                 |  |  | **  |   |                              |                                     |                              |                                     |                      |                                 |
|      |                                 |  |  |   |   |                              |                                     |                              |                                     |                      |                                 |
|      |                                 |  |  |   |   |                              |                                     |                              |                                     |                      |                                 |
|      |                                 |  |  |   |   |                              |                                     |                              |                                     |                      |                                 |
|      |                                 |  |  |   |   |                              |                                     |                              |                                     |                      |                                 |
| Гotа | I                               |  |  |   |   |                              |                                     |                              |                                     |                      |                                 |

# Part II Support Schedule for Organizations Described in IRC 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.)

| -      | ection A. Public Support  | ou checked the  | box on line 5, A  | , or 8 or Part I                               | .)                         |               |            |                  |
|--------|---|---|---|--|----------------------------|---------------|------------|------------------|
|        | endar year (or fiscal year beginning in)  | (a) 2005  | <b>(b)</b> 2006   | (c) 2007                                       | ( <b>d)</b> 2008           | (e) 20        | 009        | <b>(f)</b> Total |
| 1      |   | 6,850,75  | 1 6,974,363   | 7,502,015                                      | 8,980,985                  | 12            | ,708,965   | 43,017,079       |
| 2      | Tax revenues levied for the organization's benefit and either paid to or expended on its  |   |   |  |                            |               |            |                  |
| 3      | behalf The value of services or facilities furnished by a governmental unit   |   |   |  |                            |               |            |                  |
|        | to the organization without charge  |   |   |  |                            |               |            |                  |
| 4<br>5 | <b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a   | 6,850,75  | 1 6,974,363   | 7,502,015                                      | 8,980,985                  | 12            | ,708,965   | 43,017,079       |
|        | governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11, column                                      |   |   |  |                            |               |            | 4,005,224        |
| 6      | (f) <b>Public Support.</b> Subtract line 5 from line 4  |   |   |  |                            |               |            | 39,011,855       |
|        | ection B. Total Support   |   |   |  |                            |               |            |                  |
| Cal    | endar year (or fiscal year beginning in)  | <b>(a)</b> 2005   | <b>(b)</b> 2006   | <b>(c)</b> 2007                                | ( <b>d)</b> 2008           | <b>(e)</b> 20 | 09         | (f) Total        |
| 7      | A mounts from line 4  | 6,850,751   | 227,823   | 7,502,015                                      | 8,980,985                  | 12,           | ,708,965   | 43,017,079       |
| 8      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar   | 140,406   | 227,823   | 447,838  | 222,137                    |               | 67,032     | 1,105,236        |
| 9      | sources Net income from unrelated business activities, whether or not the business is regularly carried on  |   |   |  |                            |               |            |                  |
| LO     | Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets  | 127   | 1,131   | 21,421   | 28,750                     |               | 15,342     | 66,771           |
| 11     | Total support (Add lines 7 through 10)  |   |   |  |                            |               |            | 44,189,086       |
| 12     | Gross receipts from related activiti  |   |   |  |                            | 12            |            |                  |
| 13     | First Five Years If the Form 990 is check this box and stop here  | _   | ·   | third, fourth, or f                            | ifth tax year as a !       | 501(c)(3      | ) organız  | ation,<br>▶┌     |
|        | ection C. Computation of Pul  |   |   | 11 1 (0)                                       |                            |               |            |                  |
| 14     | Public Support Percentage for 200   | •   |   | 11 column (r))                                 |                            | 14            |            | 88 280 %         |
| 15     | Public Support Percentage for 200   |   |   |  | 1.4 22 41204               | 15            |            | 90 920 %         |
| b      | 33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test. | alifies as a public<br>e organization did<br>n qualifies as a p | ly supported orga<br>not check the box<br>ublicly supported | nization<br>c on line 13 or 16<br>organization | a, and line 15 is 3        | 3 1/3%        | or more, o | ►V               |
| L, a   | is 10% or more, and if the organization med<br>organization   | tion meets the "i   | facts and circumst  | ances" test, ched                              | k this box and <b>st</b> e | op here.      | Explain    | ed<br><b>▶</b> ┌ |
| b      | 10%-facts-and-circumstances test<br>15 is 10% or more, and if the organ   | nızatıon meets th   | ne "facts and circu   | mstances" test, c                              | heck this box and          | stop he       | ere.       |                  |
| 18     | Explain in Part IV how the organiza<br>supported organization<br><b>Private Foundation</b> If the organizat   |   |   |  |                            |               |            | <b>▶</b> □       |
|        | instructions  |   | 20,   | , -, - : 3 - :                                 | ,                          |               |            | <b>▶</b> ┌       |

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

|         | (Complete only if you  | cnecked the             | box on line 9 o     | r Part I.)         |                          |                        |                  |
|---------|--|-------------------------|---------------------|--------------------|--------------------------|------------------------|------------------|
|         | ction A. Public Support  |                         |                     | <u> </u>           | 1                        | T                      | ı                |
| Cale    | ndar year (or fiscal year beginning in)                            | (a) 2005                | <b>(b)</b> 2006     | (c) 2007           | ( <b>d)</b> 2008         | (e) 2009               | <b>(f)</b> Total |
| 1       | Gifts, grants, contributions, and                                  |                         |                     |                    |                          |                        |                  |
|         | membership fees received (Do not                                   |                         |                     |                    |                          |                        |                  |
| _       | include any "unusual grants ")                                     |                         |                     |                    |                          |                        |                  |
| 2       | Gross receipts from admissions,<br>merchandise sold or services    |                         |                     |                    |                          |                        |                  |
|         | performed, or facilities furnished in                              |                         |                     |                    |                          |                        |                  |
|         | any activity that is related to the                                |                         |                     |                    |                          |                        |                  |
|         | organization's tax-exempt  |                         |                     |                    |                          |                        |                  |
| 3       | purpose<br>Gross receipts from activities that                     |                         |                     |                    | +                        |                        |                  |
| 3       | 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<br>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      | A mounts included on lines 1, 2, and 3 received from disqualified  |                         |                     |                    |                          |                        |                  |
|         | persons  |                         |                     |                    | 1                        |                        |                  |
| ь       | Amounts included on lines 2 and 3                                  |                         |                     |                    |                          |                        |                  |
|         | received from other than   |                         |                     |                    |                          |                        |                  |
|         | disqualified persons that exceed                                   |                         |                     |                    |                          |                        |                  |
|         | the greater of \$5,000 or 1% of the amount on line 13 for the year |                         |                     |                    |                          |                        |                  |
| с       | Add lines 7a and 7b  |                         |                     |                    |                          |                        |                  |
| 8       | Public Support (Subtract line 7c                                   |                         |                     |                    |                          |                        |                  |
|         | from line 6 )  |                         |                     |                    |                          |                        |                  |
|         | ction B. Total Support   |                         | 1                   |                    |                          | 1                      | Γ                |
| Cale    | ndar year (or fiscal year beginning in)                            | (a) 2005                | <b>(b)</b> 2006     | <b>(c)</b> 2007    | ( <b>d)</b> 2008         | (e) 2009               | (f) Total        |
| 9       | A mounts from line 6   |                         |                     |                    |                          |                        |                  |
| 10a     | Gross income from interest,  |                         |                     |                    |                          |                        |                  |
|         | dividends, payments received on                                    |                         |                     |                    |                          |                        |                  |
|         | securities loans, rents, royalties                                 |                         |                     |                    |                          |                        |                  |
|         | and income from similar sources                                    |                         |                     |                    |                          |                        |                  |
| ь       | Unrelated business taxable   |                         |                     |                    |                          |                        |                  |
|         | ıncome (less section 511 taxes)                                    |                         |                     |                    |                          |                        |                  |
|         | from businesses acquired after                                     |                         |                     |                    |                          |                        |                  |
| _       | June 30, 1975<br>Add lines 10a and 10b                             |                         |                     |                    |                          |                        |                  |
| c<br>11 | Net income from unrelated  |                         |                     |                    |                          |                        |                  |
| 11      | business activities not included                                   |                         |                     |                    |                          |                        |                  |
|         | ın lıne 10b, whether or not the                                    |                         |                     |                    |                          |                        |                  |
|         | business is regularly carried on                                   |                         |                     |                    |                          |                        |                  |
| 12      | Other income Do not include gain or loss from the sale of          |                         |                     |                    |                          |                        |                  |
|         | capital assets (Explain in Part                                    |                         |                     |                    |                          |                        |                  |
|         | IV)  |                         |                     |                    |                          |                        |                  |
| 13      | Total support (Add lines 9, 10c,                                   |                         |                     |                    |                          |                        |                  |
| 14      | 11 and 12 ) First Five Years If the Form 990 is for                | or the organizat        | lon's first, second | L third fourth or  | l<br>fifth tax vear as a | 1<br>a 501(c)(3) organ | l<br>uzation     |
|         | check this box and <b>stop here</b>                                | or the organizat        |                     | ., 4,              | men tax your as t        | (c)(c) c.gu.           | <b>▶</b> ┌       |
|         |  |                         |                     |                    |                          |                        |                  |
|         | ction C. Computation of Publ                                       |                         |                     |                    |                          |                        |                  |
| 15      | Public Support Percentage for 2009                                 | (line 8 column          | (f) divided by line | 13 column (f))     |                          | 15                     |                  |
| 16      | Public support percentage from 200                                 | 8 Schedule A , F        | art III, line 15    |                    |                          | 16                     |                  |
|         |  |                         |                     |                    |                          |                        |                  |
| Se      | ction D. Computation of Inve                                       | stment Inco             | ome Percenta        | ge                 |                          |                        |                  |
| 17      | Investment income percentage for 2                                 | <b>009</b> (line 10c c  | olumn (f) dıvıded   | by line 13 columi  | n (f))                   | 17                     |                  |
| 18      | Investment income percentage from                                  | <b>2008</b> Schedule    | A, Part III, line 1 | L 7                |                          | 18                     |                  |
| 19a     | 33 1/3% support tests—2009. If the                                 | organization di         | d not check the b   | ox on line 14, and | d line 15 is more        | than 33 1/3% and       | d line 17 is not |
|         | more than 33 1/3%, check this box a                                | ind <b>stop here.</b> T |                     |                    |                          |                        |                  |
| L       | organization 33 1/3% support tests—2008. If the                    | ► C                     | d not chastes been  | on line 14 amilion | 100 and line 4           | 5 ic mara +ha= 22      | 1/20/2 and line  |
| b       | שר בו בע suppoit tests—zouo. If the                                | organization (I         | и посепеска вох     | OILLINE TH OLINE   | = ⊥⊃a, anu nne 1(        | us more man 33         | 1/370 and ine    |

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493312016020

#### OMB No 1545-0047

## **Political Campaign and Lobbying Activities**

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

**SCHEDULE C** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

separate political organization If none, enter -0-

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

|     | , , ,                                     | 01(c)(3)) organizations Complete Pa   | arts I-A and C belo | w Do not complete Part I-B                     |   |
|-----|---|---|---------------------|--|---|
|     | ection 527 organizations Complete         | -   |                     |  |   |
|     |   | s," to Form 990, Part IV, Line 4, o   | •                   | , , , ,  | • •   |
|     | , ,, ,                                    | ,   | , ,,                | •  | •   |
|     | , ,, ,                                    | ,   |                     | ` ''   | •   |
|     | <del>-</del>                              | •   | TONY TANJOI TO      | in 550-LZ, inic 55a (regard                    | anig proxy tax,, then                           |
|     | ame of the organization                   |   |                     | Employer iden                                  | tification number                               |
| AM  | ERICAN RIVERS INC                         |   |                     |  |   |
| Dar | rt I-A Complete if the or                 | A Complete if the organization is exempt under section 501(c) or is a section 527 organovide a description of the organization's direct and indirect political campaign activities in Part IV  Difficult expenditures | organization        |  |   |
|     | •   | •   | •                   |  | organization.                                   |
| 1   | ·   | ganization's direct and indirect polit  | ical campaign ac    | tivities in Part IV                            |   |
| 2   | Political expenditures                    |   |                     | ▶  | \$  |
| 3   | Volunteer hours                           |   |                     |  |   |
| Pai | rt I-B Complete if the or                 | ganization is exempt under  | section 501(        | c)(3).   | _   |
| 1   | •   |   | -                   |  | \$  |
| 2   | Enter the amount of any excise            | e tax incurred by organization mana   | gers under sectio   | n 4955 🕨                                       | \$  |
| 3   | If the organization incurred a s          | ection 4955 tax, did it file Form 47  | 20 for this year?   |  | ☐ Yes ☐ No                                      |
| 4a  | Was a correction made?                    |   |                     |  | ┌ Yes ┌ No                                      |
| ь   | If "Yes," describe in Part IV             |   |                     |  |   |
| Pai |   | ganization is exempt under  | section 501(        | c) except section 501                          | l(c)(3).  |
| 1   |   |   |                     |  | \$  |
| 2   | Enter the amount of the filing o          | rganization's funds contributed to c  | ther organization   | s for section 527                              |   |
|     | exempt funtion activities                 |   |                     | •  | \$  |
| 3   | Total exempt function expendi             | tures Add lines 1 and 2 Enter here  | and on Form 112     | 20-POL, line 17b                               | \$  |
| 4   | Did the filing organization file <b>F</b> | Form 1120-POL for this year?  |                     |  | ☐ Yes ☐ No                                      |
| 5   | State the names, addresses ar             | nd employer identification number (I  | EIN) of all section | n 527 political organizations                  | to which payments                               |
|     |   | ion listed, enter the amount paid fro   |                     |  |   |
|     |   | re promptly and directly delivered to<br>ittee (PAC) If additional space is r   |                     |  | separate segregated                             |
|     |   | ,   | ,,                  | T  | T   |
|     | (a) Name                                  | ( <b>b)</b> Address   | (c) EIN             | (d) A mount paid from                          | (e) A mount of political contributions received |
|     |   |   |                     | filing organization's funds If none, enter -0- | and promptly and                                |
|     |   |   |                     | 111105 11110110, 011101                        | directly delivered to a                         |

i Subtract line 1f from line 1c If zero or less, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

| Ρ  | art II-A Complete if the organization under section 501(h)). | under section 501(h)).  ck If the filing organization belongs to an affiliated group |  |   |  |  |  |  |
|----|--|--|--|---|--|--|--|--|
|    |  | an affiliated group<br>x A and "limited control" provisions apply                    |  |   |  |  |  |  |
|    | Limits on Lobbying E<br>(The term "expenditures" means a     | Expenditures   | (a) Filing<br>Organization's<br>Totals | <b>(b)</b> A ffiliated<br>Group<br>Totals |  |  |  |  |
| 1a | Total lobbying expenditures to influence public o            | opinion (grass roots lobbying)   | 5,855                                  |   |  |  |  |  |
| b  | Total lobbying expenditures to influence a legisl            | 73,087   |  |   |  |  |  |  |
| c  | Total lobbying expenditures (add lines 1a and 1              | 78,942   |  |   |  |  |  |  |
| d  | Other exempt purpose expenditures                            | 11,688,948   |  |   |  |  |  |  |
| е  | Total exempt purpose expenditures (add lines 1               | 11,767,890   |  |   |  |  |  |  |
| f  | Lobbying nontaxable amount Enter the amount columns          | from the following table in both   | 738,395                                |   |  |  |  |  |
|    | 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  |  |   |  |  |  |  |
|    | Grassroots nontaxable amount (enter 25% of lir               | ne 1f)   | 184,599                                |   |  |  |  |  |
| h  | Subtract line 1g from line 1a If zero or less, ent           | er -0 -  | 0                                      |   |  |  |  |  |

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

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

|    | Lobbying Expe  | nditures During 4 | -Year Avera     | ging Period     |                  |           |
|----|--|-------------------|-----------------|-----------------|------------------|-----------|
|    | Calendar year (or fiscal year<br>beginning in)             | (a) 2006          | <b>(b)</b> 2007 | <b>(c)</b> 2008 | ( <b>d)</b> 2009 | (e) Total |
| 2a | Lobbying non-taxable amount                                | 519,108           | 568,201         | 610,350         | 738,395          | 2,436,054 |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                   |                 |                 |                  | 3,654,081 |
| _с | Total lobbying expenditures                                | 78,365            | 87,027          | 168,698         | 78,942           | 413,032   |
| d  | Grassroots non-taxable amount                              | 129,777           | 142,050         | 152,588         | 184,599          | 609,014   |
| e  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                   |                 |                 |                  | 913,521   |
| f  | Grassroots lobbying expenditures                           | 10,505            | 18,538          | 30,778          | 5,855            | 65,676    |

| che | dule C (Form 990 or 990-EZ) 200  |  |  |        |  |      | Page 3 |
|-----|--|--|--|--------|--|------|--------|
| Pa  | rt II-B Complete if the or<br>(election under se                           | rganization is exempt under ection 501(h)).  | section 501(c)(3) and has I            |        |  |      |        |
|     |  |  | -                                      | (;     | a)                                     | (b   | )      |
|     |  |  |  | Yes    | No                                     | A mo | unt    |
| 1   |  | anization attempt to influence foreign<br>t to influence public opinion on a legis |  |        |  |      |        |
| а   | Volunteers?  |  |  |        |  |      |        |
| b   | Paid staff or management (includ   | e compensation in expenses reported  | l on lines 1c through 1i)?             |        |  |      |        |
| c   | Media advertisements?  |  |  |        |  |      |        |
| d   | Mailings to members, legislators   | , or the public?   |  |        |  |      |        |
| е   | Publications, or published or broa   | adcast statements?   |  |        |  |      |        |
| f   | Grants to other organizations for  | lobbying purposes?   |  |        |  |      |        |
| g   | Direct contact with legislators, th  | neır staffs, government officials, or a l  | egislative body?                       |        |  |      |        |
| h   | Rallies, demonstrations, seminar   | s, conventions, speeches, lectures, c  | rany sımılar means?                    |        |  |      |        |
| i   | Other activities? If "Yes," descri   | ibe in Part IV   |  |        |  |      |        |
| j   | Total lines 1c through 1i  |  |  |        |  |      |        |
| 2a  | Did the activities in line 1 cause   | the organization to be not described   | n section 501(c)(3)?                   |        |  |      |        |
| Ь   | If "Yes," enter the amount of any  | tax incurred under section 4912  |  |        |  |      |        |
| c   | If "Yes," enter the amount of any  | tax incurred by organization manage  | rs under section 4912                  |        |  |      |        |
| d   | If the filing organization incurred  | a section 4912 tax, did it file Form 4   | 720 for this year?                     |        |  |      |        |
| Par | t III-A Complete if the or 501(c)(6).                                      | ganization is exempt under   | section 501(c)(4), section !           | 501(c  | )(5), o                                |      |        |
|     | W  |  |  |        |  | Yes  | s No   |
| 1   |  | nore) dues received nondeductible by   |  |        | -                                      | 2    |        |
| 2   | =  | n-house lobbying expenditures of \$2,0   |  |        | -                                      | 3    |        |
| 3   |  | ryover lobbying and political expendit   |  | -01/-  | \(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |      |        |
| 26H | 501(c)(6) if BOTH  | rganization is exempt under<br>Part III-A, lines 1 and 2 are                       |  |        |  |      | ion    |
|     | answered "Yes".  |  |  |        |  |      |        |
| 1   | Dues, assessments and similar a  |  |  | 1      |  |      |        |
| 2   | expenses for which the section 5   | bbbying and political expenditures (do<br>27(f) tax was paid).                     | o not include amounts of political     |        |  |      |        |
| a   | Current year   | (. , para).  |  | 2a     |  |      |        |
| ь   | Carryover from last year   |  |  | 2b     |  |      |        |
| c   | Total  |  |  | 2c     |  |      |        |
| 3   | Aggregate amount reported in se  | ction 6033(e)(1)(A) notices of nonde   | ductible section 162(e) dues           | 3      |  |      |        |
| 4   | If notices were sent and the amo   | unt on line 2c exceeds the amount or   | line 3, what portion of the excess     |        |  |      |        |
|     | does the organization agree to ca<br>political expenditure next year?      | arryover to the reasonable estimate o  | f nondeductible lobbying and           | 4      |  |      |        |
| 5   | Taxable amount of lobbying and p   | political expenditures (see instruction  | ıs)                                    | 5      |  |      |        |
| Pä  | rt IV Supplemental Info  | ormation   |  |        |  |      |        |
|     | mplete this part to provide the des<br>o, complete this part for any addit | criptions required for Part I-A, line 1, ional information                         | Part I-B, line 4, Part I-C, line 5, an | d Part | II-B, lıne                             | 11   |        |
|     | Ident if ier   | Return Reference   | Explana                                | t ion  |  |      |        |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493312016020

OMB No 1545-0047

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Name of the organization Employer identification number AMERICAN RIVERS INC 23-7305963 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year

Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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

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

| Рu | rpose(s) of conservation easements held by the organization (chec  | k all    | that apply)   |
|----|--|----------|---|
| Γ  | Preservation of land for public use (e g , recreation or pleasure) | Γ        | Preservation of an historically importantly land area |
| Γ  | Protection of natural habitat                                      | $\sqcap$ | Preservation of a certified historic structure        |
| Г  | Preservation of open space   |          |   |

Complete lines 2a-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 Year Total number of conservation easements 2a

Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c

Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌

Number of states where property subject to conservation easement is located **-**\_\_

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

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_\_

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

In Part XIV, 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" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Cat No 52283D Schedule D (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

| Part   | •••• Organizations Maintaining Co   | llections of Art       | , His  | tori    | <u>cal Tre</u>     | asu           | res, or O    | the        | <u>r Simila</u>   | ır Asse   | ets (co        | ntınued)  |
|--------|---|------------------------|--------|---------|--------------------|---------------|--------------|------------|-------------------|-----------|----------------|-----------|
| 3      | Using the organization's accession and othe items (check all that apply)                        | r records, check any   | of th  | ne foll | lowing th          | at are        | asıgnıfıca   | nt u       | se of its o       | ollectio  | n              |           |
| а      | Public exhibition   |                        | d      | Γ       | Loan or            | exch          | ange progr   | ams        |                   |           |                |           |
| ь      | Scholarly research  |                        | e      | Γ       | Other              |               |              |            |                   |           |                |           |
| С      | Preservation for future generations   |                        |        |         |                    |               |              |            |                   |           |                |           |
| 4      | Provide a description of the organization's co  | ollections and explai  | ın hov | w the   | v further          | the o         | rdanization  | 's ex      | empt pur          | nose in   |                |           |
| •      | Part XIV  | meetions and explai    |        |         | y latellel         |               | rgamzation   | 5 0,       | compt par         | pose iii  |                |           |
| 5      | During the year, did the organization solicit of  |                        |        |         |                    |               |              |            | nılar             | _         |                | _         |
| D      | assets to be sold to raise funds rather than t  |                        |        |         |                    |               |              |            | 'a a !! b a . E : |           | Yes            | │ No      |
| Par    | t IV Escrow and Custodial Arrang<br>Part IV, line 9, or reported an an                          |                        |        |         |                    |               | answere      | u Y        | es to re          | )[[]] 990 | ),             |           |
| 1a     | Is the organization an agent, trustee, custod   |                        |        |         |                    |               | r other ass  | ets ı      | not               |           |                |           |
|        | included on Form 990, Part X?   |                        | •      |         |                    |               |              |            |                   | 厂         | Yes            | ┌ No      |
| b      | If "Yes," explain the arrangement in Part XIV   | / and complete the t   | follow | /ing ta | able               |               | _            |            |                   |           |                |           |
|        |   |                        |        |         |                    |               | _            |            |                   | A mo      | ınt            |           |
| С      | Beginning balance   |                        |        |         |                    |               |              | 1c         |                   |           |                |           |
| d      | Additions during the year   |                        |        |         |                    |               | L            | 1d         |                   |           |                |           |
| е      | Distributions during the year   |                        |        |         |                    |               | L            | 1e         |                   |           |                |           |
| f      | Ending balance  |                        |        |         |                    |               |              | <b>1</b> f |                   |           |                |           |
| 2a     | Did the organization include an amount on Fo  | orm 990, Part X, line  | 21?    |         |                    |               |              |            |                   | ┌         | Yes            | ┌ No      |
| Ь      | If "Yes," explain the arrangement in Part XIV   |                        |        |         |                    |               |              |            |                   |           |                |           |
| Pa     | rt V Endowment Funds. Complete  |                        |        |         |                    |               |              |            |                   |           |                |           |
|        |   | (a)Current Year        | (b     | Prior)  | Year<br>1,786,556  | <b>(c)</b> Tw | o Years Back | (d)        | Three Year        | s Back (e | Four Y         | ears Back |
| 1a     | Beginning of year balance   | 1,493,681              |        | -       |                    |               |              | +-         |                   |           |                |           |
| b      | Contributions   | 107,242                |        |         | 50,175<br>-265,983 |               |              | +          |                   |           |                |           |
| с      | Investment earnings or losses   | 107,242                |        |         | -205,983           |               |              | +          |                   |           |                |           |
| d      | Grants or scholarships  | 70,496                 |        |         | 77,067             |               |              | -          |                   |           |                |           |
| е      | Other expenditures for facilities and programs  | 70,490                 |        |         | 77,007             |               |              |            |                   |           |                |           |
| f      | Administrative expenses   |                        |        |         |                    |               |              |            |                   |           |                |           |
| g      | End of year balance   | 1,530,427              |        | -       | 1,493,681          |               |              |            |                   |           |                |           |
| 2      | Provide the estimated percentage of the yea   | r end balance held a   | ıs     |         | •                  |               |              | _          |                   |           |                |           |
| а      | Board designated or quasi-endowment   | %                      |        |         |                    |               |              |            |                   |           |                |           |
| b      | Permanent endowment ► 100 000 % %   |                        |        |         |                    |               |              |            |                   |           |                |           |
| c      | Term endowment ► %  |                        |        |         |                    |               |              |            |                   |           |                |           |
| 3a     | Are there endowment funds not in the posses   | ssion of the organiza  | ation  | that a  | are held a         | and ac        | dministere   | d for      | the               |           |                |           |
|        | organization by   | •                      |        |         |                    |               |              |            |                   |           | Yes            | No        |
|        | (i) unrelated organizations   |                        |        | •       |                    |               |              |            |                   | 3a(i)     |                | Νο        |
| _      | (ii) related organizations  |                        |        |         |                    | •             |              | •          |                   | 3a(ii)    | <u> </u>       | No        |
| ь<br>4 | If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the | •                      |        |         |                    | • •           |              | •          |                   | 3b        |                | <u> </u>  |
|        | t VI Investments—Land, Buildings  |                        |        |         |                    | Λ Da          | rt Y lına    | 10         |                   |           |                |           |
| FGI    | t vi investments—Land, bundings   | s, and Equipmen        | III. J |         | Cost or            |               | (b)Cost or o |            | (c) Accur         | mulated   |                |           |
|        | Description of investment   |                        |        |         | sis (investr       |               | basis (oth   |            | depred            |           | ( <b>d)</b> Bo | ook value |
|        | Land  |                        |        | +       |                    |               | 112          | 2,500      |                   |           |                | 112,500   |
|        | Buildings   |                        |        |         |                    |               |              | ,          |                   |           |                | ,         |
|        | Leasehold improvements  |                        |        |         |                    |               | 85           | 5,915      |                   | 33,633    |                | 52,282    |
|        | Equipment   |                        |        |         |                    |               |              | ,620       |                   | 311,124   |                | 218,496   |
|        | Other   |                        |        |         |                    |               |              | ,          |                   | _,        |                | ,         |
|        | I. Add lines 1a-1e (Column (d) should equal Fo  | orm 990, Part X, colun | nn (B) | ), line | 10(c).)            |               |              |            |                   |           |                | 383,278   |
|        |   |                        |        |         |                    |               |              |            | Sche              | dule D (  | Form 9         | 90) 2009  |

| Part VII Investments—Other Securities. See  (a) Description of security or category  |                                    |                | l of valuation          |
|--|------------------------------------|----------------|-------------------------|
| (including name of security)   | (b)Book value                      |                | year market value       |
| Financial derivatives  |                                    |                |                         |
| Closely-held equity interests  |                                    |                |                         |
| Other VANGUARD TOTAL STOCK MARKET  | 597,923                            |                | F                       |
|  | ,                                  |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )  | 597,923                            |                | _                       |
| Part VIII Investments—Program Related. See   |                                    | <u> </u><br> 3 |                         |
|  |                                    |                | d of valuation          |
| (a) Description of investment type   | (b) Book value                     |                | year market value       |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
|  |                                    |                |                         |
| Total. (Column (h) should equal Form 990. Part X. col (B) line 13 )  |                                    |                |                         |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line   | e 15.                              |                |                         |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  |                                    |                | <b>(b)</b> Book value   |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | <b>(b)</b> Book value   |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | ( <b>b</b> ) Book value |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | ( <b>b)</b> Book value  |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | <b>(b)</b> Book value   |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | ( <b>b</b> ) Book value |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  |                                    |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin  | tion                               |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  | 5.)                                |                | (b) Book value          |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  | 5.)                                |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability   | 5.)                                |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes   | 5.)                                |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES                | 5.) , line 25.  (b) A mount        |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes   | 5.)                                |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITIES  DEFERRED RENT | 5.) , line 25. (b) A mount 888,207 |                | (b) Book value          |

Schedule D (Form 990) 2009

| 2   1.1.6.7.800 3   Excess or (deficit) for the year Subtract line 2 from line 1   3   3.38.053 4   New turnealized gains (losses) on investments   | Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme | nts   |            |
|---|-----|--|-------|------------|
| 3   333,0553 4   Net unrealized gains (losses) on investments   4   815,080   5   5   5   5   5   5   5   5   5   | 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                       | 1     | 12,105,943 |
| 4 Net unrealized gains (losses) on investments  5 Donated services and use of facilities  5   6   6   7   Prior period adjustments  6   7   Prior period adjustments  7   Prior period adjustments (net) Add lines 4 - 8   9   815,080   9   81 | 2   | Total expenses (Form 990, Part IX, column (A), line 25)                        | 2     | 11,767,890 |
| 5   | 3   | Excess or (deficit) for the year Subtract line 2 from line 1                   | 3     | 338,053    |
| Figure  | 4   | Net unrealized gains (losses) on investments                                   | 4     | 815,080    |
| 7   | 5   | Donated services and use of facilities   | 5     |            |
| 7   | 6   | Investment expenses  | 6     |            |
| 9 Total adjustments (net) Add lines 4 - 8  10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  10 1,153,133  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements  1 12,964,641  Amounts included on line 1 but not on Form 990, Part VIII, line 12  A Met unrealized gains on investments  1 12,964,641  Amounts included on line 1 but not on Form 990, Part VIII, line 12  A Met unrealized gains on investments  2 2 8 815,080  Donated services and use of facilities  2 3 2 2,099  Add lines 2 athrough 2d  3 12,105,943  3 Subtract line 2 from line 1  A Mounts included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part VIII, line 7b  5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12  A Mounts included on line 1 but not on Form 990, Part IX, line 25  A Donated services and use of facilities  1 12,105,943  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial Statements With Expenses per Return  1 Total expenses and losses per audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited Financial Statements With Expenses per Return  1 Total expenses and losses facilities  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  A Donated services and use of facilities  2 Donated services and use of facilities  2 Donated services and use of facilities  2 Donated services and use of facilities  3 Subtract line 2 from line 1  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  4 Add lines 2 athrough 2d  4 Amounts included on Form 990, Part XIII, line 7b  4 Add lines 4a and 4b  4 C C C C C C C C C C C C C C C C C C   | 7   | Prior period adjustments   | 7     |            |
| Part  | 8   | Other (Describe in Part XIV)   | 8     |            |
| 10   1,153,133  | 9   | ·  | 9     | 815,080    |
| Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return   | 10  |  | 10    | 1,153,133  |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains on investments   | Par |  | er R  | eturn      |
| Net unrealized gains on investments   | 1   | Total revenue, gains, and other support per audited financial statements       | 1     | 12,964,641 |
| b         Donated services and use of facilities         2b         2,099           c         Recoveries of prior year grants         2c         4           d         Other (Describe in Part XIV)         2d         41,519           e         Add lines 2a through 2d         2e         858,698           3         Subtract line 2e from line 1         2e         858,698           4         Amounts included on Form 990, Part VIII, line 12, but not on line 1         4a         4a           a         Investment expenses not included on Form 990, Part VIII, line 7b         4a         4c         0           b         Other (Describe in Part XIV)         4b         4c         0           c         Add lines 4a and 4b         4c         0         4c         0           5         Total Revenue Add lines 3a and 4c. (This should equal Form 990, Part I, line 12)         5         1 2,105,943           2a         Exercise and losses per audited financial Statements         8a         1 11,811,508           2a         Exercise and use of facilities         2a         2,099           b         Prior year adjustments         2a         2,099           b         Prior year adjustments         2a         2,099           c         Other  | 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |       |            |
| c         Recoveries of prior year grants         2c         4         4         4         4         4         4,519         2         858,698         858,698         858,698         3         12,105,943         4         4         1,519         2e         858,698         858,698         3         12,105,943         4         3         12,105,943         4  | а   | Net unrealized gains on investments  |       |            |
| d         Other (Describe in Part XIV)         2d         41,519         4         48,586,98         3         3 12,105,943         3         12,105,943         3         12,105,943         3         12,105,943         3         12,105,943         3         12,105,943         3         12,105,943         4         <   | b   | Donated services and use of facilities   |       |            |
| Add lines 2a through 2d   S858,698   Subtract line 2e from line 1   Subtract line 2e from line 3e from 2e f   | С   | Recoveries of prior year grants  |       |            |
| 3   | d   | Other (Describe in Part XIV)   |       |            |
| 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   4b   4b   4b   4c   4c   6c   6c   6c   6c   6c   6c  | e   | Add lines <b>2a</b> through <b>2d</b>  | 2e    | 858,698    |
| A   | 3   | Subtract line <b>2e</b> from line <b>1</b>                                     | 3     | 12,105,943 |
| b         Other (Describe in Part XIV)         4b         4c         0           c         Add lines 4a and 4b         . <td< td=""><td>4</td><td>A mounts included on Form 990, Part VIII, line 12, but not on line 1</td><td></td><td></td></td<>   | 4   | A mounts included on Form 990, Part VIII, line 12, but not on line 1           |       |            |
| c       Add lines 4a and 4b       .       4c       0         5       Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)       .       5       12,105,943         Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       1 Total expenses and losses per audited financial statements With Expenses per Return         1       Total expenses and losses per audited financial statements With Expenses per Return         2       Amounts included on line 1 but not on Form 990, Part IX, line 25       1         a       Donated services and use of facilities       2a       2,099         b       Prior year adjustments       2b       2c         c       Other losses       2c       41,519         e       Add lines 2a through 2d       41,519         e       Add lines 2a through 2d       2d       41,519         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       11,767,890         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a       4c       0         b       Other (Describe in Part XIV)       4b       4c       0         c       Add lines 4a and 4b       4c. (This should equal Form 990, Part I, line 18)       5       11,767,890  | а   | Investment expenses not included on Form 990, Part VIII, line 7b . 4a          |       |            |
| Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)   | b   | Other (Describe in Part XIV) 4b  |       |            |
| Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  | c   |  | 4c    | 0          |
| 1 Total expenses and losses per audited financial statements  | 5   |  | _     |            |
| 2       A mounts included on line 1 but not on Form 990, Part IX, line 25         a       Donated services and use of facilities  |     |  | s per |            |
| A mounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities   | 1   |  | 1     | 11,811,508 |
| b Prior year adjustments  | 2   |  |       |            |
| c       Other losses       2c         d       Other (Describe in Part XIV)       2d       41,519         e       Add lines 2a through 2d       2e       43,618         3       Subtract line 2e from line 1       3       11,767,890         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       11,767,890         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a       4c         b       Other (Describe in Part XIV)       4b       4c       0         c       Add lines 4a and 4b       4c       0         Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)       5       11,767,890  | а   | Donated services and use of facilities 2a 2,099                                |       |            |
| d Other (Describe in Part XIV)  | ь   | Prior year adjustments   | 1     |            |
| e       Add lines 2a through 2d   | c   | Other losses   |       |            |
| 3 Subtract line 2e from line 1  | d   | Other (Describe in Part XIV)   |       |            |
| A mounts 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 XIV)  | e   | Add lines <b>2a</b> through <b>2d</b>  | 2e    | 43,618     |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a   | 3   | Subtract line <b>2e</b> from line <b>1</b>                                     | 3     | 11,767,890 |
| b         Other (Describe in Part XIV)         4b         4c         4c         0           c         Add lines 4a and 4b         4c         0         4c         0           5         Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)         5         11,767,890   | 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:             |       |            |
| c       Add lines 4a and 4b       4c       0         5       Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)       5       11,767,890  | а   | Investment expenses not included on Form 990, Part VIII, line 7b 4a            |       |            |
| Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  | b   | Other (Describe in Part XIV) 4b  |       |            |
|   | c   | Add lines <b>4a</b> and <b>4b</b>  | 4c    | 0          |
| Part XIV Supplemental Information   | 5   |  | 5     | 11,767,890 |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b  |     |  |       |            |

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier                              | Return Reference | Explanation                                      |  |
|---|------------------|--|--|
| Part XII, Line 2d - Other<br>Adjustments  |                  | Special event expenses netted with revenue 41519 |  |
| Part XIII, Line 2d - Other<br>Adjustments |                  | Special event expenses netted with revenue 41519 |  |

DLN: 93493312016020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE G** 

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

| Name | of the | organızatıon |
|------|--------|--------------|

(Form 990 or 990-EZ)

Employer identification number AMERICAN RIVERS INC 23-7305963 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

|         | Form 990-EZ file  | rs are not required   | to com   | plete th  | ıs part.                             |  |  |
|---------|---|-----------------------|--|-----------|--------------------------------------|--|--|
| 1       | Indicate whether the orga   | nızatıon raısed funds | through a  | ny of the | following activities Ch              | eck all that apply   |  |
| а       | Mail solicitations  |                       | e $\Gamma$ Solicitation of non-government grants               |           |                                      |  |  |
| b       | Internet and e-mail so  | olicitations          |  | f         | ☐ Solicitation of go                 | vernment grants  |  |
| c       | Phone solicitations   |                       |  |           |                                      |  |  |
| d       | ☐ In-person solicitation  |                       |  |           |                                      |  |  |
| 2a<br>b | Did the organization have<br>or key employees listed in<br>If "Yes," list the ten highe | n Form 990, Part VII  | ) or entity  | in conne  | ection with professional             | fundraising activities?  | ┌ Yes ┌ No   |
|         | to be compensated at leas   |                       |  |           |                                      |  |  |
|         | (i) Name of individual or entity (fundraiser)   | (ii) Activity         | (iii) Did fundraiser have custody or control of contributions? |           | (iv) Gross receipts<br>from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |
|         |   |                       | Yes  | No        |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
| Tota    | al  |                       |  | ▶         |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |
|         |   |                       |  |           |                                      |  |  |

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

| Pa        | rt II | Fundraising Events. Com more than \$15,000 on Form                           |   |   |                                  |                           | report | ted   |
|-----------|-------|--|---|---|----------------------------------|---------------------------|--------|-------|
|           |       |  | (a) Event #1  DINNER AND AUCTION (event type) | (b) Event #2  | (c) O ther Events (total number) | (d) Tot<br>(Add col<br>co |        |       |
| ξ         | 1     | Gross receipts   | 91,478  | 3   |                                  |                           | 9      | 1,478 |
| Revenue   | 2     | Less Charitable contributions  | 69,244  | 1   |                                  |                           | 6      | 9,244 |
|           | 3     | Gross income (line 1 minus line 2)   | 22,234  | 4   |                                  |                           | 2.     | 2,234 |
|           | 4     | Cash prizes  |   |   |                                  |                           |        |       |
| မှာ       | 5     | Non-cash prizes  | 20,539  | 9   |                                  |                           | 2      | 0,539 |
| Expenses  | 6     | Rent/facility costs  | 3,08!   | 5   |                                  |                           |        | 3,085 |
|           | 7     | Food and beverages   | 11,450  |   |                                  |                           | 1      | 1,450 |
| Direct    | 8     | Entertainment  |   |   |                                  |                           |        |       |
| ā         | 9     | Other direct expenses .  | 6,44  | 5   |                                  |                           | i      | 6,445 |
|           | 10    | Direct expense summary Add line  | es 4 through 9 ın columr                      | ı(d)  |                                  |                           | 4      | 1,519 |
|           | 11    | Net income summary Combine lin   | nes 3, column d, and line                     | 10  |                                  |                           | -19    | 9,285 |
| Par       | t III | Gaming. Complete if the or \$15,000 on Form 990-EZ, lin                      |   | "Yes" to Form 990, Pa                                   | irt IV, line 19, or repo         | rted mor                  | e thar | 1     |
| Revenue   |       |  | (a) Bingo                                     | <b>(b)</b> Pull tabs/Instant<br>bingo/progressive bingo | (c) O ther gaming                | (d) Tot<br>(Add col<br>co |        |       |
|           | 1     | Gross revenue  |   |   |                                  |                           |        |       |
| မွ        | 2     | Cash prizes  |   |   |                                  |                           |        |       |
| :penses   | 3     | Non-cash prizes  |   |   |                                  |                           |        |       |
| <u>ស័</u> | 4     | Rent/facility costs  |   |   |                                  |                           |        |       |
| Direct    | 5     | Other direct expenses  |   |   |                                  |                           |        |       |
|           | 6     | Volunteer labor  | ∀es%     No                                   | │ Yes%<br>│ No  | ∀es                              | _                         |        |       |
|           |       | Direct expense summary Add lines   |   |   |                                  |                           |        |       |
|           | 8     | Net gaming income summary Com  | bine lines 1, column d, a                     | nd line /   | <u> </u>                         |                           | Yes    | No    |
| 9<br>a    | Is th | er the state(s) in which the organiza<br>he organization licensed to operate |   |   |                                  | . 9a                      |        |       |
| b         |       | No," Explain   |   |   |                                  |                           |        |       |
| 10a<br>b  |       | e any of the organization's gaming l<br>'es," Explain                        | icenses revoked, suspei                       | nded or terminated during                               | the tax year?                    | 10a                       |        |       |
| 11<br>12  | Is th | s the organization operate gaming a<br>he organization a grantor, beneficial | ry or trustee of a trust or                   |   |                                  | 11                        |        |       |

|           |  | Yes      | No |  |  |  |  |  |
|-----------|--|----------|----|--|--|--|--|--|
| 13        | Indicate the percentage of gaming activity operated in   |          |    |  |  |  |  |  |
| а         | The organization's facility  |          |    |  |  |  |  |  |
| b         | An outside facility  |          |    |  |  |  |  |  |
| 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?   | ,        |    |  |  |  |  |  |
| 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   |          |    |  |  |  |  |  |
|           |  |          |    |  |  |  |  |  |
|           | Name 🟲   |          |    |  |  |  |  |  |
|           |  |          |    |  |  |  |  |  |
|           |  |          |    |  |  |  |  |  |
|           | Address •  |          |    |  |  |  |  |  |
| 16        |  |          |    |  |  |  |  |  |
| 16        | Gaming manager information   |          |    |  |  |  |  |  |
|           |  |          |    |  |  |  |  |  |
|           | Name 🟲   |          |    |  |  |  |  |  |
|           | Name F   |          |    |  |  |  |  |  |
|           | Gaming manager compensation 🕨 \$   |          |    |  |  |  |  |  |
|           |  |          |    |  |  |  |  |  |
|           | Description of services provided -   |          |    |  |  |  |  |  |
|           | Director/officer Employee Independent contractor   |          |    |  |  |  |  |  |
|           | I Director/officer I Employee I Independent contractor   |          |    |  |  |  |  |  |
| <b>.7</b> | Mandatory distributions  |          |    |  |  |  |  |  |
| а         | Is the organization required under state law to make charitable distributions from the gaming proceeds to        |          |    |  |  |  |  |  |
|           | retain the state gaming license?   | <u> </u> |    |  |  |  |  |  |
| b         | Enter the amount of distributions required under state law distributed to other exempt organizations or spent    |          |    |  |  |  |  |  |
|           | in the organization's own exempt activities during the tax year ▶ \$   | 1        |    |  |  |  |  |  |

DLN: 93493312016020

OMB No 1545-0047

**Governments and Individuals in the United States** 

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN RIVERS INC

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Grants and Other Assistance to Organizations,** 

Inspect ion Employer identification number

| AMERICAN RIVERS INC   |                       |  |                              |   |   | 23-7305963                             |                                      |
|---|-----------------------|--|------------------------------|---|---|--|--------------------------------------|
| Part I General Information  | on on Grants and      | d Assistance                             |                              |   |   | •                                      |                                      |
| <ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul> | ward the grants or as | sıstance?                                |                              |   |   |  | 「Yes ▼N                              |
| Form 990, Part IV, III Part IV and Schedule   | ne 21 for any recip   | ient that received n                     | nore than \$5,000. Ch        | eck this box if no one                    | recipient receive   | d more than \$5,000.                   | . Use                                |
| (a) Name and address of organization or government  | ( <b>b)</b> EIN       | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of gran<br>or assistance |
| See Additional Data Table   |                       |  |                              |   |   |  |                                      |

|          | · · · · · · · · · · · · · · · · · · ·  |                      |
|----------|--|----------------------|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9 | 90, Part IV, line 22 |
|          | Use Schedule I-1 (Form 990) if additional space is needed.   |                      |

| (a)Type of grant or assistance | ( <b>b)</b> Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
|                                |                                  |                                     |                                      |  |                                       |

| Ident if ier | Return Reference | Explanation |  |
|--------------|------------------|-------------|--|
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |
|              |                  |             |  |

DLN: 93493312016020

OMB No 1545-0047

Open to Public

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number** 

AMERICAN RIVERS INC 23-7305963 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4Ь Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name       |             | <b>(B)</b> Breakdown of  | W-2 and/or 1099-MI |   | (C) Retirement and             |          | (E) Total of columns | (F) Compensation                                |
|----------------|-------------|--|--------------------|---|--------------------------------|----------|----------------------|---|
|                |             | (i) Base (ii) Bonus & (iii) Other reportable compensation compensation |                    |   | other deferred<br>compensation | benefits | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
| Rebecca Wodder | (I)<br>(II) | 170,983<br>0   | 0                  | , | 0                              | · '      | 175,462<br>0         | 0   |
|                | ()          |  | 0                  |   |                                |          |                      | 0   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |
|                |             |  |                    |   |                                |          |                      |   |

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| ] | Ident if ier | Ret urn<br>Ref erence | Explanation |
|---|--------------|-----------------------|-------------|
| ] | Ident if ier | Reference             | Explanation |

Schedule J (Form 990) 2009

DLN: 93493312016020

OMB No 1545-0047

Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization AMERICAN RIVERS INC

**Employer identification number** 

23-7305963

| Pa  | rt I Types of Property                                   |                                  |                                | <u> </u>  |                                   |             |      |    |
|-----|--|----------------------------------|--------------------------------|---|-----------------------------------|-------------|------|----|
|     |  | (a)<br>Check<br>If<br>applicable | (b)<br>Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | <b>(d</b><br>Method of d<br>reven | -<br>etermı | nıng |    |
| 1   | Art—Works of art   | аррпсавіс                        |                                | 1 19  |                                   |             |      |    |
|     | Art—Historical treasures .                               |                                  |                                |   |                                   |             |      |    |
|     | A  |                                  |                                |   |                                   |             |      |    |
|     | B 1 1 11 1   |                                  |                                |   |                                   |             |      |    |
|     | Clothing and household                                   |                                  |                                |   |                                   |             |      |    |
| 3   | goods  |                                  |                                |   |                                   |             |      |    |
| 6   | Cars and other vehicles                                  |                                  |                                |   |                                   |             |      |    |
| 7   | Boats and planes   |                                  |                                |   |                                   |             |      |    |
|     | Intellectual property                                    |                                  |                                |   |                                   |             |      |    |
|     | Securities—Publicly traded .                             | X                                | 19                             | 339,436   | FAIR VALUE                        |             |      |    |
|     | Securities—Closely held stock                            |                                  |                                |   |                                   |             |      |    |
|     | 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                                  |                                  |                                |   |                                   |             |      |    |
|     | AUCTION  |                                  |                                |   |                                   |             |      |    |
| 25  | Other►( <u>ITEMS</u> )                                   | Х                                | 37                             | 20,539  | DONOR PROVIDE                     | )           |      |    |
|     | FOOD   |                                  |                                |   |                                   |             |      |    |
| 26  | Other ► ( ITEMS )  | X                                | 3                              | 1,730   | DONOR PROVIDE                     | )           |      |    |
| 27  | O ther ▶()   |                                  |                                |   |                                   |             |      |    |
| 28  | O ther ► ()  |                                  |                                |   |                                   |             |      |    |
| 29  | Number of Forms 8283 received                            |                                  |                                |   | 29                                |             |      |    |
|     | for which the organization comp                          | leted Form 8                     | 8283, Part IV, Donee Ackr      | nowledgement  | 29                                |             | 1    |    |
|     |  |                                  |                                |   |                                   |             | Yes  | No |
| 30a | During the year, did the organize                        |                                  |                                |   |                                   |             |      |    |
|     | must hold for at least three year                        |                                  |                                | on, and which is not require                          | d to be used                      |             |      |    |
|     | for exempt purposes for the ent                          | re holding p                     | period?                        |   |                                   | 30a         |      | No |
|     | If "Yes," describe the arrangem                          |                                  |                                |   |                                   |             |      |    |
| 31  | Does the organization have a gr                          | ft acceptand                     | ce policy that requires the i  | review of any non-standard                            | contributions?                    | 31          | I    | No |
| 32a | Does the organization hire or us contributions?          |                                  | ies or related organizations   | to solicit, process, or sell i                        | non-cash<br>• • • • •             | 32a         | Yes  |    |
| b   | If "Yes," describe in Part II                            |                                  |                                |   |                                   |             | I    |    |
| 33  | If the organization did not repor<br>describe in Part II | t revenues i                     | n column (c) for a type of p   | roperty for which column (a                           | ) is checked,                     |             |      |    |

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Ident if ier    | Ret urn Reference | <b>Explanat ion</b>  |
|-----------------|-------------------|--|
| Third Party Use | , ,               | A BROKER IS USED TO SELL PUBLICLY TRADED SECURITIES (STOCK GIFTS) THE BROKER IS INSTRUCTED TO SELL ALL SECURITIES UPON RECEIPT FROM DONORS |

Schedule M (Form 990) 2009

**Employer identification number** 

23-7305963

N: 93493312016020

## **SCHEDULE 0**

Name of the organization AMERICAN RIVERS INC

(Form 990)

Department of the Treasury Internal Revenue Service

Form 990, Part

VI, Section C,

line 19

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

|  |                     | 23-7305963   |
|--|---------------------|--|
| ldentifier                                   | Return<br>Reference | Explanation  |
| Form 990, Part<br>VI, Section B,<br>Ine 11   |                     | 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 AUDIT FIRM WHEN THE FORM HAS BEEN APPROVED 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, CHIEF OPERATING OFFICER, OR VP OF FINANCE AND ADMINISTRATION |
| Form 990, Part<br>VI, Section B,<br>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  |
| Form 990, Part<br>VI, Section B,<br>line 15a |                     | THE COMPENSATION COMMITTEE COMPILES DATA ON CEO SALARIES FOR COMPARABLE ORGANIZATIONS AND USES THIS INFORMATION TO DETERMINE THE APPORPIRATE 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

POSTED ON THE ORGANIZATION'S WEBSITE

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

Software ID: Software Version:

**EIN:** 23-7305963

Name: AMERICAN RIVERS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                     | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|---------------------------------------|-------------------------------------|---|--|--|---------------------------------------|
| ALABAMA RIVERS<br>ALLIANCE2027 2ND AVE<br>NORTH SUITE A<br>BIRMINGHAM,AL 35203         | 63-1186023     | 501 (C)(3)                            | 7,500                               |   |  |  | HYDROPOWER<br>REFORM                  |
| AMERICAN WHITEWATER<br>PO BOX 1540<br>CULLOWHEE,NC 28723                               | 23-7083760     | 501 (C)(3)                            | 116,300                             |   |  |  | HYDROPOWER<br>REFORM                  |
| ANACOSTIA WATERSHED<br>SOCIETY4302 BALTIMORE<br>AVE<br>bladensburg,MD 20710            | 52-1666511     | 501 (C)(3)                            | 19,000                              |   |  |  | CLEAN WATER                           |
| CALIFORNIA OUTDOORS<br>PO BOX 475<br>coloma,CA 95613                                   | 45-3804697     |                                       | 13,800                              |   |  |  | HYDROPOWER<br>REFORM                  |
| CALIFORNIA SPORTFISHING PROTECTION ALLIANCE 1248 E OAK AVENUE UNIT D woodland,CA 95776 | 68-0004105     | 501 (C)(3)                            | 64,950                              |   |  |  | HYDROPOWER<br>REFORM                  |
| CALIFORNIA TROUT870<br>MARKET ST SUITE 528<br>SAN FRANCISCO,CA<br>94102                | 23-7097680     | 501 (C)(3)                            | 29,775                              |   |  |  | HYDROPOWER<br>REFORM                  |
| CITY OF BETHLEHEM10<br>EAST CHURCH STREET<br>BETHLEHEM,PA 10818                        | 24-6000689     |                                       | 10,000                              |   |  |  | RESTORING RIVERS<br>- NOAA            |
| CITY OF ERIE626 STATE<br>STREET ROOM 400<br>ERIE,PA 16501                              | 25-6000857     |                                       | 7,353                               |   |  |  | RESTORING RIVERS<br>- PA              |
| COALITION FOR<br>BUZZARDS BAY620<br>BELLEVILLE AVE<br>NEW BEDFORD, MA 02745            | 04-2971978     | 501 (C)(3)                            | 29,400                              |   |  |  | RESTORING RIVERS<br>- NOAA            |
| EARTH ISLAND INSTITUTE<br>PO BOX 476<br>SAUDERSTOWN,RI 02874                           | 94-2889684     | 501 (C)(3)                            | 19,999                              |   |  |  | RESTORING RIVERS<br>- NOAA            |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash **(b)** EIN (e) A mount of non-(a) Name and address of (f) Method of (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 68-0205572 501 (C)(3) HYDROPOWER FOOTHILL CONSERVANCY PO BOX 1255 REFORM 13,800 PINE GROVE, CA 95665 68-0429132 501 (C) (3) FRIENDS OF DEER CREEK RESTORING RIVERS -

| 132 MAIN STREET NEVADA CITY, CA 95959  | 68-0429132 | 501 (C) (3) | 9,020     |  | DEER CREEK                        |
|--|------------|-------------|-----------|--|-----------------------------------|
| FRIENDS OF THE RIVER<br>1418 20TH STREET 100<br>SACRAMENTO,CA 95814                    | 94-2400210 | 501 (C)(3)  | 109,375   |  | HYDROPOWER<br>REFORM              |
| IDAHO RIVERS UNITEDPO<br>BOX 633<br>BOISE,ID 83701                                     | 82-0439916 | 501 (C)(3)  | 30,900    |  | HYDROPOWER<br>REFORM              |
| MARYLAND DEPARTMENT<br>OF NATURAL RESOURCES<br>580 TAYLOR AVENUE<br>ANNAPOLIS,MD 21401 | 52-6002033 |             | 1,101,780 |  | RESTORING RIVERS -<br>NOAA        |
| MICHIGAN HYDRO<br>RELICENSING COALITION<br>PO BOX 828<br>PENTWATER, MI 49449           | 38-2853180 |             | 9,000     |  | HYDROPOWER<br>REFORM              |
| MID COLUMBIA FISH<br>ENHANCEMENT GROUPPO<br>BOX 1271<br>WHITE SALMON, WA 98672         | 20-0024733 | 501 (C)(3)  | 30,000    |  | RESTORING RIVERS -<br>NOAA        |
| MUSCONETCONG WATERSHED ASSOCIATIONPO BOX 113 ASBURY,NJ 08802                           | 22-3199292 | 501 (C)(3)  | 11,497    |  | RESTORING RIVERS -<br>NOAA        |
| NATURAL HERITAGE<br>INSTITUTE100 PINE ST<br>SUITE 1550<br>SAN FRANCISCO, CA<br>94111   | 94-3099600 | 501 (C)(3)  | 58,550    |  | BAY DELTA<br>CONSERVATION<br>PLAN |
| nATURAL HERITAGE<br>INSTITUTE100 PINE ST<br>SUITE 1550<br>san FRANCISCO,CA 94111       | 94-3099600 | 501 (C)(3)  | 81,216    |  | HYDROPOWER<br>REFORM              |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant non-cash assistance valuation organization ıf applıcable arant cash or assistance or government assistance (book, FMV, appraisal, other) PEE DEE LAND TRUSTPO 57-1075947 501 (C)(3) **BLUE TRAILS BOX4** 7,975 DARLINGTON, SC 29450 SANTA CRUZ COUNTY 94-6000534 RESTORING RIVERS -RESOURCE NOAA 90,000 CONSERVATION DISTRICT 820 BAY AVE SUITE 128 CAPITOLA, CA 95010 SELKIRK CONSERVATION 82-0418651 501 (C)(3) **HYDROPOWER** REFORM ALLIANCEPO BOX 1809 13,570 PRIEST RIVER, ID 83856 SIERRA NEVADA ALLIANCE 77-0343881 501 (C)(3) **HYDROPOWER** PO BOX 7989 REFORM 10,000 SOUTH LAKE TAHOE, CA 96158 SOUTH CAROLINA 57-0887278 501 (C)(3) **HYDROPOWER** COASTAL CONSERVATION REFORM 20,000 LEAGUEPO BOX 1765 CHARLESTON, SC 29402 SOUTH YUBA RIVER 68-0171371 501 (C)(3) **HYDROPOWER** REFORM CITIZENS LEAGUE216 35,217 MAIN STREET NEVADA CITY, CA 95959 SPANGLER MUNICIPAL 25-1323238 RESTORING WATER AUTHORITY1202 RIVERSRESTORING 56,144 PHILADELPHIA AVE RIVERS - NOAA NORTHERN CAMBRIA, PA 15714 STONY BROOK MILLSTONE 21-0649717 501 (C)(3) RESTORING RIVERS -WATERSHED NOAA 21,000 ASSOCIATION31 TITUS MILL ROAD PENNINGTON, NJ 08534 THE RESOURCE INSTITUTE 56-2251040 RESTORING RIVERS -8000 REGENCY PARKWAY NOAA 40,000 **SUITE 200** CARY, NC 27518 TOWN OF FORT 15-6011671 RESTORING RIVERS -COVINGTONPO BOX 489 NOAA 25,000 FORT COVINGTON, NY 12937

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |                                    |                              |   |   |  |                                       |  |  |  |  |
|---|------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| TROUT UNLIMITED1300 N<br>17TH STREET SUITE 500<br>ARLINGTON,VA 22209  | 38-1612715 | 501 (C)(3)                         | 54,600                       |   |   |  | HYDROPOWER<br>REFORM                  |  |  |  |  |
| TROUT UNLIMITED1300 N<br>17TH STREET SUITE 500<br>ARLINGTON,VA 22209  | 38-1612715 | 501 (C)(3)                         | 15,500                       |   |   |  | RESTORING RIVERS - NOAA               |  |  |  |  |
| UNDERWOOD<br>CONSERVATION DISTRICT<br>PO BOX 96<br>WHITE SALMON,WA 98672  | 91-6060368 |                                    | 27,600                       |   |   |  | RESTORING RIVERS - NOAA               |  |  |  |  |
| WILD WATERWAYS CONSERVANCY101 EAST SPRING ST SUITE 200 ZELIENOPLE,PA 16063                                      | 01-0724403 | 501 (C)(3)                         | 12,195                       |   |   |  | RESTORING RIVERS                      |  |  |  |  |
| WINYAH RIVER<br>FOUNDATION1270<br>ATLANTIC AVE<br>CONWAY,SC 29526   | 57-1118288 |                                    | 25,000                       |   |   |  | BLUE TRAILS                           |  |  |  |  |

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-7305963

Name: AMERICAN RIVERS INC

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

#### 4d. Other program services

(Code ) (Expenses \$ 324,213 including grants of \$ 40,038 ) (Revenue \$

WATER SUPPLY ENSURING THAT OUR RIVERS AND COMMUNITIES HAVE ENOUGH WATER IS CRITICAL TO SUPPORTING A
HEALTHY ENVIRONMENT AND THRIVING ECONOMY WE MUST ENSURE THE NATION'S LONG-TERM WATER SUPPLY THROUGH BLOCKING EXPENSIVE AND INEFFICIENT WATER STORAGE PROJECTS THAT WILL DAMAGE RIVERS WITHOUT PROVIDING
SUBSTANTIAL COMMUNITY BENEFITS, -REDUCING TOTAL WATER CONSUMPTION THROUGH PROVEN WATER EFFICIENCY
PRACTICES, AND -BALANCING HUMAN WATER CONSUMPTION WITH THE NATURAL REQUIREMENTS OF RIVERS AND THE
HABITATS THEY SUPPORT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Compensated Employees, and Independent Contractors |                         |                                   |                       |         |              |                              |        |  |   |  |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| <b>(A)</b><br>Name and Title                       | (B)<br>Average<br>hours | that apply)                       |                       |         |              |                              |        | ( <b>D)</b> Reportable compensation from the | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other  |
|  | per<br>week             | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-<br>2/1099-MISC)             | organizations<br>(W- 2/1099-<br>MISC)           | compensation<br>from the<br>organization and<br>related<br>organizations |
| EDWARD WHITNEY<br>CHAIR                            | 4 00                    | Х                                 |                       | Χ       |              |                              |        | 0  | 0   | 0  |
| ANNE SHIELDS<br>VICE CHAIR                         | 4 00                    | X                                 |                       | Х       |              |                              |        | 0  | 0   | 0  |
| ROBERT MCDERMOTT JR<br>TREASURER                   | 4 00                    | х                                 |                       | X       |              |                              |        | 0  | 0   | 0  |
| DOROTHY BALLANTYNE<br>SECRETARY                    | 4 00                    | X                                 |                       | Х       |              |                              |        | 0  | 0   | 0  |
| VICTOR ASHE<br>DIRECTOR                            | 2 00                    | Х                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| RUSS DAGGATT<br>DIRECTOR                           | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| SWEP DAVIS<br>DIRECTOR                             | 4 00                    | Х                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Sylvia Earle<br>DIRECTOR                           | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Ray Gardner<br>DIRECTOR                            | 2 00                    | Х                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Nora Hohenlohe<br>DIRECTOR                         | 2 00                    | Х                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Laura Kracum<br>DIRECTOR                           | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Rick Legon<br>DIRECTOR                             | 4 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Amanda Leiter<br>DIRECTOR                          | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Lisel Loy<br>DIRECTOR                              | 2 00                    | Х                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Jay Mills<br>DIRECTOR                              | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Jeff Mount<br>DIRECTOR                             | 4 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Z Cartter Patten III<br>DIRECTOR                   | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Gordon Philpott<br>DIRECTOR                        | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Tom Skerritt<br>DIRECTOR                           | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Austin Stephens<br>DIRECTOR                        | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Alexander Taylor<br>DIRECTOR                       | 2 00                    | Х                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| BRIAN UNMACHT<br>DIRECTOR                          | 2 00                    | X                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| Rebecca Wodder<br>PRESIDENT                        | 40 00                   |                                   |                       | Χ       |              |                              |        | 172,093                                      | 0   | 3,369  |
| William Lee<br>Vice President                      | 40 00                   |                                   |                       | Х       |              |                              |        | 108,029                                      | 0   | 5,911  |
| Kristin May<br>VICE President                      | 40 00                   |                                   |                       | Х       |              |                              |        | 14,209                                       | 0   | 379  |

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| demperature 2 mpro y des y and 2 macpenature de martie d |                         |                                   |                       |         |              |                              |        |  |   |  |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A)<br>Name and Title  | (B)<br>Average<br>hours | rage Position (check all          |                       |         |              |                              |        | (D)<br>Reportable<br>compensation            | <b>(E)</b> Reportable compensation                    | <b>(F)</b><br>Estimated<br>amount of other                               |
|  | per<br>week             | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| Matthew Zimmermann<br>VICE President   | 40 00                   | •                                 |                       | Х       |              |                              |        | 80,188                                       | 0   | 2,538  |
| Debra Montanino<br>VICE President  | 40 00                   |                                   |                       | X       |              |                              |        | 113,356                                      | 0   | 6,397  |
| Andrew Fahlund<br>VICE President   | 40 00                   |                                   |                       | X       |              |                              |        | 103,684                                      | 0   | 4,588  |
| Randall Snodgrass<br>VICE President  | 40 00                   |                                   |                       | X       |              |                              |        | 23,746                                       | 0   | 505  |
| Ann Mills<br>VICE President  | 40 00                   |                                   |                       | X       |              |                              |        | 90,089                                       | 0   | 2,821  |
| Elizabeth Otto<br>VICE President   | 40 00                   |                                   |                       | X       |              |                              |        | 105,841                                      | 0   | 6,807  |