

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

2011

Open to Public
Inspection

		I .						
		2011 calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-20	12	D Employer	identification number		
_	eck if a _l Iress ch	AMERICAN RIVERS INC			23-7305	963		
_	ne chai	Doing Business As			E Telephone			
_	ıal retu				(202)34	7-7550		
_		1101 14TH STREET NW NO 1400	ed to street address) Room/s	suite		pts \$ 13,136,798		
_	mınated 							
_	ended i	WASHINGTON, DC 20005						
App	lication	pending						
		F Name and address of principal officer WM ROBERT IRVIN			is a group ret			
		1101 14TH STREET		affilia	ites	⊤Yes ▼ No		
		WASHINGTON, DC 20005		H(b) Are al	l affiliates incl	luded?		
r Ta	x-exem	ppt status	4947(a)(1) or		-	st (see instructions)		
			+347(a)(1) 01 327	H(c) Grou	ip exemption	number F		
		WWW AMERICANRIVERS ORG		<u> </u>				
		ganization Corporation Trust Association Other		L Year of fo	mation 1974	M State of legal domicile DC		
Ра	rt I	Summary Briefly describe the organization's mission or most sig						
ACTIVITIES & GOVERNANCE	2 (3 f 4 f 5 7	MILES OF RIVERS THROUGH ADVOCACY EFFORTS AMERICA'S MOST ENDANGERED RIVERS (R) HEAD ACROSS THE COUNTRY AND MORE THAN 100,000 Check this box If the organization discontinued its Number of voting members of the governing body (Part Number of independent voting members of the governing Total number of volunteers (estimate if necessary) Total number of volunteers (estimate if necessary)	HINGTON, DC ERS AND VOLU	5% of its net	t assets 24 24 3 96			
		Fotal unrelated business revenue from Part VIII, colu Net unrelated business taxable income from Form 990			76			
	B	vet unrelated business taxable income from 1 orm 990	,-1, IIIIe 34	Prio	r Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			15,508,638			
<u>9</u>	9	Program service revenue (Part VIII, line 2g)			0			
Revenue	10	Investment income (Part VIII, column (A), lines 3,			-35,681	73,497		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8			122,061	140,776		
	12	Total revenue—add lines 8 through 11 (must equal F		ne	15 505 010	12.667.705		
	42	12)			15,595,018			
	13 14	Grants and similar amounts paid (Part IX, column (A Benefits paid to or for members (Part IX, column (A)			1,807,927	2,453,247		
	15	Salaries, other compensation, employee benefits (Pa	•			0		
\$	13	5–10)	are ix, column (A), imes		5,748,209	209 6,063,157		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		83,733	118,028		
ਡੌ	ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 2,12$	28,000					
	17	Other expenses (Part IX, column (A), lines 11a-11	d,11f-24e)		5,712,136	4,478,715		
	18	Total expenses Add lines 13-17 (must equal Part)			13,352,005	<u> </u>		
. 02	19	Revenue less expenses Subtract line 18 from line 1	2		2,243,013	-445,362		
පිමි සම					g of Current 'ear	End of Year		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20	Total assets (Part X, line 16)			11,383,030	11,201,089		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			991,093	 		
žĒ	22	Net assets or fund balances Subtract line 21 from l	ine 20		10,391,937	9,932,308		
Par	t II	Signature Block						
knowl		ties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of						
		*****)12-11-12			
Sign	1	Signature of officer			ate			
Here	e	WM ROBERT IRVIN PRESIDENT						
Paid		Preparer's signature B JENNINE ANDERSON	Date	Check if self-employed	(see instruction	kpayer identification number ons)		
	arer's	Firm's name (or yours UHY ADVISORS MID-ATLANTIC MD IN	<u> </u> C		P00042998			
Use (Only	if self-employed), address, and ZIP + 4 6851 OAK HALL LANE STE 300			EIN ▶ 26-079	94367		
		COLUMBIA, MD 21045			Phone no 🕨	(410) 720-5220		

Pair			sponse to any question i			
1	Briefly describe the organiza	ition's missio	on			
STRE FOU THRO RIVE	RICAN RIVERS IS THE LEAD EAMS RIVERS CONNECT US GHT TO PRESERVE THESE C DUGH ADVOCACY EFFORTS ERS (R) HEADQUARTERED I 000 SUPPORTERS, MEMBER	TO EACH O ONNECTIO , ON-THE-G N WASHING	OTHER, NATURE, AND I NS, HELPING PROTECT ROUND PROJECTS, AN TON, DC, AMERICAN F	FUTURE GENERAT T AND RESTORE M ID THE ANNUAL R	IONS SINCE 1973, A IORE THAN 150,000 I ELEASE OF AMERICA	MERICAN RIVERS HAS MILES OF RIVERS 'S MOST ENDANGERED
2	Did the organization undertal the prior Form 990 or 990-E	Z?			h were not listed on	┌ Yes ┌ No
	If "Yes," describe these new					
3	Did the organization cease c services?				ts, any program	┌ Yes ┌ No
	If "Yes," describe these char	iges on Sche	dule O			
4	Describe the organization's pexpenses Section 501(c)(3 grants and allocations to oth) and 501(c)	(4) organizations and se	ction 4947(a)(1) tr	usts are required to rep	
4a	(Code) (E	Expenses \$	6,369,322 includin	g grants of \$	2,134,099) (Revenue \$)
	RESTORING RIVERS A HEALTHY R POLLUTION, AND PROTECT PEOPL OF RIVERS, LEAVING MANY OF TH BACK TO LIFE WE ARE A NATION. PROTECTION SOLUTIONS THROU THE COUNTRY, WE ARE PROVING	E AND PROPER IEM LIFELESS OI AL LEADER IN R GH OUR NATIOI	TY FROM FLOODING BUT DAY R CUT OFF FROM THEIR COM EMOVING AND REFORMING C NAL RIVER CLEANUP PROGRA	MS, LEVEES AND OTHER MUNITIES AMERICAN R UTDATED DAMS AND W M, WE HELP COMMUNIT	MAN-MADE STRUCTURES D IVERS IS CHAMPIONING SOI E ARE THE VOICE FOR 21ST IES KEEP THEIR RIVERS CL	VISRUPT THE NATURAL FUNCTIONS LUTIONS THAT BRING RIVERS CENTURY NATURAL FLOOD EAN AND TRASH-FREE ACROSS
46	(Code) (E	Expenses \$	1,211,495 includin	g grants of \$	12,059) (Revenue \$)
4b	PROTECTING RIVERS HEALTHY RI		, ,		, , ,	,
	ECONOMIC BENEFITS TO LOCAL C	COMMUNITIES 1 ELONG-TERM PI SECURE WILD A BLUE TRAILS TO I GOVERNMENT	THEY ARE A VITAL PART OF OUR OTECTION FOR RIVERS MUS WID SCENIC RIVER AND OUTS PROTECT CLEAN WATER AND AGENCIES, LOCAL LAND TRU	UR HERITAGE AND ARE : IT BEGIN AT THE HEADW ITANDING RESOURCE W O CRITICAL LANDS WE /	SOURCES OF COMMUNITY I VATERS AND ENCOMPASS TH ATER DESIGNATIONS FOR D ARE PURSUING PROTECTION	DENTITY AND PRIDE IN AN ERA HE ENTIRE WATERSHED AMERICAN DESERVING RIVERS, AND WE ARE NS FOR WATERSHEDS THROUGH
	/O. I.	- 1	4 240 427		250 052 \ (B = +	,
4c	CLEAN WATER WATER WHAT CO POLLUTION FROM SEWAGE SPILLS	S AND STORMW/ AND BOATING / GHTS, FLOODS /	MPORTANT TO OUR HEALTH, ATER RUNOFF, AMERICAN RIN AND BY SAFEGUARDING SMAL	/ERS IS WORKING TO E L STREAMS AND WETLAI	NSURE THAT OUR RIVERS A NDS, WE ARE PRESERVING I	IND STREAMS ARE SAFE FOR NATURE'S ABILITY TO FILTER AND
	(0.1				10.05-1.7-	<u> </u>
	WATER SUPPLY WE ALL NEED CLE NEEDS OF OUR GROWING POPUL AS THE SOURCE OF WATER FOR I	ATION, DEVELOR MANY OF OUR C AND PREDICTAB ELS FOR WATER FUL NEW DAMS	ERE'S NO SUBSTITUTE BUT C PMENT, ENERGY PRODUCTION COMMUNITIES, RIVERS FLOW LE CLEAN WATER SUPPLIES F R EFFICIENCY AND LOW IMPA AND OTHER SHORT-SIGHTED	I, IRRIGATED AGRICULT RIGHT THROUGH THE C OR COMMUNITIES AND CT SUPPLY SOLUTIONS T WATER STORAGE PROJ	URE, AND THE CHALLENGES CENTER OF THE WATER SUP THE RIVERS ON WHICH THI THAT PROVIDE CHEAPER, FA	S BROUGHT BY CLIMATE CHANGE PLY ISSUE AMERICAN RIVERS IS EY DEPEND WE ADVOCATE AT THE ASTER, AND MORE RELIABLE
						_
4d	Other program services (D			49.226	\/Payanua #	1
_		-	ocluding grants of \$	48,236) (Revenue \$)
4e	Total program service expe	nses ⊩ \$	9,332,662			

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 $\textcircled{\textbf{5}}$	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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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? If "Yes," complete Schedule N, Part II	32		No
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</i> "Yes," complete Schedule R, Part I	33		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	· · · · · · · · · · · · · · · · · · ·			
	1a 44			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	N. T	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the	_		NI -
	year ⁷	3a		No
	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 or securities			
	account)?	4a		Νo
ь	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
r	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
•	2	5c		L_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	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).			
		7a		No
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?	/a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h	Yes	
8	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 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		
b	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	-		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11				
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,	1		
	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			
12	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	134		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the aggregate amount of reserves on hand	1		
_	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 24 Enter the number of voting members included in line 1a, above, who are 1b 24 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Yes filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes Other officers or key employees of the organization . 15b Νo If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, WA, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI 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 made these available. Check all that apply Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

- interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization RONNIE BHINES 1101 14TH STREET

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	mor unles an	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
See Additional Data Table	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
				\vdash			_			

JOHN W GLEIM JR INC EXCAVATING 625 HAMILTON ST CARLISLE, PA 17013

\$100,000 of compensation from the organization \blacktriangleright 4

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

	(A) Name and Title	(B) A verage hours per week (describe	unles ar	ion (d e tha	n on son er a	e bo ıs b nd a	x, oth)		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza		
See /	Addıtıonal Data Table						+ -					+			
												\dagger			
												\dagger			
										\perp					
												_			
												\perp			
												\perp			
1b c	Sub-Total	to Part VII. Sec	tion A	· ·	•	•		*							
d	Total (add lines 1b and 1c) .			•		•		F		1,007,283		0	78,486		
2	Total number of individuals (inc \$100,000 of reportable comper					ted	above) wh	o receive	ed more tha	an	·			
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc									t compens	ated employee	2		No	
4	For any individual listed on line									mpensatio	n from the	3		No	
	organization and related organiz	ations greater tl	nan \$1!	50,00	00?	If "Y •	'es," co	omple •	ete Sched	ule J for su	ch	4		No	
5	Did any person listed on line 1a										or individual for			140	
	services rendered to the organi	zation? <i>If</i> " <i>Yes,"</i>	complet	te Sch	edu	le J f	or suc	h per	son .			5		No	
S	ection B. Independent Cor														
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio													
	Na	(A) me and business ad	dress							Desc	(B) ription of services		(C Comper		
3602	R FLUVE INC ATWOOD AVE STE 3 SON, WI 53714									DAM REMOV	/AL			181,863	
8380	OR TECHNOLOGY SOLUTIONS COLESVILLE RD STE 550 R SPRING, MD 20910									COMPUTER	SUPPORT		149,145		
2001	VER SPRING, MD 20910 CORMICK TAYLOR DI MARKET SQUARE10TH FL LADELPHIA, PA 19103											138,704			

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

134,920

DAM REMOVAL

Part v		Statement of Revenue					
- 41		Fodowski do a servicio de la companya de la company	60.056	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
¥¥	1a	Federated campaigns 1a	68,056				
き	ь	Membership dues 1b	929,313				
ಎ್೬	l c	Fundraising events 1c	56,293				
±a La	d	Related organizations 1d					
균을		-	3,249,370				
2 H	e						
율끏	f	All other contributions, gifts, grants, and similar amounts not included above	8,150,480				
≅ इ	g	Noncash contributions included in					
늍岩		lines 1a-1f \$ \frac{326,661}{200.0000000000000000000000000000000000					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	12,453,512			
			Business Code				
e ⊒	2a	 	Susmess code				
že.							
윤	b						
မှ	C						
90 24	d						
Q.	e						
Program Serwce Revenue	f	All other program service revenue					
§ 2							
	g	Total. Add lines 2a-2f	▶				
	3	Investment income (including dividends,	ınterest				
		and other similar amounts)	. ▶	48,604			48,604
	4	Income from investment of tax-exempt bond prod	ceeds 🕨				
	5	Royalties	▶	658			658
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount 351,402 from sales of					
		assets other					
	١	than inventory Less cost or 326,509					
	b	other basis and					
		sales expenses Gain or (loss) 24,893					
	c		▶	24,893			24,893
	d	Net gain or (loss)		24,093			24,693
Other Revenue	8a	s of contributions reported on line 1c) See Part IV, line 18					
č		a	156 207				
<u>a</u>	ь	Less direct expenses b	156,207				
둙	c	Net income or (loss) from fundraising eve	142,504 ents • •	13,703			13,703
~	9a	Gross income from gaming activities		15,. 55			_5,. 55
	Ja	See Part IV, line 19					
	ь	Less direct expenses b					
	C	Net income or (loss) from gaming activiti	es 🛌				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of invent	ory ►				
			Business Code				
	11a	MISCELLANEOUS	999999	126,415			126,415
	ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		126,415			
	12	Total revenue. See Instructions	· •	12,667,785	0	0	214,273

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,453,247	2,453,247		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	532,120	73,985	416,207	41,928
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	4,789,381	3,320,736	495,247	973,398
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	112,837	75,619	14,157	23,061
9	Other employee benefits	228,159		16,504	48,279
10	Payroll taxes	400,660	· ·	66,863	76,409
11	Fees for services (non-employees)	,	,	,	<u>·</u> _
а	Management				
ь	Legal	127,086	126,671	326	89
c	Accounting	27,000	,	27,000	
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17	118,028			118,028
f	Investment management fees				<u>·</u>
g	Other	2,219,051	1,771,988	195,547	251,516
12	Advertising and promotion				
13	Office expenses	910,188	465,264	56,181	388,743
14	Information technology				
15	Royalties				
16	Occupancy	583,937	307,565	171,101	105,271
17	Travel	335,711	240,404	18,355	76,952
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	94,261	41,798	39,669	12,794
20	Interest	59		59	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	96,603	33,702	51,653	11,248
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				_
а	OTHER	84,819	919	83,616	284
b					
С					_
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	13,113,147	9,332,662	1,652,485	2,128,000
26	Joint costs. Check here ▶ ▽ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	629,959	389,554	0	240,405
	a constant of the second of th	•		Fo	rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 527,486 972,118 1 704.101 2 1.277.634 2 3 6.057.092 5,039,449 1.035.007 884.292 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Schedule L 7 8 9 196,396 9 241,401 Prepaid expenses and deferred charges 620.535 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 428,736 b Less accumulated depreciation 262,554 **10c** 191,799 1,872,618 11 1,884,083 11 710,313 12 727,776 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 15 15 11,383,030 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 11,201,089 695,512 17 962,367 17 Accounts payable and accrued expenses . 18 18 19 29,510 19 5,449 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 266,071 25 300,965 D 26 991,093 26 1,268,781 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 850,779 27 991,628 Unrestricted net assets 7,821,359 28 7,215,742 28 Temporarily restricted net assets Fund 29 1,719,799 29 1,724,938 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 ¥ 33 Total net assets or fund balances 10.391.937 33 9.932.308 34 Total liabilities and net assets/fund balances 11.383.030 11.201.089

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12.6	567,785
2	Total expenses (must equal Part IX, column (A), line 25)	2			113,147
3	Revenue less expenses Subtract line 2 from line 1	3			145,362
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,3		391,937
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-14,267
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		9,9	932,308
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				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?		2a		No
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 taudit, 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 is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	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?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

Public Charity Status and Public Support SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN RIVERS INC

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

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

Inspection **Employer identification number**

23-7305963

_			_						123 7303						
	rt I		Reason for Public Charity Status (All organizations must complete this part.) See instructions												
he c	organı:		n is not a private foundation because it is (For lines 1 through 11, check only one box) hurch, convention of churches, or association of churches section 170(b)(1)(A)(i).												
1	Γ	A churc	h, convent	on of churches, or a	ssociation of	fchurches	section 170(b)(1)(A)(i)							
2	Γ	A schoo	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sche	dule E)								
3	Γ	A hospi	tal or a coo	perative hospital se	rvice organiz	zatıon desc	cribed in secti	on 170(b)(:	L)(A)(iii).						
4	Γ			h organization operat ity, and state	ted in conjun	iction with	a hospital des	scribed in s e	ection 170(b)	(1)(A)(iii).	Enter the				
5	Г	An orga	ınızatıon op	erated for the benefi	t of a college	or univer	sity owned or	operated by	a governmer	ntal unit des	cribed in				
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)										
6	\vdash	A feder	al, state, or	local government or	government	governmental unit described in section 170(b)(1)(A)(v).									
7	<u>~</u>	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of it	s support fror	n a governn	nental unit or	from the ger	neral publi	С			
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)													
9	<u></u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									oss				
-	receipts from activities related to its exempt functions—subject														
		· ·		oss investment inco	•	-						:			
				janızatıon after June						,					
LO	Г														
. 1	<u></u>	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry o									the purpo	ses of			
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Section by Type II c Type III - Functionally integrated d									See section		.Check				
e f g	l	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the													
			g persons?							`	- N				
				rectly or indirectly c			_	i persons a	escribed in (ii		Yes	No			
			•	governing body of th		_	zation?				g(i)	 			
			-	er of a person descri			h 2				g(ii)	 			
					rson described in (i) or (ii) above? Dut the supported organization(s)										
h		Provide	the followi	ng information about	the supporte	ed organiza	ation(s)								
(i) Name suppor organiza		of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	Did you no organiza col (i) o	otify the tion in if your	(vi Is ti organiza col (i) or in the l	he tıon ın ganızed	A mo	vii) ount of oport?			
				instructions))	Yes	No	Yes	No	Yes	No					
				•											
ot a															

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	<u> </u>	•		, ,		•	
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,502,01	5 8,980,985	12,708,965	15,508,638	12	,453,512	57,154,115
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	7,502,01	8,980,985	12,708,965	15,508,638	12	,453,512	57,154,115
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							3,371,100
6	(f) Public Support. Subtract line 5							53,783,015
	from line 4 ection B. Total Support							
	endar year (or fiscal year	() 2007	42.000	(),,,,,,	(D 2242			
	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20		(f) Total
7	A mounts from line 4	7,502,015	8,980,985	12,708,965	15,508,638	12	,453,512	57,154,115
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	447,838	222,137	67,032	48,626		48,604	834,237
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	21,421	28,750	15,342	159,488		126,415	351,416
11	Total support (Add lines 7 through 10)							58,339,768
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ıon's fırst, second	, third, fourth, or t	fifth tax year as a	501(c)(3	3) organı	zation, ▶┌
	ection C. Computation of Pu							
14	Public Support Percentage for 201			11 column (f))		14		92 190 %
15	Public Support Percentage for 201	·	·			15		90 910 %
16a	33 1/3% support test—2011. If the and stop here. The organization qu				line 14 is 33 1/3%	or more	, check	this box ► ▼
b	33 1/3% support test—2010. If th	e organızatıon dıd	l not check the bo	x on line 13 or 16	5a, and line 15 is	33 1/3%	or more,	
17-	box and stop here. The organization				no 12 165 or 16	h and line	. 1 4	▶□
1/a	10%-facts-and-circumstances test is 10% or more, and if the organization	ation meets the "	facts and circums	tances" test, che	ck this box and st	op here.	Explain	L
	in Part IV how the organization me organization	ets the "facts an	a circumstances"	test ine organiz	ation qualifies as	a publici	y suppor	ted ▶┌
b	10%-facts-and-circumstances test							
	15 is 10% or more, and if the orga Explain in Part IV how the organization	ation meets the "	facts and circums	tances" test The	e organization qua	lifies as a	publicly	y ▶[
18	Private Foundation If the organiza instructions	tion did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493317002242

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Yes

Yes

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

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of t	the	org	anı:	zatıon
AMERIC	AN	RIVE	RS	INC	

Employer identification number

23-7305963

Part I-A	Complete if	the organization i	<u>s exempt under se</u>	ction 501(c) o	or is a section 527	⁷ organization.

- in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

	Part I-B	Comple	te if the o	rganization is	exempt under	section 501(c)(3).
--	----------	--------	-------------	----------------	--------------	--------------	--------

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

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

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

section 4911 tax for this year?

┌ Yes ┌ No

		. 49
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election
	under section 501(h)).	

Α	Check	$\overline{}$	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)

B Check ☐ If the filing organization checked box A and "limited control" provisions apply

	Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$1,700,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	12,349	
b	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Total exempt purpose expenditures (add lines 1c and 1d) Total exempt purpose expenditures (add lines 1c and 1d) Total exempt purpose expenditures (add lines 1c and 1d) Total exempt purpose expenditures (add lines 1c and 1d) Total exempt purpose expenditures (add lines 1c and 1d) Total exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures Total lobbying expenditures Total lobbying Total lobbying	96,132		
c		108,481		
d	Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 S225,000 plus 5% of the excess over \$1,500,000		13,526,374	
e	Total exempt purpose expenditures (add lines 1	13,634,855		
f		rom the following table in both	831,743	
		1 , -		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	207,936	
h	Subtract line 1g from line 1a If zero or less, ento	er - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	reporting	□ Vos. □ No.	

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) Total beginning in) 610,350 738,395 823,177 831,743 Lobbying non-taxable amount 3,003,665 Lobbying ceiling amount 4,505,498 (150% of line 2a, column(e)) 168,698 78,942 108,481 Total lobbying expenditures 101,592 457,713 207,936 Grassroots non-taxable amount 152,588 184,599 205,794 750,917 Grassroots ceiling amount 1,126,376 (150% of line 2d, column (e)) 30,778 5,855 12,349 Grassroots lobbying expenditures 13,726 62,708

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

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

Identifier | Return Reference | Explanation

DLN: 93493317002242

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► 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 2 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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 ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat 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

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during									
	the taxable year 🛌									
4	Number of states where property subject to conservation easement is located ▶									
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ Yes	┌ No							
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌									
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year									
	▶ \$									
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	┌ Yes	┌ No							
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, as balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descrete 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

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

(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

Assets included in Form 990, Part X

Schedule D (Form 990) 2011

Cat No 52283D

Part	IIII Organizations Maintaining Co	llections of Art,	Hist	orio	cal Tre	easu	res, or C	the	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of the	e foll	_		_			n	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and explain	n how	they	further	the o	rganızatıor	ı's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Complet	te ıf t	the o	organiz	ation			es" to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	Jian or other intermed	diary 1	for c	ontribut	ions o	r other ass	etsı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the fo	ollowi	ng ta	ble		_				
									Amo	unt	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				_		Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	J									
	t V Endowment Funds. Complete		ansv	vere	d "Yes	" to F	orm 990,	Par	t IV, line 10.		
		(a)Current Year	(b) P	rior Y	ear	(c) Tw	o Years Back	(d		e) Four \	ears Back
1a	Beginning of year balance	1,735,078		1,	530,427		1,493,68	1	1,786,556		
b	Contributions	5,136							50,175		
С	Investment earnings or losses	40,429			270,898		107,24	2	-265,983		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	69,512			66,247		70,49	6	77,067		
f	Administrative expenses										
g	End of year balance	1,711,131		1,	735,078		1,530,42	7	1,493,681		
2	Provide the estimated percentage of the year	r end balance held a	s								
а	Board designated or quasi-endowment										
ь	Permanent endowment 100 000 %										
c	Term endowment ▶										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tl	hat a	re held	and a	dministere	d for	the		
	organization by	obion of the organiza								Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•						•	3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipme	ent. See Form 990), Pai				1		I	I	
	Description of property) Cost or is (invest		(b)Cost or basis (oth		(c) Accumulated depreciation	(d) B	ook value
1a	and										
	Buildings		•								
D I			_	1			1	5,915	52,361		
	easehold improvements		•				8:		32,301		33,554
c l	Equipment							, 1,620	,		
c l	· ·	· · · · · · · · · · · · · · · · · · ·	· •						,		33,554 158,245

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end o	year market value
(2)Closely-held equity interests			
(3)Other			
(A) VANGUARD TOTAL STOCK MARKET	710,313		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	710,313		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
——————————————————————————————————————	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir			
(a) Descrip	otion		(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	(, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
CHARITABLE GIFT ANNUITIES	100,916		
DEFERRED RENT	162,733		
DEPOSITS PAYABLE	37,316		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	300,965		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,667,785
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,113,147
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-445,362
4	Net unrealized gains (losses) on investments	4	-14,267
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-14,267
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-459,629
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	12,988,582
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	320,797
3	Subtract line 2e from line 1	3	12,667,785
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,667,785
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	13,448,211
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 142,504		
e	Add lines 2a through 2d	2e	335,064
3	Subtract line 2e from line 1	3	13,113,147
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,113,147

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE INCOME TAX POSITIONS TAKEN BY AMERICAN RIVERS FOR ANY YEARS OPEN UNDER THE VARIOUS STATUTES OF LIMITATIONS ARE THAT AMERICAN RIVERS CONTINUES TO BE EXEMPT FROM INCOME TAXES AND THAT THEY HAVE PROPERLY REPORTED UNRELATED BUSINESS INCOME THAT IS SUBJECT TO INCOME TAXES AMERICAN RIVERS BELIEVES THAT THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY INCREASE UNRECOGNIZED TAX LIABILITIES WITHIN 12 MONTHS OF THE REPORTING DATE NONE OF AMERICAN RIVERS' FEDERAL OR STATE INCOME TAX RETURNS ARE CURRENTLY UNDER EXAMINATION HOWEVER, FISCAL YEARS 2009 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE IRS AND STATE AUTHORITIES
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES NETTED WITH REVENUE 142,504
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES NETTED WITH REVENUE 142,504

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493317002242

OMB No 1545-0047

(Form 990 or 990-EZ)

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. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization AMERICAN RIVERS INC

Employer identification number

23-7305963

Part I	Fundraising Activities.	Complete if the organizatio	n answered "Yes" to Form 990	, Part IV, line 17.
--------	--------------------------------	-----------------------------	------------------------------	---------------------

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- ▼ In-person solicitations

- e Solicitation of non-government grants
- f Solicitation of government grants
- **a**

 ✓ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
- (i) Name and address of (ii) Activity (iv) Gross receipts (v) A mount paid to (vi) A mount paid to (iii) Did ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No STATEGIC MAL WARWICK ASSOCIATES FUNDRAISING & 2550 9TH ST DONOR Nο 86,810 -86,810 DEVELOPMENT BERKELEY, CA 94710 KERI RINNE CALIFORNIA 410 NEALST REGIONAL 0 -24,245 Νo 24,245 FUNDRAISING GRASS VALLEY, CA 95945 PLANNING 111,055 -111,055
- 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

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, lineipts greater than \$5,0	e 18, or reported 000.
			(a) Event #1 GIVE A DAM DINNER/AUCT	(b) Event #2 NW DINNER & AUCTION	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
E Le	1	Gross receipts	110,888	80,098	21,514	212,500
Revenue	2	Less Charitable contributions	29,095	26,130	1,068	56,293
	3	Gross income (line 1 minus line 2)	81,793	53,968	20,446	156,207
	4	Cash prizes				
မှာ က	5	Non-cash prizes	30,039	20,946	11,195	62,180
ense	6	Rent/facility costs	4,330	2,300		6,630
Expenses	7	Food and beverages	22,521	12,164	5,000	39,685
Direct	8	Entertainment				
Δ	9	Other direct expenses .	27,025	6,020	964	34,009
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(142,504)
	11	Net income summary Combine III	nes 3 and 10 ın column (d)		13,703
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ မွ	2	Cash prizes				
pens	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
	6	Volunteer labor	Γ Yes Γ Nο	┌ Yes	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)	•	()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	•	
9	Ente	er the state(s) in which the organiza	ition operates gaming act	civities		
a b	If"ľ	he organization licensed to operate No," Explain				
10a b	Wer	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

Employer identification number

DLN: 93493317002242

Inspection

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

23-7305963 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

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.

Identifier	Return Reference	Explanation
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) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization AMERICAN RIVERS INC Employer identification number

23-7305963

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION CHANGED ITS ARTICLES OF INCORPORATION WITH RESPECT TO THE DISSOLUTION CLAUSE AND THE IRREVOCABLE DEDICATION CLAUSE. THE REVISED CLAUSES ARE THE PROPERTY OWNED BY THIS ORGANIZATION IS IRREVOCABLY DEDICATED TO CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, AND NO PART OF THE NET INCOME OR ASSETS OF THIS CORPORATION SHALL EVER INURE TO THE BENEFIT OF ANY DIRECTOR, OFFICER OR MEMBER THEREOF OR TO THE BENEFIT OF ANY PRIVATE PERSON UPON THE DISSOLUTION OF THE CORPORATION, THE BOARD OF DIRECTORS SHALL DIRECT THE DISTRIBUTION OF ALL ASSETS REMAINING AFTER PAYMENT, OR PROVISION FOR PAYMENT, OF ALL DEBTS AND LIABILITIES OF THIS CORPORATION, TO A NONPROFIT FUND, FOUNDATION OR CORPORATION WHICH IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES, WITH A MISSION FOCUSED ON ENVIRONMENTAL CONSERVATION, AND WHICH HAS ESTABLISHED ITS TAX EXEMPT STATUS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION FOR ANY FUTURE FEDERAL TAX CODE
	FORM 990, PART VI, SECTION B, LINE 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 ACCOUNTING FIRM WHEN THE FORM HAS BEEN ACCEPTED BY THE AUDIT COMMITTEE ON BEHALF OF THE FULL BOARD, IT IS SHARED WITH THE FULL BOARD THE FORM IS THEN SIGNED BY THE PRESIDENT, CHIEF OPERATING OFFICER, OR VP OF FINANCE AND ADMINISTRATION
	FORM 990, PART VI, SECTION B, LINE 12C	ALL NEW BOARD MEMBERS ARE REQUIRED TO SIGN THIS DOCUMENT PROMPTLY UPON COMMENCEMENT OF THEIR BOARD SERVICE AND ALL BOARD MEMBERS SHALL REVIEW AND RE-SIGN THE POLICY EVERY YEAR
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE COMPILES DATA ON CEO SALARIES FOR COMPARABLE ORGANIZATIONS AND USES THIS INFORMATION TO DETERMINE THE APPROPRIATE SALARY FOR AMERICAN RIVERS' PRESIDENT THE COMPENSATION COMMITTEE REVIEWS THE FINDINGS OF A PERIODIC COMPENSATION SURVEY CONDUCTED BY AN EXTERNAL CONSULTANT TO DETERMINE THE APPROPRIATE SALARY AND ANY FRINGE BENEFITS FOR THE PRESIDENT
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -14,267

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493317002242

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶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-/305963			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of de contribution	etermı	_	
	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household							
_	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	21	264 481	FAIR VALUE			
	Securities—Closely held stock .		21	204,401	TAIR VALUE			
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	AUCTION Other►(ITEMS)	l x	108	62 180	DONOR PROVIDED)		
	Other ► (112113)		100	02,100	DONORTROVIDEE			
	Other ►()							
	Other ► ()						-	
29	Number of Forms 8283 received	bv the ora	anization during the tax ve	ar for contributions				
	for which the organization compl				29			
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part :	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e thırd part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Additional Data

Software ID: **Software Version:**

EIN: 23-7305963

Name: AMERICAN RIVERS INC.

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

) (Expenses \$ 533,418 including grants of \$ 48,236) (Revenue \$ (Code WATER SUPPLY WE ALL NEED CLEAN WATER THERE'S NO SUBSTITUTE BUT OUR NATION'S FINITE WATER SUPPLIES ARE

UNDER INCREASING STRESS FROM THE NEEDS OF OUR GROWING POPULATION, DEVELOPMENT, ENERGY PRODUCTION, IRRIGATED AGRICULTURE, AND THE CHALLENGES BROUGHT BY CLIMATE CHANGE AS THE SOURCE OF WATER FOR MANY OF OUR COMMUNITIES, RIVERS FLOW RIGHT THROUGH THE CENTER OF THE WATER SUPPLY ISSUE AMERICAN RIVERS IS WORKING TO SECURE RELIABLE AND PREDICTABLE CLEAN WATER SUPPLIES FOR COMMUNITIES AND THE RIVERS ON WHICH THEY DEPEND WE ADVOCATE AT THE NATIONAL. STATE AND LOCAL LEVELS FOR WATER EFFICIENCY AND LOW IMPACT SUPPLY SOLUTIONS THAT PROVIDE CHEAPER, FASTER, AND MORE RELIABLE WATER THAN COSTLY AND HARMFUL NEW DAMS AND OTHER SHORT-SIGHTED WATER STORAGE PROJECTS AND WE WORK TO PROTECT THE WATER FLOWING IN RIVERS. SO THAT IT CAN CONTINUE TO NOURISH OUR COMMUNITIES FOR YEARS TO COME

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) (C) Average Position (check all that apply) per that apply							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
SWEP DAVIS	4 00	Х		Х				0	0	0
CHAIR NORA HOHENLOHE VICE CHAIR	4 00	×		X				0		0
ROBERT MCDERMOTT JR TREASURER	4 00	Х		Х				0	0	0
DOROTHY BALLANTYNE SECRETARY	4 00	Х		Х				0	0	0
VICTOR ASHE DIRECTOR	2 00	Х						0	0	0
RUSS DAGGATT DIRECTOR	2 00	X						0	0	0
SYLVIA EARLE DIRECTOR	2 00	Х						0	0	0
RAY GARDNER DIRECTOR	2 00	Х						0	0	0
MICHAEL GEWIRZ DIRECTOR	2 00	Х						0	0	0
JAVIER GONZALES DIRECTOR	2 00	X						0	0	0
LAURA KRACUM DIRECTOR	2 00	Х						0	0	0
RICK LEGON DIRECTOR	4 00	X						0	0	0
AMANDA LEITER DIRECTOR	2 00	Х						0	0	0
LISEL LOY DIRECTOR	2 00	Х						0	0	0
JAY MILLS DIRECTOR	2 00	Х						0	0	0
JEFF MOUNT DIRECTOR	4 00	Х						0	0	0
JEFF NIELSEN DIRECTOR	2 00	Х						0	0	0
GORDON PHILPOTT DIRECTOR	2 00	Х						0	0	0
MARIE RIDDER DIRECTOR	2 00	Х						0	0	0
ANNE SHIELDS DIRECTOR	2 00	Х						0	0	0
TOM SKERRITT DIRECTOR	2 00	Х						0	0	0
AUSTIN STEPHENS DIRECTOR	2 00	Х						0	0	0
ALEXANDER TAYLOR DIRECTOR	2 00	Х						0	0	0
BRIAN UNMACHT DIRECTOR	2 00	Х						0	0	0
EDWARD WHITNEY DIRECTOR	2 00	Х						0	0	0

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

(A) Name and Title	(B) Average hours		(ition that a	•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
TONY WILLIAMS DIRECTOR	2 00	Х						0	0	0
DAN REICHER DIRECTOR	2 00	Х						0	0	0
PHIL REVER DIRECTOR	2 00	Х						0	0	0
REBECCA WODDER PRESIDENT	40 00			Х				114,695	0	4,216
WILLIAM LEE COO, ASST SECRETARY	40 00			X				131,569	0	14,614
KRISTIN MAY VP OF FINANCE AND ADMIN	40 00			X				118,989	0	8,421
WILLIAM IRVIN PRESIDENT	40 00			X				98,557	0	3,483
ANDREW FAHLUND SENIOR VICE PRESIDENT	40 00					Х		133,048	0	13,878
JENNIFER LEVINE VICE PRESIDENT	40 00					х		105,276	0	7,928
ELIZABETH OTTO VICE PRESIDENT	40 00					Х		101,316	0	10,305
JOHN CAIN PROGRAM DIRECTOR	40 00					Х		102,965	0	3,332
ELIZABETH SODERSTROM PROGRAM DIRECTOR	40 00					Х		100,868	0	12,309

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) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND CONSERVANCY OF ADAMS COUNTY INCPO BOX 4584 GETTYSBURG, PA 17325	23- 2827874	501 (C)(3)	225,000				RIVER RESTORATION
COMMONWEALTH OF MASSACHUSETTS 251 CAUSEAY ST STE 400 BOSTON,MA 02114	04- 6002284		144,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND DEPARTMENT OF NATURAL RESOURCES580 TAYLOR AVENUE ANNAPOLIS, MD 21401	52- 6002033		127,045				RIVER RESTORATION
AMERICAN WHITEWATERPO BOX 1540 CULLOWHEE,NC 28723	23- 7083760	501 (C)(3)	119,191				HYDROPOWER REFORM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES GEOLOGICAL SURVEYMS 271 NATIONAL CENTER RESTON, VA 20192	84- 1024566		101,784				RIVER RESTORATION
ISLAMIC SOCIETY OF MILWAUKEE 4707 S 13TH ST MILWAUKEE, WI 53221	39- 1255451	501 (C)(3)	95,300				CLEAN WATER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERAL MILLS INC4625 S 6TH ST MILWAUKEE, WI 53221	41- 0274440		94,500				CLEAN WATER
LOWER NEHALEM WATERSHED COUNCILPO BOX 249 MEHALEM, OR 97131	91- 1826263	501 (C)(3)	90,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURAL HERITAGE INSTITUTE100 PINE ST SUITE 1550 SAN FRANCISCO, CA 94111	94- 3099600	1 5017637	90,000				HYDROPO WER REFORM
FRIENDS OF THE RIVER1418 20TH ST SUITE 100 SACRAMENTO,CA 95811	94- 2400210	1 5017(3)	83,925				HYDROPO WER REFORM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPARTMENT OF PARKS AND RECREATIONPO BOX 942896 SACRAMENTO,CA 94296	68- 0303606		78,246				RIVER RESTORATION
COUNTY OF VENTURA 800 S VICTORIA AVENUE 1030 VENTURA, CA 93009	95- 6000944		75,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NECANICUM WATERSHED COUNCILPO BOX 474 SEASIDE, OR 97138	93- 1235402	1 501767731	74,452			RIVER RESTORATION
NEW HAMPSHIRE DEPT OF ENVIRONMENTAL SERVICESPO BOX 95 29 HAZEN DR CONCORD, NH 03302	02- 6000618		60,000			RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROUT UNLIMITED1300 N 17TH ST SUITE 500 ARLINGTON, VA 22209	38- 1612715	501 (C)(3)	55,425				HYDROPOWER REFORM
SCAPPOOSE BAY WATERSHED COUNCIL57420 2 OLD PORTLAND ROAD WARREN, OR 97053	93- 1266389	501 (C)(3)	54,485				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY DEPT OF ENVIRONMENTAL PROTECTIONPO BOX 420 TRENTON,NJ 08625	21- 6000928		44,096				RIVER RESTORATION
CROOKED RIVER WATERSHED COUNCIL498 SE LYNN BLVD PRINEVILLE, OR 97756	20- 8993301	501 (C)(3)	42,600				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	1 2 2	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO RIVERS UNITEDPO BOX 633 BOISE,ID 83701	82- 0439916	1 5017637	40,320				HYDORPOWER REFORMHYDROPOWER REFORM
PIEDMONT CONSERVATION COUNCIL721 FOSTER ST RM 228 DURHAM, NC 27701	58- 1798988	1 5017637	39,540				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA SPORTFISHING PROTECTION ALLICANCE1248 E OAK AVENUE UNIT D WOODLAND, CA 95776	68- 0004105	501 (C)(3)	35,025				HYDRO PO WER REFO RM
STONY BROOK MILLSTONE WATERSHED ASSOCIATION31 TITUS MILL ROAD PENNINGTON,NJ 08534	21- 0649717	501 (C)(3)	35,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NEIGHBORHOOD TECHNOLOGY2125 WNORTH AVE CHICAGO,IL 60647	36- 2967283	501 (C)(3)	34,900			CLEAN WATER
WILDLANDS CONSERVANCY3701 ORCHID PLACE EMMAUS PA 18049	23- 7401326	501 (C)(3)	33,000			RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA TROUT870 EMERALD BAY RD STE 3030 SOUTH LAKE TAHOE,CA 96150	23- 7097680	501 (C)(3)	32,925				HYDROPOWER REFORM
SOUTH YUBA RIVER CITIZENS LEAGUE216 MAIN STREET NEVADA CITY,CA 95959	68- 0171371	501 (C)(3)	32,925				HYDROPOWER REFORM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALAPOOIA WATERSHED COUNCILPO BOX 844 BROWNSVILLE,OR 97327	26- 4228349	501 (C)(3)	30,000				RIVER RESTORATION
GREAT WORKS REGIONAL LAND TRUSTPO BOX 151 SOUTH BERWICK, MD 03908	22- 2736228	501 (C)(3)	30,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR WATER EFFICIENCY300 W ADAMS ST STE 601 CHICAGO,IL 60606	30- 0416781	501 (C)(3)	28,000				WATER SUPPLY
CITY OF STAUNTONPO BOX 58 STAUNTON, VA 24402	54- 6001631		25,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WAYNESBORO 503 WEST MAIN ST WAYNESBORO, VA 22980	54- 6001673		25,000				RIVER RESTORATION
POTOMAC CONSERVANCY 8601 GEORGIA AVE STE 612 SILVER SPRING, MD 20910	52- 1842501	501 (C)(3)	25,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY55 CHURCH ST FL3 NEW HAVEN, CT 06510	53- 0242652	501 (C)(3)	21,741				RIVER RESTORATION
FLINT RIVERKEEPER PO BOX 468 ALBANY,GA 31702	26- 3179215	501 (C)(3)	20,000				WATER SUPPLY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETTEW ASSOCIATES INC 3020 COLUMBIA AVE LANCASTER,PA 17603	23- 1712637		19,642				RIVER RESTORATION
COALITION FOR BUZZARDS BAY INC620 BELLEVILLE AVE NASHAWENA MILLS NEW BEDFORD, MA 02745	04- 2971978	501 (C)(3)	19,600				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH YUBA RIVER CITIZENS LEAGUE216 MAIN STREET NEVADA CITY, CA 95959	68- 0171371	501 (C)(3)	18,491				RIVER RESTORATION
SIERRA NEVADA ALLIANCEPO BOX 7989 SOUTH LAKE TAHOE,CA 96158	77- 0343881	501 (C)(3)	17,500				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOTHILL CONSERVANCYPO BOX 1255 PINE GROVE, CA 95665	68- 0205572	1 501 (C) (3)	15,000				HYDROPOWER REFORM
CALIFORNIA OUTDOORSPO BOX 475 COLOMA,CA 95613	45- 3804697		14,475				HYDROPOWER REFORM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSCONETCONG WATERSHED ASSOCIATIONPO BOX 113 ASBURY,NJ 08802	22- 3199292	1 501 (C) (3)	11,600				RIVER RESTORATION
SAN GREGORIO ENVIRONMENTAL RESOURCE CENTER PO BOX 49 SAN GREGORIO, CA 94074	94- 3083465	I 501 (C) (3)	11,470				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPINE WATERSHED GROUPPO BOX 296 MARKLEEVILLE,CA 96120	83- 0411414	501 (C)(3)	10,919				RIVER RESTORATION
ENVIRONMENT AMERICA RESEARCH POLICY CTR218 D ST SE WASHINGTON, DC 20003	13- 4339865	501 (C)(3)	10,000				CLEAN WATER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUOLUMNE RIVER TRUST111 NEW MONTGOMERY ST STE 205 SAN FRANCISCO, CA 94105	94- 2834151	501 (C)(3)	10,000				HYDROPOWER REFORM
GREAT LAKES ST LAWRENCE CITIES INITIATIVE 20 N WACKER DR STE 2700 CHICAGO, IL	20- 1628958	501 (C)(3)	8,485				CLEAN WATER

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PACIFIC FOREST TRUST INC1001A OREILLY AVE SAN FRANCISCO, CA 94129	68- 0292509	1 5017637	8,393		other)		RIVER RESTORATION
VIRGINIA COMMONWEALTH UNIVERSITY FOUNDATION828 WEST FRANKLIN ST PO BOX 842026 RICHMOND, VA 23284	54- 0757884	1 501 (C) (3)	50,000				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN MATEO RESOURCE CONSERVATION DISTRICT625 MIRAMONTES ST STE 103 HALF MOON BAY, CA 94019	68- 0292509		8,200				RIVER RESTORATION
INSTITUTE FOR BIRD POPULATIONS 11435 STATE ROUTE 1 STE 23 POINT REYES STATION, CA 94956	68- 0175012	1 501 (C)(3)	7,909				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART GROWTH AMERICA1707 L ST NW STE 1050 WASHINGTON, DC 20036	27- 0038938	501 (C)(3)	7,400		oc.ici)		CLEAN WATER
STETSON ENGINEERS INC 2171 E FRANCISCO BLVD STE K SAN RAFAEL, CA 94901	94- 2452155		7,301				RIVER RESTORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUCKEE RIVER WATERSHED COUNCIL10418 DONNER PASS RD 8 TRUCKEE, CA 96161	91- 1818748	501 (C)(3)	6,875				RIVER RESTORATION