## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

| Α                         | For th                  | ne 2023 calend   | dar year, or tax year beginı   | ning  | , 202                  | 3, and endin                        | g              |                  | , 2            | 20              |      |
|---------------------------|-------------------------|--|--|---|------------------------|-------------------------------------|----------------|------------------|----------------|-----------------|------|
| В                         | Check i                 | f applicable:  | С  |   |                        |                                     |                | D Employ         | er identifi    | cation number   |      |
|                           | Ad                      | ldress change  | COLUMBIA RIVERKE   | EPER  |                        |                                     |                | 91 –             | 15834          | 92              |      |
|                           |                         | ame change   | P.O. BOX 950   | DI DI   |                        |                                     | -              | E Telepho        |                |                 |      |
|                           |                         | -  | HOOD RIVER, OR 9   | 7031  |                        |                                     |                | ·                |                |                 |      |
|                           | Ini                     | tial return  | lioob kivik, ok 3  | 7031  |                        |                                     | L              | (54              | 1) 38          | 7-3030          |      |
|                           | Fin                     | al return/terminated   |  |   |                        |                                     |                |                  |                |                 |      |
|                           | An                      | nended return  |  |   |                        |                                     |                | <b>G</b> Gross r | eceipts \$     | 5,571,          | 934. |
|                           | Ap                      | plication pending  | F Name and address of principa   | l officer: TAIIDEN                                      | COLDBEBC               |                                     | H(a) Is this a | group return     | for subord     | inates? Yes     | X No |
|                           | ш.                      |  | SAME AS C ABOVE  | HAUKLIN   | GOLDDLIG               |                                     | H(b) Are all s | subordinates     | included?      | Yes             | No   |
| $\overline{}$             | Tay                     | exempt status:   | X   501(c)(3)   501(c) (   | ) (insert no.   | ) 4947(a)(1) (         | or 527                              | If "No,"       | attach a list    | . See instr    | uctions.        |      |
| ÷                         |                         | •  |  |   | ) 4347(a)(1) (         | JI 327                              |                |                  |                |                 |      |
| J                         |                         |  | LUMBIARIVERKEEPE   | R.ORG   |                        |                                     | H(c) Group e   |                  |                |                 |      |
| K                         |                         | of organization:   | X Corporation Trust  | Association Othe  | r <b>L</b>             | <ul> <li>Year of formati</li> </ul> | ion: 1989      | ) M s            | State of leg   | al domicile: WA |      |
| Pa                        | art I                   | Summar   |  |   |                        |                                     |                |                  |                |                 |      |
|                           | 1                       | Briefly describ  | be the organization's mission  | on or most significa                                    | nt activities: CC      | LUMBIA :                            | RIVERKE        | EEPER'           | S MIS          | SION IS :       | ГО   |
| a                         |                         | PROTECT  | AND RESTORE THE  | WATER QUALIT  | Y OF THE C             | OLUMBIA                             | RIVER          | AND A            | LL LI          | FE CONNEC       | CTED |
| ĕ                         |                         |  | ROM THE HEADWATE   |   |                        |                                     |                |                  |                |                 |      |
| ä                         |                         |  |  |   |                        |                                     |                |                  |                |                 |      |
| ē                         | 2                       | Check this bo  | if the organization  | n discontinued its o                                    | perations or disc      | osed of mor                         | e than 25%     | 6 of its n       | et assets      | <br>S.          |      |
| ၓ                         |                         |  | ting members of the govern   |   |                        |                                     |                |                  | 3              |                 | 9    |
| ∘ઇ                        | 4                       | Number of inc  | dependent voting members   | of the governing b                                      | ody (Part VI, line     | : 1b)                               |                |                  | 4              |                 | 9    |
| <u>.e</u>                 | 5                       | Total number   | of individuals employed in   | calendar year 2023                                      | 3 (Part V, line 2a     | 1)                                  |                |                  | 5              |                 | 26   |
| Activities & Governance   |                         |  | of volunteers (estimate if r   |   |                        |                                     |                |                  | 6              |                 | 300  |
| 支                         |                         |  | ed business revenue from F   |   |                        |                                     |                |                  | 7a             |                 | 0.   |
| _                         |                         |  | business taxable income f  | •   |                        |                                     |                |                  | 7b             |                 | 0.   |
|                           |                         |  |  |   |                        |                                     |                | ior Year         | 7.5            | Current Ye      |      |
|                           | Ω                       | 8 Contributions and grants (Part VIII, line 1h)  |  |   |                        |                                     |                |                  | 30             | 5,408,          |      |
| e                         |                         |  | rice revenue (Part VIII, line  |   |                        |                                     |                | <u>, 317, 9</u>  | 739.           | 3,400,          | 004. |
| Revenue                   |                         |  | come (Part VIII, column (A   |   |                        |                                     |                | 22.5             | 11             | 107             | EE / |
| ě                         |                         |  | -  | •   | -                      |                                     |                | 23,3             |                |                 | 554. |
|                           |                         |  | e (Part VIII, column (A), lin  |   | •                      |                                     |                | 209,8            |                |                 | 576. |
|                           |                         |  | e – add lines 8 through 11   |   |                        |                                     |                | ,551,1           |                | 5,571,          |      |
|                           |                         |  | milar amounts paid (Part I)  |   | •                      |                                     |                | 249,0            | DOI.           | 64,             | 000. |
|                           |                         | •  | to or for members (Part IX   | • •   | •                      |                                     |                |                  |                |                 |      |
| "                         | 15                      | Salaries, other  | er compensation, employee  | benefits (Part IX,                                      | column (A), lines      | 5-10)                               | .   1          | ,540,6           | 83.            | 1,860,          | 464. |
| Expenses                  | 16a                     | Professional t   | fundraising fees (Part IX, c   | olumn (A), line 11e                                     | .)                     |                                     |                |                  |                |                 |      |
| ē                         |                         |  | sing expenses (Part IX, colu   |   | •                      |                                     |                |                  |                |                 |      |
| 蓝                         |                         |  |  |   |                        | 211,561.                            |                |                  |                |                 |      |
|                           |                         |  | es (Part IX, column (A), lin   |   | -                      |                                     |                | 687,8            |                |                 | 425. |
|                           |                         | •  | es. Add lines 13-17 (must e  | •   |                        |                                     |                | ,477,4           | 193.           | 2,643,          | 889. |
|                           | 19                      | Revenue less   | expenses. Subtract line 18   | 3 from line 12  |                        |                                     |                | 73,6             | 31.            | 2,928,          | 045. |
| , o                       |                         |  |  |   |                        |                                     | Beginning      | of Curren        | t Year         | End of Yea      | ar   |
| ets                       | 20                      | Total assets (   | (Part X, line 16)  |   |                        |                                     |                | ,468,0           |                | 8,662,          |      |
| Net Assets<br>Fund Balanc | 21                      | Total liabilitie   | s (Part X, line 26)  |   |                        |                                     |                | 273,7            |                | 356.            | 550. |
| E E                       | 22                      | Not accets or  | fund balances. Subtract lir  | o 21 from line 20                                       |                        |                                     |                | •                |                |                 |      |
|                           |                         |  |  | le 21 HOITI IIIle 20.                                   |                        |                                     | . 5            | <u>,194,3</u>    | 19.            | 8,305,          | 030. |
| _                         | art II                  | Signatur   |  |   |                        |                                     |                |                  |                |                 |      |
| Unde                      | er penalti<br>plete. De | ies of perjury, I declected  | lare that I have examined this return, irer (other than officer) is based on | including accompanying so<br>all information of which r | chedules and statement | ts, and to the bes                  | t of my knowle | dge and beli     | ef, it is true | , correct, and  |      |
|                           |                         | <del>- 1                                   </del>  | ,  |   | •                      |                                     |                |                  |                |                 |      |
|                           |                         | Signature of   | officer  |   |                        |                                     | Date           |                  |                |                 |      |
| Sig                       | gn                      | , and the second |  |   |                        | _                                   |                |                  |                |                 |      |
| He                        | re                      |  | N GOLDBERG   |   |                        | E                                   | XECUTI         | VE DIE           | ₹.             |                 |      |
|                           |                         | Type or print  | name and title   |   |                        |                                     |                |                  |                |                 |      |
| _                         |                         | Print/Type p   | reparer's name   | Preparer's signature                                    |                        | Date                                | Ţ              | Check            | K if P         | TIN             | _    |
| Pa                        | id                      | KRISTI   | IN L. BROOKS, CPA  |   |                        |                                     |                | self-employ      | ed P           | 02397432        |      |
|                           | epare                   |  |  |   |                        |                                     |                |                  |                |                 |      |
| Us                        | e On                    | ly Firm's addre  |  |   | VITE 410               |                                     |                | Firm's EIN       | 03-            | 1157146         |      |
| -5                        | J <b>J</b>              | Films addre  | -  |   | 111 410                |                                     |                |                  |                |                 | 0    |
| NA                        | , th = "                | DS diagram #5  |  | 97201   | inatruations           |                                     |                | Phone no.        | (503)          |                 |      |
| ıvıa                      | y trie li               | RO UISCUSS thi   | is return with the preparer s  | SHOWE ADOVE! See  | IIISTRUCTIONS          |                                     |                |                  |                | X Yes           | No   |

| Form 990 (2023) COLUMBIA RIVERKEEPER |            |          |                |                 |   |                | 91-1          | 58349        | 2              | Pa            | age <b>2</b> |         |        |          |
|--------------------------------------|------------|----------|----------------|-----------------|---|----------------|---------------|--------------|----------------|---------------|--------------|---------|--------|----------|
| Par                                  | t III      |          |                |                 | Service Accom                             |                |               |              |                |               |              |         |        |          |
|                                      |            | Check    | if Schedule    | O contains a    | a response or note                        | to any line in | n this Par    | t III        |                |               |              |         |        | . X      |
| 1                                    | Briefly    | y descri | be the organ   | ization's mis   | ssion:                                    |                |               |              |                |               |              |         |        |          |
|                                      | SEE        | SCHE     | DULE O         |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
| 2                                    |            | -        |                | rtake any si    | gnificant program                         | services durir | ng the yea    | ar which we  | ere not listed | on the prior  |              |         | _      |          |
|                                      | Form       | 990 or 9 | 990-EZ?        |                 |   |                |               |              |                |               |              | Yes     | X      | No       |
|                                      |            | ,        |                |                 | on Schedule O.                            |                |               |              |                |               |              |         | _      |          |
| 3                                    |            |          |                |                 | g, or make signification                  | ant changes i  | n how it o    | conducts, a  | ny program     | services?     | 📙            | Yes     | X      | No       |
|                                      |            |          | cribe these cl | -               |   |                |               |              |                |               |              |         |        |          |
| 4                                    | Descri     | ibe the  | organization   | 's program s    | service accomplish<br>nizations are requi | ments for each | ch of its the | hree larges  | t program se   | ervices, as m | easured      | by expe | enses  |          |
|                                      | and re     | evenue,  | if any, for e  | ach program     | i service reported.                       | ed to report t | ne amou       | ii oi granis | anu anocati    | ons to others | s, the tota  | ai expe | 11565, |          |
|                                      |            |          | •              |                 | •   |                |               |              |                |               |              |         |        |          |
| 4a                                   | (Code      | e:       | ) (Exp         | enses \$        | 699.332.                                  | including gr   | rants of      | \$           |                | ) (Revenue    | \$           |         |        |          |
|                                      | SEE        | SCHE     | DULE O         |                 | 300,002                                   | _              |               |              |                | · ` `         |              |         |        | <u> </u> |
|                                      | <u> </u>   | 00110    | <u> </u>       |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                | . — — — — -     |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
| 4b                                   | (Code      | <b>:</b> | ) (Exp         | enses \$        | 372,311.                                  | including gr   | ants of       | \$           |                | ) (Revenue    | \$           |         |        | )        |
|                                      | COM        | UNIDA    | ADES           |                 | •   | _              |               |              |                | •             |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      | COL        | UMBIA    | RIVERK         | EEPER FI        | SCALLY SPON                               | ISORS A C      | ROUP          | CALLED       | COMUNIDA       | ADES. TH      | E MIS        | SION    | OF     |          |
|                                      | COM        | UNIDA    | ADES IS '      | TO AMPLI        | FY LATINO V                               | OICES FO       | R ENV         | IRONMEN      | TAL AND        | SOCIAL        | JUSTI        | CE IN   | I TH   | Œ        |
|                                      | COLU       | UMBIA    | RIVER (        | GORGE. I        | N LATE 2023                               | , COMUNI       | DADES         | BEGAN        | THE PRO        | CESS OF       | EXPLO        | RING    | A      |          |
|                                      | FUT        | URE A    | AS AN IN       | <u>DEPENDEN</u> | IT 501(C)(3)                              | <u> </u>       |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
| <b>4</b> c                           | (Code      | e:       | ) (Exp         | enses \$        | 354,055.                                  | including gr   | ants of       | \$           |                | ) (Revenue    | \$           |         |        | )        |
|                                      | <u>SEE</u> | SCHE!    | <u>DULE_O</u>  |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      |            |          |                |                 |   |                |               |              |                |               |              |         |        |          |
|                                      | 0          |          |                | · · ·           | 0       0 :                               |                | ~~            |              |                |               |              |         |        |          |
| 4d                                   |            |          |                |                 |   | SEE            | SCHED         | ULE O        | \              | ٨             |              |         |        |          |
|                                      | (Expe      |          |                |                 | 7. including gran                         |                |               |              | ) (Revenue     | Ş             |              | )       | )      |          |
| 4e                                   | Total      | progran  | n service exp  | oenses          | 2,297                                     | ,835.          |               |              |                |               |              |         |        |          |

BAA

## Form 990 (2023) COLUMBIA RIVERKEEPER Part IV Checklist of Required Schedules

|     | · ·  |     | Yes | No |
|-----|--|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | Х   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | Χ   |    |
| 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   |     | Х  |
| 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   | Χ   |    |
| 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   |     | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>   | 6   |     | Х  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>   | 7   |     | Х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.   | 8   |     | Х  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |     | Х  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.  | 10  | Х   |    |
| 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.   |     |     |    |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | 11a | Χ   |    |
| 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 | Х   |    |
|     | : 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 |     | Х  |
| d   | I 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 |     | Х  |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | Χ   |    |
|     | 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 |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  | 12a | Χ   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | Χ  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a | Χ   |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b |     | Х  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | Х  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  | 16  |     | Х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions   | 17  |     | Х  |
| 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  |     | Х  |
| 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  |     | Х  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | Х  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Х   |    |

## Form 990 (2023) COLUMBIA RIVERKEEPER Part IV Checklist of Required Schedules (continued)

|     |   |     | Yes  | No           |
|-----|---|-----|------|--------------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |      | Х            |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>   | 23  | Х    |              |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | 24a |      | X            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |      |              |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |      |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |      |              |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |      | Х            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  | 25b |      | Х            |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>  | 26  |      | Х            |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27  |      | Х            |
| 28  | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).   |     |      |              |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.   | 28a |      | Х            |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |      | X            |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c |      | Х            |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29  |      | Х            |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  | 30  |      | Х            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |      | X            |
| 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  |      | Х            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | 33  |      | Х            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.   | 34  |      | Х            |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |      | X            |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |      |              |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 36  |      | Х            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37  |      | Х            |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  | 38  | Х    |              |
| Par |   |     |      |              |
|     | Check if Schedule O contains a response or note to any line in this Part V.   |     |      | <u>. [ ]</u> |
| 1.  | Enter the number reported in hex 3 of Form 1006. Enter 0, if not applicable   |     | Yes  | No           |
| b   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |     |      |              |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c  | X    |              |
|     | (gambing) winnings to prize winners.  |     | - 23 |              |

## Form 990 (2023) COLUMBIA RIVERKEEPER Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|     |  |            | 162 | NO |
|-----|--|------------|-----|----|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 26  |            |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | Χ   |    |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | Χ  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b         |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a         |     | Х  |
| b   | If "Yes," enter the name of the foreign country  |            |     |    |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |    |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | X  |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | X  |
|     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |    |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a         |     | Х  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         |     |    |
|     | Organizations that may receive deductible contributions under section 170(c).  |            |     |    |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         |     | X  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |    |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | Х  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  | , ,        |     |    |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | Х  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | Χ  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     |    |
|     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  | <b>7</b> h |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring   |            |     |    |
|     | organization have excess business holdings at any time during the year?  | 8          |     |    |
|     | Sponsoring organizations maintaining donor advised funds.  | _          |     |    |
|     | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |    |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |    |
|     | Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  |            |     |    |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |            |     |    |
|     | Section 501(c)(12) organizations. Enter:   |            |     |    |
|     | Gross income from members or shareholders  |            |     |    |
|     | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  |            |     |    |
| 12a | Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041?  | 12a        |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |     |    |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |    |
|     | Note: See the instructions for additional information the organization must report on Schedule O.  |            |     |    |
|     | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |    |
|     | Enter the amount of reserves on hand   |            |     | 37 |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | Х  |
|     | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | 14b        |     |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15         |     | X  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16         |     | X  |
| . • | If "Yes," complete Form 4720, Schedule O.  |            |     |    |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would  |            |     |    |
|     | result in the imposition of an excise tax under section 4951, 4952, or 4953?   | 17         |     |    |
|     |  |            |     |    |

Form 990 (2023) COLUMBIA RIVERKEEPER 91-1583492 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ...... 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O. Χ 12c 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? Χ a The organization's CEO, Executive Director, or top management official ... SEE .SCHEDULE . O ......... 15a Χ 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

State the name, address, and telephone number of the person who possesses the organization's books and records.

SEE SCHEDULE O

the public during the tax year.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

|       | heck this box if neither the organization nor any re | elated orga   | aniza  | ition | cor | npei | nsate  | ed a | ny current officer,  | director, or trustee.   |  |
|-------|--|---|--|-------|-----|------|--------|------|--|---|--|
|       | (A)<br>Name and title                                | Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (Highest compensated officer institutional trustee) (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee |       |     |      | s both | an   | Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1)   | LAUREN GOLDBERG                                      | 40  |  |       |     |      |        |      |  |   |  |
|       | EXECUTIVE DIR.                                       | 0   |  |       | Χ   |      |        |      | 161,113.   | 0.  | 14,531.  |
| (2)   | ACASIA BERRY   | 40_   | -  |       |     |      |        |      |  |   |  |
|       | FINANCE DIR.   | 0   |  |       | Χ   |      |        |      | 113,300.   | 0.  | 12,618.  |
| (3)   | MILES JOHNSON LEGAL DIR.                             | $-\frac{40}{0}$   | _  |       |     |      | Х      |      | 111,157.   | 0.  | 4,350.   |
| (4)   | EMILY WASHINES PRESIDENT                             | 5   | v  |       | v   |      |        |      |  | 0   |  |
| (5)   | RUDY SALAKORY  | 3   | Х  |       | Х   |      |        |      | 0.   | 0.  | 0.   |
| _(3)_ | VICE PRESIDENT                                       | 3   | Х  |       | Х   |      |        |      | 0.   | 0.  | 0.   |
| (6)   | BRETT VANDENHEUVEL SECRETARY                         | 3   | Х  |       | Х   |      |        |      | 0.   | 0.  | 0.   |
| (7)   | SUE VOSBURG  | 3   | Λ.   |       | Λ   |      |        |      | 0.   | 0.  | 0.   |
|       | TREASURER  | 0   | Χ  |       | Х   |      |        |      | 0.   | 0.  | 0.   |
| (8)   | LINDA MCLAIN<br>BOARD MEMBER                         | $-\frac{1}{0}$  | X  |       |     |      |        |      | 0.   | 0.  | 0.   |
| (9)   | ALANNA NANEGOS                                       | 11  |  |       |     |      |        |      |  |   |  |
|       | BOARD MEMBER   | 0   | X  |       |     |      |        |      | 0.   | 0.  | 0.   |
| (10)  | DAVID SPURR<br>BOARD MEMBER                          | $-\frac{1}{0}$  | Х  |       |     |      |        |      | 0.   | 0.  | 0.   |
| (11)  | TED_WOLF   | 1   |  |       |     |      |        |      |  |   |  |
|       | BOARD MEMBER   | 0   | X  |       |     |      |        |      | 0.   | 0.  | 0.   |
| (12)  | CARLOS MARROQUIN BOARD MEMBER                        | $-\frac{1}{0}$  | X  |       |     |      |        |      | 0.   | 0.  | 0.   |
| (13)  |  |   |  |       |     |      |        |      | 3.   | <u> </u>  | <u> </u>   |
| (14)  |  |   | -  |       |     |      |        |      |  |   |  |

Page 8

| Part VII   Section A. Officers, Directors, Tre  | ustees,                      | ney                               | Er                    |                      |                      | es,                             | an                 | a Hignest Coi                                       | npensated Emp                              | oloyee  | S (con                | tinued) |
|---|------------------------------|-----------------------------------|-----------------------|----------------------|----------------------|---------------------------------|--------------------|---|--|---------|-----------------------|---------|
| 40  | <b>(D)</b>                   | (C)<br>Position                   |                       |                      |                      | (5)                             | (E)                |   | <b>(E)</b>                                 |         |                       |         |
| <b>(A)</b><br>Name and title  | (B)                          |                                   |                       | neck i               | more                 | than oi                         |                    | <b>(D)</b><br>Reportable                            | <b>(E)</b><br>Reportable                   | Estima  | (F)<br>ated amo       | ount    |
|   | Average<br>hours<br>per week | offic                             | er an                 | dád                  | irecto               | r/truste                        | ee)                | compensation from<br>the organization<br>(W-2/1099- | compensation from<br>related organizations | 0       | f other               |         |
|   | (list any<br>hours for       | Individual t<br>or director       | nstitu                | Officer              | Key employee         | lighe<br>Implo                  | Former             | (W-2/1099-<br>MISC/1099-NEC)                        | (W-2/1099-<br>MISC/1099-NEC)               | an      | rganizat<br>d related | d       |
|   | related organiza-            | dual<br>ecto                      | noit                  | 4                    | imple                | est co                          | ዊ                  |   |  | orga    | anization             | 1S      |
|   | tions<br>below<br>dotted     | Individual trustee<br>or director | al tro                |                      | уее                  | ompe                            |                    |   |  |         |                       |         |
|   | line)                        | tee                               | Institutional trustee |                      |                      | Highest compensated<br>employee |                    |   |  |         |                       |         |
| (15)  |                              |                                   |                       |                      |                      | e.                              |                    |   |  |         |                       |         |
| <u>(15)</u>   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (16)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
|   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (17)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (18)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
|   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (19)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (0)   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (20)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (21)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
|   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (22)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (23)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
|   |                              | •                                 |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (24)  |                              | -                                 |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (25)  |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| (2)   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| 1b Subtotal   |                              |                                   |                       |                      |                      |                                 |                    | 385,570.  | 0.   |         | 31,4                  | 199.    |
| c Total from continuation sheets to Part VII, Section   |                              |                                   |                       |                      |                      |                                 |                    | 0.  | 0.   |         | 0.1                   | 0.      |
| d Total (add lines 1b and 1c)   |                              |                                   |                       |                      |                      |                                 |                    | 385,570.  | 0.<br>100.000 of reportable                |         | 31,4                  |         |
| from the organization 3   | tou to the                   | JC 112                            | itou                  | abo                  | vc)                  | **110 1                         |                    | nved more than ¢                                    |  | c comp  | crisati               | OH      |
|   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         | Yes                   | No      |
| 3 Did the organization list any former officer, direct  | or, trustee                  | , key                             | em                    | ploy                 | /ee,                 | or hi                           | ghe                | st compensated e                                    | mployee                                    | 3       |                       | v       |
| on line 1a? If "Yes,"compléte Schedule J for such   |                              |                                   |                       |                      |                      |                                 |                    |   |  | . 3     |                       | Х       |
| 4 For any individual listed on line 1a, is the sum of<br>the organization and related organizations greater | r than \$15                  | 0,00                              | 0? /                  | f "Y                 | es,"                 | comp                            | oleti              | e Schedule J for                                    | om   | _       |                       |         |
| such individual   |                              |                                   |                       |                      |                      |                                 |                    |   |  | . 4     | X                     |         |
| 5 Did any person listed on line 1a receive or accrue<br>for services rendered to the organization? If "Yes  | compens<br>," comple         | atior<br>te Sc                    | i tro<br>ched         | m a<br><i>lule</i> . | ny u<br><i>J for</i> | nrela<br>' <i>such</i>          | ted<br>1 <i>pe</i> | organization or ir<br>erson                         | ıdıvıdual<br>                              | . 5     |                       | Х       |
| Section B. Independent Contractors  |                              |                                   |                       |                      |                      |                                 |                    |   | <b>\$100.000</b> f                         |         |                       |         |
| Complete this table for your five highest compens     compensation from the organization. Report comp       | ated indep<br>ensation       | pena<br>for th                    | ent<br>ne c           | cont<br>alen         | racti<br>dar         | ors tr<br>year                  | nat i<br>end       | received more tha<br>ling with or within            | the organization's t                       | ax year |                       |         |
| (A) Name and business address  (B) Description of services Co   |                              |                                   |                       |                      |                      |                                 |                    |   |  | C)      | n                     |         |
| ivalite ditu busittess duut   |                              |                                   |                       |                      |                      |                                 |                    | Describitori (                                      | 71 361 VICES                               | Compe   | ıısalıU               | 11      |
|   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
|   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
|   |                              |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |
| 2. Total number of independent acatematers (including   | a htt                        | lipa:4                            | 24 t                  | م الم                | 200 '                | lictor!                         | مام                | 01(0) who recalled                                  | I more than                                |         |                       |         |
| 2 Total number of independent contractors (includin<br>\$100,000 of compensation from the organization      | ig but not<br>O              | urriit                            | ะน โ                  | J IN                 | use I                | ıısted                          | aDi                | ove) who received                                   | more man                                   |         |                       |         |
| ,,  | U                            |                                   |                       |                      |                      |                                 |                    |   |  |         |                       |         |

|   |     | Check if Schedule O contains a response   | onse or note to any | line in this Part VIII      |  |   |  |
|---|-----|---|---------------------|-----------------------------|--|---|--|
|   |     |   |                     | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts,   | 1a  | Federated campaigns 1a  |                     |                             |  |   |  |
| E Z   | b   | Membership dues   |                     |                             |  |   |  |
| <u>5</u> 5  | С   | Fundraising events1c  |                     |                             |  |   |  |
| ar /  | d   | Related organizations 1d  |                     |                             |  |   |  |
| s, G<br>ini   | е   | Government grants (contributions) 1e  |                     |                             |  |   |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | f   | All other contributions, gifts, grants, and similar amounts not included above 1f | 5,408,804.          |                             |  |   |  |
| 들은  | g   | Noncash contributions included in lines 1a-1f                                     |                     |                             |  |   |  |
| ್ರಿ ಕ   | h   | Total. Add lines 1a-1f.   |                     | 5,408,804.                  |  |   |  |
| e e   |     |   | Business Code       | 0,100,001,                  |  |   |  |
| Program Service Revenue                                 | 2a  |   |                     |                             |  |   |  |
| æ   | b   |   |                     |                             |  |   |  |
| <u>.e</u>   | С   |   |                     |                             |  |   |  |
| ĕ₽  | d   |   |                     |                             |  |   |  |
| E   | е   |   |                     |                             |  |   |  |
| gra   | f   | All other program service revenue   |                     |                             |  |   |  |
| 8   | g   | Total. Add lines 2a-2f  |                     |                             |  |   |  |
|   | 3   | Investment income (including dividends  | , interest, and     |                             |  |   |  |
|   |     | other similar amounts)  |                     | 127,554.                    |  |   | 127,554.   |
|   | 4   | Income from investment of tax-exempt  | bond proceeds       |                             |  |   |  |
|   | 5   | Royalties   |                     |                             |  |   |  |
|   |     | (i) Real  | (ii) Personal       |                             |  |   |  |
|   |     | Gross rents 6a  |                     |                             |  |   |  |
|   |     | Less: rental expenses 6b  |                     |                             |  |   |  |
|   |     | Rental income or (loss) 6c  |                     |                             |  |   |  |
|   | d   | Net rental income or (loss)   |                     |                             |  |   |  |
|   | 7a  | Gross amount from (i) Securities  | (ii) Other          |                             |  |   |  |
|   |     | sales of assets other than inventory 7a   |                     |                             |  |   |  |
|   | b   | Less: cost or other basis   |                     |                             |  |   |  |
|   |     | and sales expenses 7b   |                     |                             |  |   |  |
|   |     | Gain or (loss)  |                     |                             |  |   |  |
|   |     |   |                     |                             |  |   |  |
| Пе  | 8a  | Gross income from fundraising events  |                     |                             |  |   |  |
| Je I  |     | of contributions reported on line 1c).  |                     |                             |  |   |  |
| é   |     | See Part IV, line 18  | a                   |                             |  |   |  |
| 늅   | h   | Less: direct expenses 8   |                     |                             |  |   |  |
| Other Reven   |     | Net income or (loss) from fundraising e   |                     |                             |  |   |  |
| Q   |     |   | *0.10               |                             |  |   |  |
|   | Уа  | Gross income from gaming activities. See Part IV, line 19                         | a                   |                             |  |   |  |
|   | b   | Less: direct expenses 91  |                     | •                           |  |   |  |
|   |     | Net income or (loss) from gaming activi   |                     |                             |  |   |  |
|   |     |   |                     |                             |  |   |  |
|   | ıva | Gross sales of inventory, less returns and allowances                             | a                   |                             |  |   |  |
|   | b   | Less: cost of goods sold  | b                   |                             |  |   |  |
|   |     | Net income or (loss) from sales of inver  | ntory               |                             |  |   |  |
| N.  |     |   | Business Code       |                             |  |   |  |
| ខ្លួ  | 11a | LEGAL SETTLEMENTS REIMB   | 900099              | 32,516.                     | 32,516.                                |   |  |
| scellaneo<br>Revenue                                    | b   |   | 900099              | 3,060.                      | 3,060.                                 |   |  |
| Miscellaneous<br>Revenue                                | С   |   |                     |                             | ,                                      |   |  |
| Š Ž   | d   | All other revenue   |                     |                             |  |   |  |
| Σ   | е   | Total. Add lines 11a-11d  |                     | 35,576.                     |  |   |  |
|   |     | Total revenue. See instructions   |                     | 5,571,934.                  | 35,576.                                | 0.                                      | 127,554.   |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|    | Check if Schedule O contains a response or note to any line in this Part IX.  |                       |   |   |                                       |  |  |  |  |  |
|----|---|-----------------------|---|---|---------------------------------------|--|--|--|--|--|
|    | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b> Program service expenses     | (C) Management and general expenses     | <b>(D)</b><br>Fundraising<br>expenses |  |  |  |  |  |
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 64,000.               | 64,000.                                 |   |                                       |  |  |  |  |  |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |   |   |                                       |  |  |  |  |  |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   |                       |   |   |                                       |  |  |  |  |  |
| 4  | Benefits paid to or for members   |                       |   |   |                                       |  |  |  |  |  |
| 5  | Compensation of current officers, directors, trustees, and key employees.   | 301,562.              | 230,881.                                | 54,949.                                 | 15,732.                               |  |  |  |  |  |
| 6  | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0.                    | 0.                                      | 0.                                      | 0.                                    |  |  |  |  |  |
| 7  | Other salaries and wages  | 1,231,964.            | 1,121,369.                              | 6,153.                                  | 104,442.                              |  |  |  |  |  |
|    | Pension plan accruals and contributions   | 1,231,904.            | 1,121,309.                              | 0,133.                                  | 104,442.                              |  |  |  |  |  |
| 8  | (include section 401(k) and 403(b) employer contributions)  | 29,266.               | 25,807.                                 | 1,166.                                  | 2,293.                                |  |  |  |  |  |
| 9  | Other employee benefits   | 173,329.              | 152,840.                                | 6,906.                                  | 13,583.                               |  |  |  |  |  |
| 10 | Payroll taxes.  | 124,343.              | 109,645.                                | 4,954.                                  | 9,744.                                |  |  |  |  |  |
| 11 | Fees for services (nonemployees):   | 124,343.              | 105,045.                                | 4, 554.                                 | J, 144.                               |  |  |  |  |  |
|    | Management  |                       |   |   |                                       |  |  |  |  |  |
|    | Legal.  |                       |   |   |                                       |  |  |  |  |  |
|    |   |                       |   |   |                                       |  |  |  |  |  |
|    | Accounting  |                       |   |   |                                       |  |  |  |  |  |
|    | Lobbying  |                       |   |   |                                       |  |  |  |  |  |
|    | Professional fundraising services. See Part IV, line 17   |                       |   |   |                                       |  |  |  |  |  |
|    | Investment management fees  |                       |   |   |                                       |  |  |  |  |  |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)   | 205,173.              | 165,560.                                | 32,487.                                 | 7,126.                                |  |  |  |  |  |
| 12 | Advertising and promotion   | 40,710.               | 37,923.                                 | 1,205.                                  | 1,582.                                |  |  |  |  |  |
| 13 | Office expenses   | 69,850.               | 63,201.                                 | 1,465.                                  | 5,184.                                |  |  |  |  |  |
| 14 | Information technology  | 307000                | ,                                       |   | -,                                    |  |  |  |  |  |
| 15 | Royalties   |                       |   |   |                                       |  |  |  |  |  |
| 16 | Occupancy   | 105,887.              | 96,920.                                 | 2,823.                                  | 6,144.                                |  |  |  |  |  |
| 17 | Travel  | 20,771.               | 20,233.                                 | 80.                                     | 458.                                  |  |  |  |  |  |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 23,771                | 20,2001                                 |   | 1001                                  |  |  |  |  |  |
| 19 | Conferences, conventions, and meetings  | 145,873.              | 135,974.                                | 8,941.                                  | 958.                                  |  |  |  |  |  |
| 20 | Interest  | , , , , , ,           | ,                                       | , |                                       |  |  |  |  |  |
| 21 | Payments to affiliates  |                       |   |   |                                       |  |  |  |  |  |
| 22 | Depreciation, depletion, and amortization   | 6,804.                | 6,152.                                  | 182.                                    | 470.                                  |  |  |  |  |  |
| 23 | Insurance   | 6,671.                | 3,937.                                  | 2,536.                                  | 198.                                  |  |  |  |  |  |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)             | 3,000                 | 3,03.0                                  | =,,,,,                                  |                                       |  |  |  |  |  |
| а  | POSTAGE AND PRINTING  | 75,774.               | 33,111.                                 | 266.                                    | 42,397.                               |  |  |  |  |  |
| b  |   | 41,912.               | 30,282.                                 | 10,380.                                 | 1,250.                                |  |  |  |  |  |
| С  |   |                       |   |   |                                       |  |  |  |  |  |
| d  |   |                       |   |   |                                       |  |  |  |  |  |
| e  | All other expenses  |                       |   |   |                                       |  |  |  |  |  |
| 25 | Total functional expenses. Add lines 1 through 24e  | 2,643,889.            | 2,297,835.                              | 134,493.                                | 211,561.                              |  |  |  |  |  |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720). | , , , , , , , ,       | , | ,                                       | ,                                     |  |  |  |  |  |

|                            |    | Check if Schedule O contains a response or note to  | any lir               | e in this Part X              |                          |          |                           |
|----------------------------|----|---|-----------------------|-------------------------------|--------------------------|----------|---------------------------|
|                            |    |   |                       |                               | (A)<br>Beginning of year |          | <b>(B)</b><br>End of year |
|                            | 1  | Cash - non-interest-bearing   |                       |                               | 1,541,769.               | 1        | 1,100,381.                |
|                            | 2  | Savings and temporary cash investments  |                       |                               | 2,488,131.               | 2        | 501,636.                  |
|                            | 3  | Pledges and grants receivable, net  |                       |                               | 261,035.                 | 3        | 1,314,214.                |
|                            | 4  | Accounts receivable, net  |                       |                               |                          | 4        |                           |
|                            | 5  | Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person        | er office<br>contrib  | er, director,<br>utor, or 35% |                          | 5        |                           |
|                            | 6  | Loans and other receivables from other disqualified pe<br>section 4958(f)(1)), and persons described in section 4   | rsons (               | as defined under              |                          | 6        |                           |
|                            | 7  | Notes and loans receivable, net   |                       |                               |                          | 7        |                           |
| Ø                          | 8  | Inventories for sale or use   |                       | _                             |                          | 8        |                           |
| ě                          |    | Prepaid expenses and deferred charges   |                       | <u> </u>                      | 20 570                   | 9        | 20 627                    |
| Assets                     | 9  |   | 1 1                   |                               | 20,579.                  | 9        | 28,637.                   |
| 7                          |    | Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D  |                       | 71,995.                       |                          |          |                           |
|                            | b  | Less: accumulated depreciation  |                       | 40,754.                       | 17,074.                  | 10c      | 31,241.                   |
|                            | 11 | Investments — publicly traded securities  |                       | <u>-</u>                      | 915,352.                 | 11       | 1,135,174.                |
|                            | 12 | Investments – other securities. See Part IV, line 11  |                       | <del>-</del>                  | 75,680.                  | 12       | 4,357,462.                |
|                            | 13 | Investments – program-related. See Part IV, line 11.  |                       |                               |                          | 13       |                           |
|                            | 14 | Intangible assets   |                       | 14                            |                          |          |                           |
|                            | 15 | Other assets. See Part IV, line 11  | -                     | 148,435.                      | 15                       | 193,461. |                           |
|                            | 16 | Total assets. Add lines 1 through 15 (must equal line 3   | 33)                   |                               | 5,468,055.               | 16       | 8,662,206.                |
|                            | 17 | Accounts payable and accrued expenses   |                       |                               | 158,874.                 | 17       | 200,502.                  |
|                            | 18 | Grants payable  |                       |                               | ,                        | 18       | ,                         |
|                            | 19 | Deferred revenue  |                       | 19                            |                          |          |                           |
|                            | 20 | Tax-exempt bond liabilities.  |                       |                               |                          | 20       |                           |
| es                         | 21 | Escrow or custodial account liability. Complete Part IV   |                       |                               |                          | 21       |                           |
| Liabilities                | 22 | Loans and other payables to any current or former offickey employee, creator or founder, substantial contribution controlled entity or family member of any of these persons. | cer, dir<br>tor, or 3 | ector, trustee,<br>35%        |                          | 22       |                           |
| $\Box$                     | 23 | Secured mortgages and notes payable to unrelated thi  |                       | _                             |                          | 23       |                           |
|                            | 24 | Unsecured notes and loans payable to unrelated third  | •                     | <u> </u> _                    |                          | 24       |                           |
|                            | 25 | • •   |                       |                               |                          |          |                           |
|                            |    | Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp  |                       |                               | 114,862.                 |          | 156,048.                  |
|                            | 26 | <b>Total liabilities.</b> Add lines 17 through 25   |                       |                               | 273,736.                 | 26       | 356,550.                  |
| nces                       |    | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.   |                       | X                             |                          |          |                           |
| <u>a</u>                   | 27 | Net assets without donor restrictions   |                       | <u> </u>                      | 4,165,510.               | 27       | 5,168,323.                |
| <u>m</u>                   | 28 | Net assets with donor restrictions  |                       |                               | 1,028,809.               | 28       | 3,137,333.                |
| Net Assets or Fund Balance |    | Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.  | k here                | Ш                             |                          |          |                           |
| ō                          | 29 | Capital stock or trust principal, or current funds  |                       |                               |                          | 29       |                           |
| ets                        | 30 | Paid-in or capital surplus, or land, building, or equipme   | ent fun               | d                             |                          | 30       |                           |
| 188                        | 31 | Retained earnings, endowment, accumulated income,   | or othe               | r funds                       |                          | 31       |                           |
| 17                         | 32 | Total net assets or fund balances   |                       | L_                            | 5,194,319.               | 32       | 8,305,656.                |
| ž                          | 33 | Total liabilities and net assets/fund balances  |                       |                               | 5,468,055.               | 33       | 8,662,206.                |
| BA                         | ^  | <del></del>   | TEEA01                | 11L 08/23/23                  |                          |          | Form <b>990</b> (2023)    |

BAA Form **990** (2023)

| Form | n 990 (2023) COLUMBIA RIVERKEEPER 91-  | 1583492    |      | Pa    | ge <b>12</b> |
|------|--|------------|------|-------|--------------|
| Pai  | rt XI Reconciliation of Net Assets   |            |      |       | _            |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |            |      |       | 🔲            |
| 1    | Total revenue (must equal Part VIII, column (A), line 12).   | 1          | 5,5  | 71,9  | 934.         |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 2,6  | 43,8  | 389.         |
| 3    | Revenue less expenses. Subtract line 2 from line 1.  | 3          | 2,9  | 28,0  | )45.         |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4          | 5,1  | 94,3  | 319.         |
| 5    | Net unrealized gains (losses) on investments   | 5          | 1    | 74,4  | 172.         |
| 6    | Donated services and use of facilities   | 6          |      |       |              |
| 7    | Investment expenses  | 7          |      |       |              |
| 8    | Prior period adjustments   | 8          |      | 8,8   | 320.         |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9          |      |       | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  | 10         | 8,3  | 05,6  | 556.         |
| Pai  | rt XII Financial Statements and Reporting  | •          |      |       |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |            |      |       |              |
| -    | Check if Concount to Contains a response of flote to any line in this fart All.  |            | 1    | Yes   | No           |
| 1    | Accounting method used to prepare the Form 990:  |            |      | 103   | 110          |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |            |      |       |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |            | 2a   |       | Х            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis | on a       |      |       |              |
|      |  |            |      | Χ     |              |
| b    | • Were the organization's financial statements audited by an independent accountant?   |            | 2b   | Λ     |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis  Both consolidated and separate basis                           |            |      |       |              |
| _    |  | a audit    |      |       |              |
| C    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?                      | audit,     | 2c   | Х     |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |            |      |       |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur<br>Guidance, 2 C.F.R. Part 200, Subpart F?  | niform<br> | 3a   |       | Х            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits                            |            | 3b   |       |              |
| BAA  |  |            | Form | 990 ( | (2023)       |

## **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Name o | lame of the organization Employer identification number  |  |   |   |                         |  |  |   |  |  |  |
|--------|--|--|---|---|-------------------------|--|--|---|--|--|--|
|        |  | BIA RIVERKEEPER  |   |   |                         |  | 91-158349  |   |  |  |  |
| Par    |  | Reason for Public Char   |   |   |                         |  |  | ons.  |  |  |  |
|        | rga  | nization is not a private founda   | ,   | •   |                         | -  | •  |   |  |  |  |
| 1      |  | A church, convention of church   |   |   |                         | 170(b)                                     | (1)(A)(i).   |   |  |  |  |
| 2      |  | A school described in <b>section</b>   |   | •   |                         |  |  |   |  |  |  |
| 3      |  | A hospital or a cooperative ho   |   |   |                         |  | • •  |   |  |  |  |
| 4      |  | A medical research organizat   | ion operated in conjui                            | nction with a hospital de   | escribed                | in <b>sect</b>                             | ion 170(b)(1)(A)(iii). En                          | ter the hospital's                              |  |  |  |
| _      |  | name, city, and state:   |   |   |                         |  |  |   |  |  |  |
| 5      |  | An organization operated for section 170(b)(1)(A)(iv). (Cor                                |   | ge or university owned o  | r operat                | ed by a                                    | governmental unit des                              | cribed in                                       |  |  |  |
| 6      |  | A federal, state, or local gove  | ernment or governmer                              | ntal unit described in se   | ection 17               | 70(b)(1)(                                  | A)(v).   |   |  |  |  |
| 7      | X  | An organization that normally in section 170(b)(1)(A)(vi).                                 | receives a substantia<br>Complete Part II.)       | al part of its support fro  | m a gov                 | ernment                                    | al unit or from the gen                            | eral public described                           |  |  |  |
| 8      |  | A community trust described  | in section 170(b)(1)(A                            | A)(vi). (Complete Part II.  | .)                      |  |  |   |  |  |  |
| 9      | An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or  |  |   |   |                         |  |  |   |  |  |  |
| 10     |  | 1  |   |   |                         |  |  |   |  |  |  |
| 10     | An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.) |  |   |   |                         |  |  |   |  |  |  |
| 11     |  |  |   |   |                         |  |  |   |  |  |  |
| 12     | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  |  |   |   |                         |  |  |   |  |  |  |
| а      |  | Type I. A supporting organization(s) the power to a complete Part IV, Sections A           | ition operated, superv<br>regularly appoint or el | ised, or controlled by its  | s suppor                | ted oraz                                   | anization(s), typically b                          | v aivina the supported                          |  |  |  |
| b      |  | Type II. A supporting organizal management of the supportin must complete Part IV, Section | g organization vested                             | entrolled in connection volume in the same persons the                        | vith its s<br>nat contr | upported<br>of or ma                       | d organization(s), by hanage the supported or      | aving control or<br>ganization(s). <b>You</b>   |  |  |  |
| С      |  | Type III functionally integrate organization(s) (see instruction                           |   |   |                         |  | d functionally integrate                           | ed with, its supported                          |  |  |  |
| d      |  | Type III non-functionally inte functionally integrated. The o instructions). You must comp | rganization generally                             | must satisfy a distributi   | n connec<br>on requi    | tion with<br>rement                        | n its supported organiz<br>and an attentiveness re | ation(s) that is not equirement (see            |  |  |  |
| е      |  | Check this box if the organization integrated, or Type III non-fur                         | ation received a writtenctionally integrated s    | n determination from th<br>upporting organization.                            |                         |  |  | _   |  |  |  |
| f      |  | nter the number of supported o   |   |   |                         |  |  |   |  |  |  |
|        |  | ovide the following information  |   |   |                         |  |  | Τ   |  |  |  |
| (      | i) Na  | ame of supported organization  | (ii) EIN  | (iii) Type of organization (described on lines 1-10 above (see instructions)) | in your o               | s the<br>tion listed<br>loverning<br>nent? | (v) Amount of monetary support (see instructions)  | (vi) Amount of other support (see instructions) |  |  |  |
|        |  |  |   |   | Yes                     | No   |  |   |  |  |  |
| (A)    |  |  |   |   |                         |  |  |   |  |  |  |
| (B)    |  |  |   |   |                         |  |  |   |  |  |  |
| (C)    | _  |  |   |   |                         |  |  |   |  |  |  |
| (D)    |  |  |   |   |                         |  |  |   |  |  |  |
|        |  |  |   |   |                         |  |  |   |  |  |  |
| (E)    |  |  |   |   |                         |  |  |   |  |  |  |

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

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

| Sec | tion A. Public Support  |   | · · · · · · · · · · · · · · · · · · ·     | <u> </u>                     |                     |                   |             |
|-----|---|---|---|------------------------------|---------------------|-------------------|-------------|
|     | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2019                           | <b>(b)</b> 2020                           | <b>(c)</b> 2021              | <b>(d)</b> 2022     | <b>(e)</b> 2023   | (f) Total   |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 2,220,013.                                | 2,834,610.                                | 3,401,683.                   | 2,317,939.          | 5,408,804.        | 16,183,049. |
| 2   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |   |                              |                     |                   | 0.          |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |   |                              |                     |                   | 0.          |
| 4   | <b>Total.</b> Add lines 1 through 3   | 2,220,013.                                | 2,834,610.                                | 3,401,683.                   | 2,317,939.          | 5,408,804.        | 16,183,049. |
| 5   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |   |   |                              |                     |                   | 2,260,352.  |
| 6   | Public support. Subtract line 5 from line 4   |   |   |                              |                     |                   | 13,922,697. |
| Sec | tion B. Total Support   |   |   |                              |                     |                   |             |
|     | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2019                           | <b>(b)</b> 2020                           | <b>(c)</b> 2021              | (d) 2022            | <b>(e)</b> 2023   | (f) Total   |
| 7   | Amounts from line 4   | 2,220,013.                                | 2,834,610.                                | 3,401,683.                   | 2,317,939.          | 5,408,804.        | 16,183,049. |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 4,565.                                    | 4,269.                                    | 27,848.                      | 23,314.             | 127,554.          | 187,550.    |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on  | ,   | ,   | ,                            | , , ,               | ,                 | 0.          |
| 10  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |   |   |                              |                     |                   | 0.          |
| 11  | Total support. Add lines 7 through 10   |   |   |                              |                     |                   | 16,370,599. |
| 12  | Gross receipts from related activ   | ities, etc. (see inst                     | tructions)                                |                              |                     | 12                | 653,800.    |
| 13  | <b>First 5 years.</b> If the Form 990 is to organization, check this box and  | for the organization stop here            | n's first, second, t                      | hird, fourth, or fift        | th tax year as a se | ection 501(c)(3)  |             |
|     | tion C. Computation of Pu   |   |   |                              |                     |                   |             |
|     | Public support percentage for 20  | •   | •   |                              |                     |                   | 85.05%      |
|     | Public support percentage from 2  |   |   |                              |                     |                   | 85.36%      |
| 16a | <b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization   | ne organization did<br>qualifies as a pub | I not check the bo<br>licly supported org | x on line 13, and ganization | line 14 is 33-1/3%  | or more, check t  | his box     |
| b   | <b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization   |   |   |                              |                     |                   |             |
| 17a | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-  | meets the facts-an                        | d-circumstances                           | test, check this bo          | ox and stop here.   | Explain in Part V | I how       |
| b   | <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and   | meets the facts-an                        | d-circumstances                           | test, check this bo          | ox and stop here.   | Explain in Part V | I how the   |
| 18  | Private foundation. If the organiz  | zation did not chec                       | k a box on line 13                        | 3, 16a, 16b, 17a, o          | or 17b, check this  | box and see instr | uctions     |

## Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| C   | tion A. Dodelio Community   |  | '   | ,                              |                     |                              |                                 |                  |
|---|---|--|---|--------------------------------|---------------------|------------------------------|---------------------------------|------------------|
|   | tion A. Public Support  | T  |   | 4 > 0004                       | T                   |                              |                                 |                  |
| Calen<br>1                                | dar year (or fiscal year beginning in) Gifts, grants, contributions,  | <b>(a)</b> 2019  | <b>(b)</b> 2020   | (c) 2021                       | (d) 2022            | <b>(e)</b> 202               | 3                               | (f) Total        |
| •   | and membership fees received. (Do not include any "unusual grants.")  |  |   |                                |                     |                              |                                 |                  |
| 2   | Gross receipts from admissions,   |  |   |                                |                     |                              |                                 |                  |
|   | merchandise sold or services performed, or facilities   |  |   |                                |                     |                              |                                 |                  |
|   | furnished in any activity that is   |  |   |                                |                     |                              |                                 |                  |
|   | related to the organization's tax-exempt purpose  |  |   |                                |                     |                              |                                 |                  |
| 3   | Gross receipts from activities  |  |   |                                |                     |                              |                                 |                  |
|   | that are not an unrelated trade or business under section 513.  |  |   |                                |                     |                              |                                 |                  |
| 4   | Tax revenues levied for the   |  |   |                                |                     |                              |                                 |                  |
| -   | organization's benefit and  |  |   |                                |                     |                              |                                 |                  |
|   | either paid to or expended on its behalf  |  |   |                                |                     |                              |                                 |                  |
| 5   | The value of services or  |  |   |                                |                     |                              |                                 |                  |
|   | facilities furnished by a governmental unit to the  |  |   |                                |                     |                              |                                 |                  |
|   | organization without charge   |  |   |                                |                     |                              |                                 |                  |
|   | Total. Add lines 1 through 5  |  |   |                                |                     |                              |                                 |                  |
| 7a  | Amounts included on lines 1, 2, and 3 received from   |  |   |                                |                     |                              |                                 |                  |
|   | disqualified persons  |  |   |                                |                     |                              |                                 |                  |
| b   | Amounts included on lines 2   |  |   |                                |                     |                              |                                 | ,                |
|   | and 3 received from other than disqualified persons that  |  |   |                                |                     |                              |                                 |                  |
|   | exceed the greater of \$5,000 or  |  |   |                                |                     |                              |                                 |                  |
|   | 1% of the amount on line 13 for the year  |  |   |                                |                     |                              |                                 |                  |
| С   | Add lines 7a and 7b   |  |   |                                |                     |                              |                                 |                  |
|   | Public support. (Subtract line  |  |   |                                |                     |                              |                                 |                  |
| _   | 7c from line 6.)  |  |   |                                |                     |                              |                                 |                  |
|   | tion B. Total Support   |  |   |                                | 1                   | 1                            |                                 |                  |
|   | dar year (or fiscal year beginning in)  | <b>(a)</b> 2019  | <b>(b)</b> 2020   | <b>(c)</b> 2021                | (d) 2022            | <b>(e)</b> 202               | 3                               | (f) Total        |
| -   | Amounts from line 6   |  |   |                                |                     |                              |                                 |                  |
| IUa                                       | Gross income from interest, dividends, payments received on securities loans,   |  |   |                                |                     |                              |                                 |                  |
|   | rents, royalties, and income from similar sources.  |  |   |                                |                     |                              |                                 |                  |
| b   | Unrelated business taxable  |  |   |                                |                     |                              |                                 |                  |
|   | income (less section 511 taxes) from businesses   |  |   |                                |                     |                              |                                 |                  |
|   | acquired after June 30, 1975  |  |   |                                |                     |                              |                                 |                  |
| С   | Add lines 10a and 10b   |  |   |                                |                     |                              |                                 |                  |
| 11  | Net income from unrelated business activities not included on line 10b,   |  |   |                                |                     |                              |                                 | _                |
|   | whether or not the business is  |  |   |                                |                     |                              |                                 |                  |
| 12  | regularly carried on  |  |   |                                |                     |                              |                                 |                  |
| 12  | Other income. Do not include gain or loss from the sale of  |  |   |                                |                     |                              |                                 |                  |
|   | capital assets (Explain in Part VI.)  |  |   |                                |                     |                              |                                 |                  |
| 13  | <b>Total support.</b> (Add lines 9,   |  |   |                                |                     |                              |                                 |                  |
|   | 10c, 11, and 12.)   |  |   |                                |                     | <u> </u>                     |                                 |                  |
| 14  | First 5 years. If the Form 990 is forganization, check this box and   | or the organization  | n's first, second, t  | hird, fourth, or fif           | th tax year as a se | ection 501(c)                | (3)                             |                  |
|   |   |  |   |                                |                     |                              |                                 | <u></u>          |
| Sec                                       |   |  |   |                                |                     |                              |                                 |                  |
|   | tion C. Computation of Pu<br>Public support percentage for 20   | blic Support F   | Percentage  | e 13, column (f))              |                     |                              | 15                              | %                |
| 15  | tion C. Computation of Pu   | <b>blic Support F</b><br>23 (line 8, column  | Percentage<br>(f), divided by lin   |                                |                     |                              | 15<br>16                        | 00               |
| 15<br>16                                  | tion C. Computation of Pu<br>Public support percentage for 20   | <b>blic Support f</b><br>23 (line 8, column<br>2022 Schedule A,  | Percentage<br>(f), divided by lin<br>Part III, line 15  |                                |                     |                              |                                 |                  |
| 15<br>16<br><b>Se</b> c                   | tion C. Computation of Pu<br>Public support percentage for 20<br>Public support percentage from 2   | blic Support F<br>23 (line 8, column<br>2022 Schedule A,<br>restment Inco  | Percentage  (f), divided by lin Part III, line 15 me Percentag  | <u></u> е                      |                     |                              |                                 |                  |
| 15<br>16<br><b>Sec</b><br>17              | tion C. Computation of Pu<br>Public support percentage for 20<br>Public support percentage from 2<br>tion D. Computation of Inv   | blic Support F<br>23 (line 8, column<br>2022 Schedule A,<br>restment Inco<br>or 2023 (line 10c,  | Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided  | <b>e</b> d by line 13, colu    | mn (f))             |                              | 16                              | %                |
| 15<br>16<br><b>Sec</b><br>17<br>18        | tion C. Computation of Pu<br>Public support percentage for 20<br>Public support percentage from 2<br>tion D. Computation of Inv<br>Investment income percentage for<br>Investment income percentage from 33-1/3% support tests—2023. If the | blic Support F<br>23 (line 8, column<br>2022 Schedule A,<br>restment Inco<br>or 2023 (line 10c,<br>om 2022 Schedul<br>the organization di  | Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided e A, Part III, line 1 d not check the bo                                     | ed by line 13, column 17       | mn (f))             |                              | 16 17 18 , and line             | %<br>%<br>17     |
| 15<br>16<br><b>Sec</b><br>17<br>18<br>19a | tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 13-1/3% support tests—2023. If the support is not more than 33-1/3%, check         | blic Support in 23 (line 8, column 2022 Schedule A, restment Incompression 2023 (line 10c, from 2022 Scheduline organization did this box and stop   | Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided e A, Part III, line 1 d not check the booker. The organiz                    | ed by line 13, coluing 17      | mn (f))             | han 33-1/3%<br>rted organiza | 17   18   , and line ation      | %<br>%<br>%      |
| 15<br>16<br><b>Sec</b><br>17<br>18<br>19a | tion C. Computation of Pu<br>Public support percentage for 20<br>Public support percentage from 2<br>tion D. Computation of Inv<br>Investment income percentage for<br>Investment income percentage from 33-1/3% support tests—2023. If the | blic Support In 23 (line 8, column 2022 Schedule A, restment Incompression 2023 (line 10c, rom 2022 Scheduline organization did this box and stopme organization did organizatio | Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided e A, Part III, line 1 d not check the bookere. The organized not check a box | ed by line 13, colulation (17) | mn (f))             | han 33-1/3%<br>rted organiza | 17<br>18<br>, and line<br>ation | %<br>%<br>17<br> |

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

## **Section A. All Supporting Organizations**

|     |   |                | Yes | No |
|-----|---|----------------|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1              |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2              |     |    |
| 3а  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   | <u>-</u><br>За |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b             |     |    |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c             |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a             |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b             |     |    |
| С   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c             |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a             |     |    |
| b   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b             |     |    |
| С   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c             |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  | 6              |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .   | 7              |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8              |     |    |
| 9а  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If "Yes," provide detail in <b>Part VI.</b>   | 9a             |     |    |
| b   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9b             |     |    |
| С   | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>   | 9с             |     |    |
| 0 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   | 10a            |     |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10a            |     |    |

| Pa  | rt I\                  | V   Supporting Organizations (continued)   |         |         |    |
|-----|------------------------|--|---------|---------|----|
| 11  | На                     | as the organization accepted a gift or contribution from any of the following persons?   |         | Yes     | No |
|     | ı A                    | person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, e governing body of a supported organization?  | 11a     |         |    |
| L   |                        |  |         |         |    |
|     | ) A                    | family member of a person described on line 11a above?   | 11b     |         |    |
|     |                        | 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  | 11c     |         |    |
| Sec | tio                    | n B. Type I Supporting Organizations   |         |         |    |
| 1   | or<br>off<br>or<br>the | id the governing body, members of the governing body, officers acting in their official capacity, or membership of one is more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ficers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported rganization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more an one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees ere allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers |         | Yes     | No |
| 2   | Die<br>tha             | uring the tax year.  In the organization operate for the benefit of any supported organization other than the supported organization(s) at operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such experience out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  | 2       |         |    |
| Sec | tio                    | n C. Type II Supporting Organizations  |         |         |    |
|     |                        |  |         | Yes     | No |
| 1   | of                     | Tere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1       |         |    |
| Sec | tio                    | n D. All Type III Supporting Organizations   |         |         |    |
| 1   |                        | id the consideration movids to each of the companied annual attitude by the Leat day of the COL words of the   |         | Yes     | No |
| 1   | or<br>ye               | id the organization provide to each of its supported organizations, by the last day of the fifth month of the ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1       |         |    |
| 2   | or                     | dere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  | 2       |         |    |
| 3   | vo<br>all              | y reason of the relationship described on line 2, above, did the organization's supported organizations have a significant policie in the organization's investment policies and in directing the use of the organization's income or assets at I times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played this regard.  | 3       |         |    |
| Sec |                        | n E. Type III Functionally Integrated Supporting Organizations   |         |         |    |
|     |                        | heck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction  | ons).   |         |    |
| i   | а                      | The organization satisfied the Activities Test. Complete line 2 below.   |         |         |    |
| ı   | ь <u>=</u>             | The organization is the parent of each of its supported organizations. <i>Complete <b>line 3</b> below.</i>  |         |         |    |
| (   | c _                    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in  | nstruci | tions). |    |
| 2   | Ac                     | ctivities Test. <i>Answer lines 2a and 2b below.</i>   |         | Yes     | No |
| á   | su<br>or<br>re         | id substantially all of the organization's activities during the tax year directly further the exempt purposes of the apported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported rganizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was supported organizations, and how the organization determined that these activities constituted   | 20      |         |    |
|     | Su                     | ubstantially all of its activities.  | 2a      |         |    |
| ı   | re.                    | id the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the easons for the organization's position that its supported organization(s) would have engaged in these activities out for the organization's involvement.  | 2b      |         |    |
| 3   | Pa                     | arent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>   |         |         |    |
|     | a Di                   | id the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>   | 3a      |         |    |
| ı   |                        | id the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its upported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b      |         |    |

| Pa  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   | ganiza   | tions  |                                   |
|-----|--|----------|--|-----------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | on Nov   | . 20, 1970 (explain in complete Sections A t | Part VI). <b>See</b><br>hrough E. |
| Sec | tion A — Adjusted Net Income   |          | (A) Prior Year                               | (B) Current Year<br>(optional)    |
| 1   | Net short-term capital gain  | 1        |  |                                   |
| 2   | Recoveries of prior-year distributions   | 2        |  |                                   |
| 3   | Other gross income (see instructions)  | 3        |  |                                   |
| 4   | Add lines 1 through 3.   | 4        |  |                                   |
| 5   | Depreciation and depletion   | 5        |  |                                   |
| 6   | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6        |  |                                   |
| 7   | Other expenses (see instructions)  | 7        |  |                                   |
| 8   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8        |  |                                   |
| Sec | ction B — Minimum Asset Amount   |          | (A) Prior Year                               | (B) Current Year<br>(optional)    |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |          |  |                                   |
| á   | Average monthly value of securities  | 1a       |  |                                   |
| - 1 | Average monthly cash balances  | 1b       |  |                                   |
|     | Fair market value of other non-exempt-use assets   | 1c       |  |                                   |
|     | d Total (add lines 1a, 1b, and 1c)   | 1d       |  |                                   |
| •   | e Discount claimed for blockage or other factors (explain in detail in Part VI):   |          |  |                                   |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2        |  |                                   |
| 3   | Subtract line 2 from line 1d.  | 3        |  |                                   |
| 4   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4        |  |                                   |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5        |  |                                   |
| 6   | Multiply line 5 by 0.035.  | 6        |  |                                   |
| 7   | Recoveries of prior-year distributions   | 7        |  |                                   |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8        |  |                                   |
| Sec | ction C — Distributable Amount   |          |  | Current Year                      |
| _1  | Adjusted net income for prior year (from Section A, line 8, column A)  | 1        |  |                                   |
| 2   | Enter 0.85 of line 1.  | 2        |  |                                   |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3        |  |                                   |
| 4   | Enter greater of line 2 or line 3.   | 4        |  |                                   |
| 5   | Income tax imposed in prior year   | 5        |  |                                   |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6        |  |                                   |
| 7   | Check here if the current year is the organization's first as a non-functionally inter   | grated T | ype III supporting orga                      | anization                         |

BAA Schedule A (Form 990) 2023

| Pai | rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations(continued)  |    |              |
|-----|--|----|--------------|
| Sec | tion D - Distributions   |    | Current Year |
| 1   | Amounts paid to supported organizations to accomplish exempt purposes  | 1  |              |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2  |              |
| 3   | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3  |              |
| 4   | Amounts paid to acquire exempt-use assets  | 4  |              |
| 5   | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5  |              |
| 6   | Other distributions (describe in Part VI). See instructions.   | 6  |              |
| 7   | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7  |              |
| 8   | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8  |              |
| 9   | Distributable amount for 2023 from Section C, line 6   | 9  |              |
| 10  | Line 8 amount divided by line 9 amount   | 10 |              |

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

BAA Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

## Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

0, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

COLUMBIA RIVERKEEPER 91-1583492 Organization type (check one): Filers of: Section: 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

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

COLUMBIA RIVERKEEPER

91-1583492

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional sp | ace is needed.             |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |  | \$550,000.                 | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |  | \$215,000.                 | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |  | \$140,000.                 | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>4</u>   |  | \$300,000.                 | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>5</u>   |  | \$ <u>135,000.</u>         | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>6</u>   |  | \$ <u>750,000.</u>         | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
|            | TEE 0.7001 00/00/02  |                            |  |

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) Total contributions (d) Type of contribution (a) No. Name, address, and ZIP + 4 Person Χ <u>7\_</u>\_ **Payroll** 1,000,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. (c) Total contributions (d) Type of contribution (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c)
Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

COLUMBIA RIVERKEEPER

Name of organization Employer identification number

91-1583492 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Employer identification number 91–1583492

| Part III                  | Exclusively religious, charitable, etc. or (10) that total more than \$1,000 the following line entry. For organizations co | for the year from any one contribu            | tor. Complete columns (a) through (e) and |
|---------------------------|---|---|---|
|                           | contributions of <b>\$1,000</b> or less for the year. (I Use duplicate copies of Part III if additional s                   | Enter this information once. See instructions | \$N/A                                     |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                               | (d) Description of how gift is held       |
|                           | N/A   |   |   |
|                           |   |   |   |
|                           | Transferee's name, addres   | (e) Transfer of gift                          | ationship of transferor to transferee     |
|                           |   |   |   |
|                           |   |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                               | (d) Description of how gift is held       |
|                           |   |   |   |
|                           |   | (e) Transfer of gift                          |   |
|                           | Transferee's name, addres   | ss, and ZIP + 4 Rela                          | ationship of transferor to transferee     |
|                           |   |   |   |
|                           |   |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                               | (d) Description of how gift is held       |
|                           |   |   |   |
|                           |   | (e) Transfer of gift                          |   |
|                           | Transferee's name, addres   |   | ationship of transferor to transferee     |
|                           |   |   |   |
|                           |   |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                               | (d) Description of how gift is held       |
|                           | <br>  |   |   |
|                           |   |   |   |
|                           | Transferee's name, addres   | (e) Transfer of gift<br>ss, and ZIP + 4 Rel   | ationship of transferor to transferee     |
|                           |   |   |   |
|                           |   |   |   |

## SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

| •    | •                               | ) (see separate instructi<br>: 501(c)(4), (5), or (6) or  | rganizations: Complete Part III.   |   |  |  |
|------|---------------------------------|---|--|---|--|--|
| Name | of organ                        | ization   |  |   | Employer identification  | ation number   |
|      |                                 | A RIVERKEEPER   |  |   | 91-158349  |  |
|      |                                 |   | ganization is exempt under section   | , ,   | _  | on.  |
| 1    |                                 |   | organization's direct and indirect political ca<br>n of "political campaign activities."   | ampaign activities in P   | art IV.  |  |
|      |                                 |   | penditures. See instructions   |   |  |  |
| Par  | t I-B                           | Complete if the or  | rganization is exempt under secti  | ion 501(c)(3).  |  |  |
|      |                                 | •   | se tax incurred by the organization under s  | , , , ,   | \$   | 0.   |
| 2    | Enter                           | the amount of any exci  | se tax incurred by organization managers (   | under section 4955  | \$   | 0.   |
| 3    |                                 |   | section 4955 tax, did it file Form 4720 for t  |   |  |  |
| 4a   | Was a                           | a correction made?  |  |   |  | Yes No   |
|      |                                 | s," describe in Part IV.  |  |   |  |  |
| Par  | t I-C                           | Complete if the or  | rganization is exempt under secti  | ion <b>501(c)</b> , excep   | ot section 501(c)(3)   | ).   |
| 1    | Enter                           | the amount directly exp   | pended by the filing organization for section  | 527 exempt function   | activities\$   |  |
| 2    |                                 |   | organization's funds contributed to other c  |   |  |  |
| 3    | Total<br>line 1                 | exempt function expend<br>7b  | ditures. Add lines 1 and 2. Enter here and d   | on Form 1120-POL,   | \$   |  |
| 4    | Did th                          | ne filing organization file   | Form 1120-POL for this year?   |   |  | Yes No   |
| 5    | Enter<br>organ<br>amou<br>segre | the names, addresses,<br>iization made payments<br>int of political contribution<br>gated fund or a political | and employer identification number (EIN) and employer identification number (EIN) and enter the amons received that were promptly and directly action committee (PAC). If additional space | of all section 527 polition of all section 527 polition the filipy delivered to a separate is needed, provide | ical organizations to wh<br>ng organization's funds<br>ate political organization<br>information in Part IV. | nich the filing<br>. Also enter the<br>n, such as a separate   |
|      |                                 | (a) Name  | <b>(b)</b> Address   | (c) EIN   | (d) Amount paid from filing organization's funds. If none, enter-0   | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1)  |                                 |   |  |   |  |  |
| (2)  |                                 |   |  |   |  |  |
| (3)  |                                 |   |  |   |  |  |
| (4)  |                                 |   |  |   |  |  |
| (5)  |                                 |   |  |   |  |  |
| (6)  |                                 |   |  |   |  |  |

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

Schedule C (Form 990) 2023

| Pai          | rt II-A Complete if t<br>section 501(   | he organization i<br>(h)).                                | s exempt under section  | on 501(c)(3) and file  | ed Form 5768 (electi             | on under                            |
|--------------|---|---|---|--|----------------------------------|-------------------------------------|
| Α            | Check if the filir  | ng organization belon                                     | gs to an affiliated group (a  | and list in Part IV each a   | affiliated group member          | 's name,                            |
|              | address,  | EIN, expenses, and  | share of excess lobbying e  | expenditures).   |                                  |                                     |
| В            | Check if the filir  | ng organization check                                     | ked box A and "limited con  | trol" provisions apply.  |                                  |                                     |
|              |   |   | ns amounts paid or incurr   | •  | (a) Filing organization's totals | <b>(b)</b> Affiliated group totals  |
| 1a           | Total lobbying expenditu  | ires to influence publ                                    | ic opinion (grassroots lobb   | ying)  | 1,492.                           |                                     |
| b            | , , ,   |   | gislative body (direct lobby  | 0,   | 4,376.                           |                                     |
| С            | , , ,   | •   | d 1b)   |  | 5,868.                           | 0.                                  |
| d            |   | •   |   |  | 2,638,021.                       |                                     |
| е            | Total exempt purpose ex   | xpenditures (add line                                     | s 1c and 1d)  |  | 2,643,889.                       | 0.                                  |
| f            |   |   | unt from the following table  |  | 282,194.                         |                                     |
| L            | If the amount on line 1e, colu  |   | The lobbying nontaxable a   | amount is  |                                  |                                     |
| -            | not over \$500,000,   |   | 20% of the amount on line 1e.   | <b>#</b> 500.000   |                                  |                                     |
| F            | over \$500,000 but not over \$1,0   |   | \$100,000 plus 15% of the excess of   | . ,  |                                  |                                     |
| -            | over \$1,000,000 but not over \$  |   | \$175,000 plus 10% of the excess of   |  |                                  |                                     |
| -            | over \$1,500,000 but not over \$  |   | \$225,000 plus 5% of the excess ov  | /er \$1,500,000.   |                                  |                                     |
| L            | over \$17,000,000,  |   | \$1,000,000.<br>f line 1f)  |  | 70 540                           |                                     |
| g<br>h       |   | •   | enter -0  |  | 70,549.                          | 0.                                  |
|              | •   |   | enter -0  |  | 0.                               | 0.                                  |
| j            | section 4911 tax for this   | year?   | er line 1h or line 1i, did the  | e organization file Form   | 4720 reporting                   |                                     |
|              | (Soi  |   |   |  | complete all of the five         |                                     |
|              | (Soi  | me organizations tha<br>columns be                        | t made a section 501(h) el<br>low. See the separate inst  | lection do not have to c<br>ructions for lines 2a th   | rough 2f.)                       |                                     |
|              | (Soi  | me organizations tha<br>columns be                        | it made a section 501(h) el   | lection do not have to c<br>ructions for lines 2a th   | rough 2f.)                       |                                     |
| Cale         | endar year (or fiscal year<br>beginning in)   | me organizations tha<br>columns be                        | t made a section 501(h) el<br>low. See the separate inst  | lection do not have to c<br>ructions for lines 2a th   | rough 2f.)                       | (e) Total                           |
|              | endar year (or fiscal year  | me organizations tha<br>columns be<br>Lobby               | at made a section 501(h) el<br>low. See the separate inst<br>ving Expenditures During 4<br>(b) 2021     | lection do not have to c<br>ructions for lines 2a the<br>4-Year Averaging Perio                        | rough 2f.)<br>d                  | (e) Total<br>1,044,026.             |
| 2a           | endar year (or fiscal year<br>beginning in)<br>Lobbying nontaxable  | me organizations tha<br>columns be<br>Lobby<br>(a) 2020   | at made a section 501(h) el<br>low. See the separate inst<br>ving Expenditures During 4<br>(b) 2021     | lection do not have to c<br>ructions for lines 2a the<br>4-Year Averaging Perio<br>(c) 2022            | rough 2f.)<br>d<br>(d) 2023      |                                     |
| 2a<br>b      | endar year (or fiscal year<br>beginning in)  Lobbying nontaxable<br>amount  Lobbying ceiling<br>amount (150% of line  | me organizations tha<br>columns be<br>Lobby<br>(a) 2020   | th made a section 501(h) el low. See the separate instring Expenditures During (b) 2021  3. 252,849.    | lection do not have to c<br>ructions for lines 2a the<br>4-Year Averaging Perio<br>(c) 2022            | rough 2f.)<br>d<br>(d) 2023      | 1,044,026.                          |
| 2a<br>b      | Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying   | me organizations that columns be Lobby  (a) 2020  235,108 | th made a section 501(h) el low. See the separate instring Expenditures During 4  (b) 2021  3. 252,849. | lection do not have to c<br>ructions for lines 2a the<br>4-Year Averaging Perio<br>(c) 2022            | rough 2f.) d (d) 2023 282,194.   | 1,044,026.<br>1,566,039.            |
| 2a<br>b<br>c | endar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable | me organizations that columns be Lobby  (a) 2020  235,108 | th made a section 501(h) el low. See the separate instring Expenditures During 4  (b) 2021  3. 252,849. | ection do not have to c<br>ructions for lines 2a the<br>4-Year Averaging Perio<br>(c) 2022<br>273,875. | rough 2f.) d (d) 2023 282,194.   | 1,044,026.<br>1,566,039.<br>15,314. |

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|               | (election under Section 301(11)).   |               |                 |                 |                |       |    |
|---------------|---|---------------|-----------------|-----------------|----------------|-------|----|
|               |   | (a            | 1)              |                 | (b)            | ,     |    |
| For e<br>desc | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.   | Yes           | No              |                 | Amoi           | unt   |    |
| 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:              |               |                 |                 |                |       |    |
|               | Volunteers?   |               |                 |                 |                |       |    |
|               | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |               |                 |                 |                |       |    |
|               | Media advertisements?   |               |                 | <u> </u>        |                |       |    |
|               | Mailings to members, legislators, or the public?  |               |                 | <u> </u>        |                |       |    |
| _             | Publications, or published or broadcast statements?   |               |                 | <u> </u>        |                |       |    |
| f             | Grants to other organizations for lobbying purposes?  |               |                 | <u> </u>        |                |       |    |
| _             | Direct contact with legislators, their staffs, government officials, or a legislative body?   |               |                 |                 |                |       |    |
|               | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |               |                 |                 |                |       |    |
| i             | Other activities?   |               |                 |                 |                |       |    |
| j             | Total. Add lines 1c through 1i  |               |                 | <u> </u>        |                |       |    |
|               | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?   |               |                 |                 |                |       |    |
|               | If "Yes," enter the amount of any tax incurred under section 4912   |               |                 |                 |                |       |    |
|               | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |               |                 |                 |                |       |    |
|               | 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 section 501(c)(6).  | (c)(5         | ), or           |                 |                |       |    |
|               |   |               |                 |                 | ,              | Yes   | 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?   |               |                 |                 | 2              |       |    |
| 3             | Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri   | or yea        | r?              |                 | 3              |       |    |
| Par           | t III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  | (c)(5<br>Part | ), or<br>III-A, | secti<br>, line | on 50<br>3, is | )1(c) | )  |
| 1             | Dues, assessments and similar amounts from members  |               | 1               |                 |                |       |    |
| 2             | Section 162(e) nondeductible 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              |                 |                |       |    |
| С             | 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 expenditures pext year? | al            | 4               |                 |                |       |    |

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**5** Taxable amount of lobbying and political expenditures. See instructions.....

BAA Schedule C (Form 990) 2023

## SCHEDULE D (Form 990)

## Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| Inspection | Employer identification number

COLUMBIA RIVERKEEPER 91-1583492 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . . . . Aggregate value of grants from (during 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?... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?..... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

| Schedule D (Form 990) 2023 COLUMBIA  |                                    |  |   | 91-1583                   |                   | Page 2       |
|--|------------------------------------|--|---|---------------------------|-------------------|--------------|
| Part III Organizations Maintaining   | Collections                        | of Art, Historical                             | Treasures, or                           | Other Similar Assets      | (continued)       | )            |
| 3 Using the organization's acquisition, accitems (check all that apply).                   | ession, and oth                    | ner records, check an                          | y of the following t                    | that make significant use | of its collection | on           |
| a Public exhibition  |                                    | <b>d</b> Loan or exc                           | hange program                           |                           |                   |              |
| <b>b</b> Scholarly research  |                                    | e Other  |   |                           |                   |              |
| c Preservation for future generations  |                                    | <u> </u>                                       |   |                           |                   |              |
| 4 Provide a description of the organization Part XIII.                                     | 's collections a                   | and explain how they                           | further the organiz                     | ration's exempt purpose   | in                |              |
| 5 During the year, did the organization soli<br>to be sold to raise funds rather than to b | cit or receive d<br>e maintained a | donations of art, histons part of the organiza | rical treasures, or ation's collection? | other similar assets      | Yes               | No           |
| Part IV Escrow and Custodial Ar<br>Complete if the organizat<br>Form 990, Part X, line 21  | ion answere                        |  | 990, Part IV,                           | line 9, or reported a     | an amount         | on           |
| 1a Is the organization an agent, trustee, cus<br>on Form 990, Part X?                      | stodian, or othe                   |  |   |                           | Yes               | No           |
| <b>b</b> If "Yes," explain the arrangement in Part   |                                    |  |   |                           |                   |              |
| , ,  | ·                                  | J  |   |                           | Amount            |              |
| c Beginning balance  |                                    |  |   | 1c                        |                   |              |
| <b>d</b> Additions during the year   |                                    |  |   | 1d                        |                   |              |
| e Distributions during the year  |                                    |  |   |                           |                   |              |
| f Ending balance   |                                    |  |   |                           |                   |              |
| 2a Did the organization include an amount of   |                                    |  |   |                           | Yes               | No           |
| <b>b</b> If "Yes," explain the arrangement in Pari   |                                    |  |   |                           |                   | ┥            |
| b ii res, explain the arrangement iii r an   | 7 7 THE OFFICER THE                | ore in the explanation                         | nas been provided                       | 2 III T GI C 7 (III       |                   | _            |
| Part V Endowment Funds   |                                    |  |   |                           |                   |              |
| Complete if the organizat  | ion answere                        | ed "Yes" on Form                               | 990 Part IV                             | line 10                   |                   |              |
|  |                                    |  |   |                           | +                 |              |
|  | Current year                       | (b) Prior year                                 | (c) Two years back                      |                           | (e) Four years    |              |
| 1a Beginning of year balance   | 33,573.                            | 43,436.  | 39,42                                   | 8. 35,141.                | 30,               | <u>,340.</u> |
| <b>b</b> Contributions   |                                    |  |   |                           |                   |              |
| c Net investment earnings, gains, and losses   | 5,402.                             | -8,346.  | 5,43                                    | 4. 5,713.                 | 6,                | ,263.        |
| d Grants or scholarships   |                                    |  |   |                           |                   |              |
| e Other expenditures for facilities and programs   | 1,562.                             | 1,517.   | 1,42                                    | 6. 1,426.                 | 1,                | ,462.        |
| f Administrative expenses  |                                    |  |   |                           |                   |              |
| g End of year balance  | 37,413.                            | 33,573.  | 43,43                                   | 6. 39,428.                | 35,               | ,141.        |
| 2 Provide the estimated percentage of the  | current year er                    | nd balance (line 1g, c                         | olumn (a)) held as                      | S:                        |                   |              |
| a Board designated or quasi-endowment  |                                    | %  |   |                           |                   |              |
| <b>b</b> Permanent endowment 87.   | . 3 <mark>9</mark> %               |  |   |                           |                   |              |
| c Term endowment 12.61   |                                    |  |   |                           |                   |              |
| The percentages on lines 2a, 2b, and 2c  |                                    | 100%.  |   |                           |                   |              |
| 3a Are there endowment funds not in the po   | saccion of the                     | a arganization that ar                         | a hald and admini                       | atarad for the            |                   |              |
| organization by:   | 222221011 01 111                   | e organization that ar                         | e neiu anu aumini                       | stered for the            | Yes               | No           |
| (i) Unrelated organizations?   |                                    |  |   |                           | 3a(i) X           |              |
| (ii) Related organizations?  |                                    |  |   |                           | 3a(ii)            | Х            |
| <b>b</b> If "Yes" on line 3a(ii), are the related org                                      |                                    |  |   |                           | 3b                |              |
| 4 Describe in Part XIII the intended uses of   |                                    | ·  |   |                           |                   |              |
| Part VI Land, Buildings, and Equ   |                                    | ion s chaowinent fant                          |   |                           |                   |              |
| 3-7-1  |                                    | Form 000 Port IV I                             | no 11a Coo Form                         | 000 Part V line 10        |                   |              |
| Complete if the organization ans   |                                    |  |   |                           |                   |              |
| Description of property  | (a) Cost                           | or other basis (b                              | Cost or other                           | (c) Accumulated           | (d) Book va       | alue         |
| <b>1a</b> Land   | `                                  | vestment)                                      | basis (other)                           | depreciation              |                   |              |
|  |                                    |  |   |                           |                   |              |
| <b>b</b> Buildings   |                                    |  |   |                           |                   |              |
| c Leasehold improvements   |                                    |  | <b></b>                                 | :                         |                   |              |
| <b>d</b> Equipment   |                                    |  | 71,995.                                 | 40,754.                   | 31                | <u>,241.</u> |
| e Other.   |                                    |  |   |                           |                   |              |
| Total. Add lines 1a through 1e. (Column (d) m  | ust equal Form                     | n 990, Part X, line 100                        | c, column (B))                          |                           | 31                | <u>,241.</u> |

| (a) Descrir  | COMPLETE II THE OFFICIALIZATION ANSWELED TES OF                                 | n Form 990. Part IV. lin | e 11b. See Form 990, Part X, line 12.    |                            |
|--|---|--------------------------|--|----------------------------|
| (a) Descrip  | ption of security or category (including name of security)                      | (b) Book value           | (c) Method of valuation: Cost or end-o   | f-year market value        |
| (1) Financia   | I derivatives   |                          |  |                            |
| (2) Closely I  | held equity interests   |                          |  |                            |
| (3) Other  |   |                          |  |                            |
| (A)  |   |                          |  |                            |
| (A)<br>(B)   |   |                          |  |                            |
| (C)  |   |                          |  |                            |
| (D)  |   |                          |  |                            |
| (E)  |   |                          |  |                            |
| (F)  |   |                          |  |                            |
| (G)  |   |                          |  |                            |
| (H)  |   |                          |  |                            |
| (l)  |   |                          |  |                            |
|  | n (b) must equal Form 990, Part X, line 12, column (B))                         | 4,357,462.               |  |                            |
| Part VIII  | Investments — Program Related   | n Form OOO Dort IV lin   | N/A                                      |                            |
|  | Complete if the organization answered "Yes" o  (a) Description of investment    | (b) Book value           | (c) Method of valuation: Cost or end-    | of-vear market value       |
| (1)  | (a) Description of investment   | (b) Book value           | (c) Wethod of Valuation. Cost of end-    | -or-year market value      |
| (1)<br>(2)   |   |                          |  |                            |
| (3)  |   |                          |  |                            |
| (4)  |   |                          |  |                            |
| (5)  |   |                          |  |                            |
| (6)  |   |                          |  |                            |
| (7)  |   |                          |  |                            |
| (8)  |   |                          |  |                            |
| (9)  |   |                          |  |                            |
| (10)   |   |                          |  |                            |
|  | n (b) must equal Form 990, Part X, line 13, column (B))                         |                          |  |                            |
| Part IX  | Other Assets  | N/A                      |  |                            |
|  | Complete if the organization answered "Yes" o                                   |                          | e 11d. See Form 990, Part X, line 15.    | 455                        |
| (1)  | (a) De  | scription                |  | (b) Book value             |
| (1)  |   |                          |  |                            |
| (3)  |   |                          |  |                            |
|  |   |                          |  |                            |
| (4)  |   |                          |  |                            |
| (4)<br>(5)   |   |                          |  |                            |
| (4)<br>(5)<br>(6)  |   |                          |  |                            |
| (5)<br>(6)<br>(7)  |   |                          |  |                            |
| (5)<br>(6)<br>(7)<br>(8)   |   |                          |  |                            |
| (5)<br>(6)<br>(7)<br>(8)<br>(9)  |   |                          |  |                            |
| (5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)  |   |                          |  |                            |
| (5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br><b>Total.</b> (Columnian)                                 | mn (b) must equal Form 990, Part X, line 15, co                                 | olumn (B))               |  |                            |
| (5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)  | Other Liabilities   |                          |  | 25                         |
| (5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br><b>Total.</b> (Columnia)                                  | Other Liabilities<br>Complete if the organization answered "Yes" o              | n Form 990, Part IV, lin |  |                            |
| (5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br><b>Total.</b> (Colu.                                      | Other Liabilities<br>Complete if the organization answered "Yes" o<br>(a) Descr |                          |  | 25 . <b>(b)</b> Book value |
| (5) (6) (7) (8) (9) (10)  Total. (Colu.)  Part X  1. (1) Federa                                      | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Column Part X  1. (1) Federa                                       | Other Liabilities<br>Complete if the organization answered "Yes" o<br>(a) Descr | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Colu.  Part X  1. (1) Federa (2) RIGH (3) (4)                      | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Colu.  Part X  1. (1) Federa (2) RIGH (3) (4) (5)                  | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Column  Part X  1. (1) Federal (2) RIGH (3) (4) (5) (6)            | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Column Part X  1. (1) Federa (2) RIGH (3) (4) (5) (6) (7)          | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Column Part X  1. (1) Federal (2) RIGH (3) (4) (5) (6) (7) (8)     | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Column Part X  1. (1) Federal (2) RIGH (3) (4) (5) (6) (7) (8) (9) | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Columna X  1. (1) Federa (2) RIGH (3) (4) (5) (6) (7) (8) (9) (10) | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin |  | (b) Book value             |
| (5) (6) (7) (8) (9) (10)  Total. (Columna  | Other Liabilities Complete if the organization answered "Yes" o  (a) Descr      | n Form 990, Part IV, lin | e 11e or 11f. See Form 990, Part X, line |                            |

| Part XI   Reconciliation of Revenue per Audited Financial Statements With Revenue per  | er Return   |  |
|--|-------------|--|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12  | a.          |  |
| 1 Total revenue, gains, and other support per audited financial statements   | 1           | 5,920,469.   |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |             |  |
| a Net unrealized gains (losses) on investments   | 4,472.      |  |
|  | 4,063.      |  |
| c Recoveries of prior year grants  |             |  |
| d Other (Describe in Part XIII.). 2d   |             |  |
| e Add lines 2a through 2d.   | 2e          | 348,535.   |
| 3 Subtract line 2e from line 1   |             | 5,571,934.   |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |             |  |
| a Investment expenses not included on Form 990, Part VIII, line 7b   |             |  |
| b Other (Describe in Part XIII.). 4b   |             |  |
| c Add lines 4a and 4b  | 4c          |  |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5           | 5,571,934.   |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses   | per Return  |  |
|  | P           |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12  | •           |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  | a.          | 2,817,952.   |
| · · · · · · · · · · · · · · · · · · ·  | a.          | 2,817,952.   |
| <ul><li>1 Total expenses and losses per audited financial statements.</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>  | a.<br>1     | 2,817,952.   |
| <ul><li>1 Total expenses and losses per audited financial statements.</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>  | a.          | 2,817,952.   |
| 1 Total expenses and losses per audited financial statements   | a.<br>1     | 2,817,952.   |
| 1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 b  | a.<br>1     | 2,817,952.   |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses 2 Donated Services and Use of facilities. 2 Donated Services and Uses of facilities. 3 Donated Services and Uses of facilities. 4 Donated Services and Uses of facilities. 5 Donated Services and Uses of facilities and U | 1<br>4,063. |  |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  | 1<br>4,063. | 174,063.   |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 1<br>4,063. | 174,063.   |
| 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Aa   | 1<br>4,063. | 174,063.   |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.   | 1<br>4,063. | 174,063.   |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.   | 2e 4c       | 174,063.<br>2,643,889.                             |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.).  | 2e 4c       | 2,817,952.<br>174,063.<br>2,643,889.<br>2,643,889. |

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2023

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

**ջ** □ (h) Purpose of grant or assistance FOSSIL FUEL FOSSIL FUEL FOSSIL FUEL FOSSIL FUEL Employer identification number PROJECT PROJECT PROJECT PROJECT XYes Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 91-1583492 0 "Yes" (g) Description of noncash assistance Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered SEE PART IV 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance; and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 (e) Amount of noncash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 8,500 25,000 8,000 12,500 (c) IRC section (if applicable) 46-4120269 501 (C) (3) 93-2531977 501 (C) (3) 91-1123316 501 (C) (3) 47-5198905 501 (C) (3) Part I General Information on Grants and Assistance (**b**) EIN (3) CA INTERFAITH POWER & LIGHT **1 (a)** Name and address of organization or government 2257 NW HIGH LAKES LOOP BEND, OR 97701 COLUMBIA RIVERKEEPER 3625 N MISSISSIPI AVE PORTIAND, OR 97227 (1) WA PHYSICIANS

2524 16TH AVE S #300

SEATTLE, WA 98144 685 14TH ST \_\_\_\_OAKLAND, CA 94612 (4) 350 DESCHUTES 1 Name of the organizatior İ (2) 350 PDX l 1 6 (5) (9)

Enter total number of other organizations listed in the line 1 table..

8

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

COLUMBIA RIVERKEEPER Schedule I (Form 990) 2023

Part III

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance വ 8 ന 4 9

# PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

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

THE PROCESS FOR MONITORING IS ESTABLISHING THE WORK TO BE FUNDED AND HAVING THE

GRANTEE SIGN TO CONFIRM. AT THE END OF THE GRANT PERIOD THEY REPORT ON PROGRESS MADE.

## SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Ins

COLUMBIA RIVERKEEPER 91-1583492

Part I Questions Regarding Compensation

| aı | Questions Regarding Compensation   |   |          |          |    |
|----|--|---|----------|----------|----|
|    |  |   |          | Yes      | No |
| 1a | Check the appropriate box(es) if the organization provided any vol., Section A, line 1a. Complete Part III to provide any relevant   | of the following to or for a person listed on Form 990, Part t information regarding these items. |          |          |    |
|    | First-class or charter travel  | Housing allowance or residence for personal use   |          |          |    |
|    | Travel for companions  | Payments for business use of personal residence   |          |          |    |
|    | Tax indemnification and gross-up payments  | Health or social club dues or initiation fees   |          |          |    |
|    | Discretionary spending account   | Personal services (such as maid, chauffeur, chef)   |          |          |    |
| b  | If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described abo   |   | 1b       |          |    |
|    |  |   |          |          |    |
| 2  | Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, reg   |   | 2        |          |    |
| 3  | Indicate which, if any, of the following the organization used to Executive Director. Check all that apply. Do not check any boxe establish compensation of the CEO/Executive Director, but expl | es for methods used by a related organization to  |          |          |    |
|    | Compensation committee   | Written employment contract   |          |          |    |
|    | Independent compensation consultant  | Compensation survey or study  |          |          |    |
|    | Form 990 of other organizations  | X Approval by the board or compensation committee   |          |          |    |
|    | During the year, did any person listed on Form 990, Part VII, Se organization or a related organization:   |   | 4-       |          | v  |
|    | <ul> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonquali</li> </ul>  |   | 4a<br>4b | $\vdash$ | X  |
|    | : Participate in or receive payment from a supplemental honduali<br>: Participate in or receive payment from an equity-based compen  | · · · · · · · · · · · · · · · · · · ·   | 40<br>4c | $\vdash$ | X  |
| ·  | If "Yes" to any of lines 4a-c, list the persons and provide the ap   |   | 70       |          | 71 |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations  | must complete lines 5-9.  |          |          |    |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, diccontingent on the revenues of:  | d the organization pay or accrue any compensation   |          |          |    |
| а  | The organization?  |   | 5a       |          | Х  |
| b  | Any related organization?  |   | 5b       |          | Χ  |
|    | If "Yes" on line 5a or 5b, describe in Part III.   |   |          |          |    |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:   | d the organization pay or accrue any compensation   |          |          |    |
|    | The organization?  |   | 6a       |          | Χ  |
| b  | Any related organization?  |   | 6b       |          | X  |
|    | If "Yes" on line 6a or 6b, describe in Part III.   |   |          |          |    |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, dic payments not described on lines 5 and 6? If "Yes," describe in   | d the organization provide any nonfixed Part III  | 7        |          | Х  |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accr  | rued pursuant to a contract that was subject  |          |          |    |
|    | to the initial contract exception described in Regulations section If "Yes," describe in Part III.   | n 53.4958-4(a)(3)?<br>· · · · · · · · · · · · · · · · · · ·                                       | 8        |          | Х  |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable  | e presumption procedure described in Regulations  | 9        |          |    |
|    | SACHOD AK AMAX-MC) /   |   | u        |          |    |

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 COLUMBIA RIVERKEEPER

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                    | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NFC compensation | and/or 1099-MISC and/               | or 1099-NFC compens                 | ition  | oldevetach (a) | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | (F) Companies                           |
|--------------------|--|-------------------------------------|-------------------------------------|--|----------------|---|---|
| (A) Name and Title | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | benefits       | columns(B)(i)-(D)                       | reported as deferred on prior Form 990  |
| LAUREN GOLDBERG    | (i)161,113.  | - O                                 |                                     | 6,445  | <u>8,086.</u>  | $-\frac{175}{644}$ .                    | 0                                       |
| EAECOLIVE DIR.     | 1  |                                     |                                     | .  <br>  | ·              |   |   |
|                    |  |                                     |                                     |  |                |   |   |
| 4                  | (i)  | <br>                                |                                     |  |                |   |   |
| 5                  | (ii)   |                                     |                                     |  |                |   |   |
| 9                  | (ii)   |                                     |                                     |  |                |   |   |
| 7                  | (ii)   | <br>                                |                                     |  |                |   |   |
| 8                  | (ii)   |                                     |                                     |  |                |   |   |
| 6                  | (ii)   |                                     |                                     |  |                |   |   |
| 10                 | (i)  |                                     |                                     |  |                |   |   |
| 11                 | (ii)   |                                     |                                     |  |                |   |   |
| 12                 | (ii)   |                                     |                                     |  |                |   |   |
| 13                 | (i)  |                                     |                                     |  |                |   | . — — — — — — — — — — — — — — — — — — — |
| 14                 | (i)  |                                     |                                     |  |                |   |   |
| 15                 | (i)  |                                     |                                     | -  |                |   | -                                       |
| 16                 | (E)  |                                     |                                     |  |                |   |   |
| ВАА                |  | TEEA4102L 07/03/23                  | /23                                 |  |                | Schedule.                               | Schedule J (Form 990) 2023              |

Page 3

## Part III Supplemental Information

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

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

COLUMBIA RIVERKEEPER

Department of the Treasury

Employer identification number

91-1583492

## FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO PROTECT AND RESTORE THE WATER QUALITY OF THE COLUMBIA RIVER AND ALL LIFE CONNECTED TO IT, FROM THE HEADWATERS TO THE PACIFIC OCEAN. OUR STRATEGY FOR PROTECTING THE COLUMBIA INCLUDES WORKING IN RIVER COMMUNITIES AND PROTECTING THE PEOPLE, FISH AND WILDLIFE THAT DEPEND ON THE COLUMBIA RIVER.

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

FIGHTING FOSSIL FUELS

COLUMBIA RIVERKEEPER HAS WORKED WITH TRIBAL NATIONS, LOCAL BUSINESSES, STRONG
COALITIONS, AND AMAZING PEOPLE WHO LIVE IN RIVER COMMUNITIES TO DEFEAT NEARLY EVERY
NEW FOSSIL FUEL INFRASTRUCTURE PROJECT ON THE COLUMBIA. THIS INCLUDES THE WORLD'S
LARGEST FRACKED GAS TO METHANOL REFINERY, THE NATION'S LARGEST OIL-BY-RAIL SHIPPING
TERMINAL, AND THE NATION'S LARGEST COAL EXPORT TERMINAL. OUR WORK IS NOT DONE.
BOTTOMLINE: PREVENTING NEW FOSSIL FUEL INFRASTRUCTURE IS A CRITICAL TASK TO PROTECT
OUR CLIMATE. IF FOSSIL FUEL CORPORATIONS BUILD NEW INFRASTRUCTURE—SHIPPING TERMINALS,
PIPELINES, REFINERIES—THEY WILL LOCK US INTO DECADES OF FOSSIL FUEL USE AT A TIME WHEN
WE MUST RAPIDLY MOVE TOWARD CLEAN ENERGY AND FEWER PETROCHEMICALS.

IN THE WAKE OF OVER 15 YEARS OF SUCCESSES DEFEATING FOSSIL FUEL INFRASTRUCTURE PROJECTS, THE INDUSTRY HAS SHIFTED TACTICS. NOW, WE'RE SEEING MORE PROPOSALS TO EXPAND EXISTING INFRASTRUCTURE—LIKE PIPELINES, REFINERIES, AND WATERFRONT—INDUSTRIAL TERMINALS—RATHER THAN BUILD NEW FACILITIES. WHY? EXISTING INFRASTRUCTURE TYPICALLY HAS SOME OF THE REQUIRED PERMITS, AND REGULATORS OFTEN APPROVE CAPACITY EXPANSIONS EVEN WHERE THEY MIGHT REJECT A NEW PROJECT.

Name of the organization

COLUMBIA RIVERKEEPER

Employer identification number

91–1583492

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

FUELS IN THE GROUND AND OUT OF COMMUNITIES.

A PRIME EXAMPLE: THE GTN XPRESS PIPELINE, A PROPOSAL TO INCREASE THE AMOUNT OF FRACKED GAS FLOWING THROUGH THE EXISTING 1,354-MILE INTERSTATE GAS TRANSMISSION NORTHWEST (GTN) PIPELINE. THE PROJECT WOULD PUSH MORE FRACKED GAS THROUGH THE GTN PIPELINE, RESULTING IN OVER 3.47 MILLION TONS OF GREENHOUSE GAS POLLUTION EVERY YEAR. GTN XPRESS IS ALSO A DIRTY DEAL FOR RATEPAYERS AND COMMUNITIES NEAR THE PIPELINE.

IN 2023, COLUMBIA RIVERKEEPER PLAYED A CENTRAL ROLE IN ELEVATING THE GTN XPRESS
PIPELINE FIGHT REGIONALLY AND NATIONALLY, INCLUDING FISCALLY-SPONSORING A GRASSROOTS
COALITION. ALONGSIDE COMMUNITY MEMBERS, OVER 50 LOCAL AND NATIONAL ORGANIZATIONS, AND
THE COALITION, WE HELPED TURN AN UNDER-THE-RADAR PROPOSAL INTO A HIGH-PROFILE
NATIONAL CLIMATE ISSUE. IN 2023, THE PROJECT WAS OPPOSED BY NINE MEMBERS OF CONGRESS;
THE COLUMBIA RIVER INTER-TRIBAL FISH COMMISSION; THE ATTORNEYS GENERAL OF WASHINGTON,
OREGON, AND CALIFORNIA; AND GOVERNORS INSLEE AND KOTEK. ON OCTOBER 20, 2023, FERC
APPROVED TC ENERGY'S PROPOSAL. WE'RE NOT GIVING UP. IN 2024, COLUMBIA RIVERKEEPER WILL
CONTINUE TO FIGHT THIS DANGEROUS PROPOSAL IN COURT AND BEYOND.

THE TEAM AT COLUMBIA RIVERKEEPER ALSO DUG DEEP ON ALLEGED CLIMATE SOLUTIONS. MANY FOSSIL FUEL INDUSTRY PLAYERS CLAIM THAT "RENEWABLE FUELS" ARE THE ANSWER TO OUR PROBLEMS. IT TURNS OUT THAT NOT ALL "RENEWABLE FUELS" ADVANCE CLIMATE ACTION. COLUMBIA RIVERKEEPER IS COMMITTED TO UNCOVERING GREENWASHING FROM CORPORATIONS THAT VALUE PROFITS OVER ACTUAL ENVIRONMENTAL PROGRESS AND FIGHTING PROJECTS THAT WILL DO MORE HARM THAN GOOD. TWO PROMINENT EXAMPLES: NEXT RENEWABLE FUELS' PROPOSED NON-CONVENTIONAL DIESEL REFINERY IN COLUMBIA COUNTY, OR, AND THE ZENITH OIL-BY-RAIL TERMINAL IN PORTLAND, OR.

91-1583492

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

NEXT RENEWABLE FUELS (COLUMBIA COUNTY, OR): THE COMPANY'S PROPOSED GAS-FIRED REFINERY WOULD EMIT OVER 1 MILLION TONS OF GREENHOUSE GAS POLLUTION EACH YEAR AND DISPLACE 140 ACRES OF WETLANDS IN THE COLUMBIA RIVER ESTUARY. THE GOOD NEWS: NEXT HAS YET TO SECURE SEVERAL KEY PERMITS. IN 2024, WE WILL SUBMIT DETAILED COMMENTS ON NEXT'S ENVIRONMENTAL IMPACT STATEMENT AND CONTINUE SUPPORTING COMMUNITY ORGANIZING.

ZENITH ENERGY (PORTLAND, OR): THE SAGA CONTINUES. COLUMBIA RIVERKEEPER AND INCREDIBLE LOCAL ORGANIZATIONS AND COMMUNITY PARTNERS HAVE BEEN FIGHTING THE ZENITH OIL-BY-RAIL FACILITY FOR YEARS. INITIALLY, WE WON: THE CITY OF PORTLAND DENIED A KEY LAND USE PERMIT. ZENITH APPEALED. LOWER COURTS RULED IN THE CITY'S FAVOR—AND THEN THE CITY STRUCK A DEAL WITH ZENITH, APPROVING FIVE MORE YEARS OF DANGEROUS OIL OPERATIONS IN EXCHANGE FOR A PROMISE TO SWITCH TO "RENEWABLE" FUELS. FAST FORWARD TO TODAY: COLUMBIA RIVERKEEPER CONTINUES TO ADVOCATE FOR THE CITY TO TAKE A STAND AGAINST ZENITH'S PROPOSED EXPANSION UNDER THE GUISE OF "RENEWABLES."

COLUMBIA RIVERKEEPER ALSO WORKED IN RIVER COMMUNITIES TO ADVOCATE FOR CLIMATE ACTION AT THE STATE AND LOCAL LEVELS. IN COLLABORATION WITH COMMUNITY MEMBERS, WE CONTINUED TO WORK WITH PEOPLE ACROSS PORTLAND AND VANCOUVER TO ENSURE IMPLEMENTATION OF PROGRESSIVE CLIMATE ORDINANCES.

## FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

SAVING SALMON

COLUMBIA RIVERKEEPER WORKS TO PROTECT SALMON AND SALMON CULTURES BY REDUCING POLLUTION, PROTECTING AND RESTORING HABITAT, AND ADVOCATING FOR DAM REMOVAL. SALMON ARE ICONIC, BUT THESE FISH ARE FAR MORE THAN A SYMBOL. THE COLUMBIA SUPPORTS

91-1583492

## FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

IMPORTANT SUBSISTENCE, COMMERCIAL, AND RECREATIONAL SALMON FISHERIES. FOR MANY PEOPLE, THE COLUMBIA'S SALMON PROVIDE PAYCHECKS, MEALS, A CONNECTION TO PLACE AND FAMILY, AND A WAY TO MARK THE CHANGING SEASONS. COLUMBIA RIVER SALMON ARE ALSO FOOD FOR CRITICALLY ENDANGERED SOUTHERN RESIDENT ORCAS AND OTHER WILDLIFE.

PREVENTING EXTINCTION OF COLUMBIA RIVER SALMON IS NECESSARY BUT INSUFFICIENT. IT IS NOT ENOUGH FOR SALMON TO PERSIST IN SMALL NUMBERS, IN ISOLATED PLACES—LIVING MUSEUMS, SO TO SPEAK. OUR VISION IS A RETURN TO HEALTHY, ABUNDANT, HARVESTABLE RUNS OF SALMON THROUGHOUT THE COLUMBIA RIVER AND ITS MANY TRIBUTARIES. BASIN-WIDE ABUNDANCE WILL ENSURE THAT SALMON CONTINUE TO PLAY THEIR CRITICAL ROLE IN NORTHWEST ECOSYSTEMS AND THAT SALMON CULTURES FLOURISH FOR GENERATIONS TO COME.

GIVEN THE THREATS TO SALMON, ABUNDANCE MAY SEEM UNREALISTIC. BUT SALMON RECOVERY ON A LARGE SCALE IS POSSIBLE. CONSERVATION PRACTICES HAVE LED TO REMARKABLE INCREASES IN SALMON IN PARTS OF THE COLUMBIA BASIN LIKE THE HANFORD REACH AND THE OKANOGAN RIVER. WITH THIS IN MIND, COLUMBIA RIVERKEEPER'S SAVING SALMON PROGRAM CONTINUES TO TAKE AIM AT BIG GOALS.

IN 2023, COLUMBIA RIVERKEEPER HELPED BUILD NATIONAL MOMENTUM TOWARD LOWER SNAKE RIVER DAM REMOVAL. COLUMBIA RIVERKEEPER CALLED ATTENTION TO ANOTHER MASSIVE FISH KILL CAUSED BY HOT WATER AND DAMS-80 PERCENT OF ENDANGERED SNAKE RIVER SOCKEYE SALMON DIED IN 2023 AS THEY MIGRATED THROUGH EIGHT DAMS ON THE COLUMBIA AND LOWER SNAKE. FOLLOWING THIS TRAGEDY, WE SENT LEGAL NOTICE OF OUR INTENT TO FILE A NEW ENDANGERED SPECIES ACT CASE AGAINST THE ARMY CORPS OF ENGINEERS TO REQUIRE ACTION TO KEEP THE LOWER SNAKE RIVER COOL ENOUGH FOR SALMON. WE ALSO SUBMITTED THOUSANDS OF COMMENTS TO THE BIDEN ADMINISTRATION ASKING FOR SNAKE RIVER DAM REMOVAL TO RESTORE ABUNDANT

## FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

SALMON AND HONOR TRIBAL RIGHTS.

THE BIDEN ADMINISTRATION IS LISTENING! IN SEPTEMBER 2023, THE WHITE HOUSE CALLED FOR "A SUSTAINED NATIONAL EFFORT TO RESTORE HEALTHY AND ABUNDANT NATIVE FISH POPULATIONS IN THE [COLUMBIA] BASIN," AND DIRECTED ALL FEDERAL AGENCIES TO USE THEIR AUTHORITIES TO SUPPORT THIS GOAL. WE STILL HAVE A LONG AND UNCERTAIN PATH AHEAD, BUT WE ARE GAINING MOMENTUM.

ELSEWHERE IN THE BASIN, COLUMBIA RIVERKEEPER SUPPORTED EFFORTS BY THE COWLITZ TRIBE AND YAKAMA NATION TO RESTORE SALMON MIGRATION THROUGHOUT THE LEWIS RIVER. IN FALL 2023, PACIFICORP AGREED TO A NEW SCHEDULE TO INSTALL FISH PASSAGE AT TWO OF ITS DAMS ON THE LEWIS. PACIFICORP BROKE A PREVIOUS PROMISE TO RETROFIT ITS DAMS TO INCLUDE FISH PASSAGE, SO COLUMBIA RIVERKEEPER WILL CONTINUE TO HOLD PACIFICORP ACCOUNTABLE FOR ITS PROMISES TO TRIBES AND THE PUBLIC.

COLUMBIA RIVERKEEPER ALSO WORKED WITH THE NEZ PERCE TRIBE, THE CONFEDERATED TRIBES

OF THE UMATILLA INDIAN RESERVATION, AND MANY CONSERVATION GROUPS TO OPPOSE WEAKENING

OREGON'S LAWS PROTECTING MIGRATORY FISH. NOW WE ARE CHALLENGING THE RULE CHANGES IN

COURT IN ORDER TO RESTORE PROTECTIONS FOR SALMON AND STEELHEAD.

FINALLY, WE CONTINUED TO PARTNER WITH RIVER COMMUNITIES AND TRIBES TO PROTECT KEY SALMON HABITAT FROM INDUSTRIAL DEVELOPMENT AND OTHER THREATS, INCLUDING FOSSIL FUEL INFRASTRUCTURE (SEE BELOW), NEW SHIPPING TERMINALS, AND CHEMICAL PLANTS. THIS INCLUDED DEEPENING OUR LONG RUNNING WORK TO PROTECT THE COLUMBIA RIVER ESTUARY, AN "ESTUARY OF NATIONAL SIGNIFICANCE" UNDER FEDERAL LAW AND HOME TO SOME OF THE MOST IMPORTANT SALMON HABITAT IN THE WORLD. DECISIONS TODAY WILL IMPACT THE ESTUARY'S

## FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

HEALTH FOR GENERATIONS. THROUGHOUT OUR SAVING SALMON EFFORTS, COLUMBIA RIVERKEEPER ENDEAVORED TO IMPROVE PUBLIC UNDERSTANDING OF THE PRIMARY CAUSES OF SALMON DECLINES, INCLUDING COMBATING THE RACIST NARRATIVE OF TRIBAL FISHING AS A LEADING CAUSE OF THE EXTINCTION CRISIS.

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CLEANING UP HANFORD

THE COLUMBIA RIVER RUNS ALONG THE HANFORD NUCLEAR SITE, HOME TO SOME OF THE MOST DANGEROUS POLLUTION ON EARTH. A LEGACY OF WORLD WAR II AND THE COLD WAR, THE FEDERAL GOVERNMENT SELECTED HANFORD AS A TOP-SECRET SITE FOR THE MANHATTAN PROJECT, WHICH CALLED FOR ENRICHING PLUTONIUM FOR NUCLEAR WEAPONS. THE 586-SQUARE-MILE HANFORD SITE RESTS ON THE CEDED LANDS OF MULTIPLE TRIBAL NATIONS. IN 2023, RIVERKEEPER WORKED IN SOLIDARITY WITH THE TRIBES AND INDIGENOUS PEOPLE WHO ARE LEADING THE EFFORT TO HOLD THE U.S. GOVERNMENT ACCOUNTABLE FOR CLEANUP.

COLUMBIA RIVERKEEPER'S CLEANING UP HANFORD PROGRAM IS ONE OF ETERNAL HOPE. WORKING ON A CLEANUP WITH NO END IN A SINGLE LIFETIME PRESENTS UNIQUE CHALLENGES THAT OUR TEAM GRAPPLES WITH EVERY DAY. RADIOACTIVE AND TOXIC POLLUTION FROM HANFORD THREATENS WATER QUALITY, SALMON AND PEOPLE'S HEALTH. CONTAMINATION FROM HANFORD STILL REACHES THE COLUMBIA RIVER. WITHOUT EFFECTIVE CLEANUP, MORE POLLUTION THREATENS TO ESCAPE INTO THE ENVIRONMENT IN THE COMING DECADES. IN 2023, COLUMBIA RIVERKEEPER USED PUBLIC PRESSURE, GRASSROOTS ORGANIZING, AND TECHNICAL ASSESSMENT OF CLEANUP PLANS TO ADVOCATE FOR THOROUGH, TIMELY CLEANUP.

TOGETHER WITH YAKAMA NATION'S ENVIRONMENTAL RESTORATION/WASTE MANAGEMENT (ERWM)
PROGRAM, WE BROUGHT NEARLY 70 STUDENTS FROM THE YAKAMA NATION TRIBAL SCHOOL TO

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HANFORD FOR A BUS TOUR OF THEIR HOMELAND. GUIDED BY THEIR TRIBAL LEADERS AND ELDERS, STUDENTS WERE ABLE TO VISIT THE PLACE THAT THEIR ANCESTORS HAVE VISITED AND OCCUPIED SINCE TIME IMMEMORIAL TO LEARN ABOUT THE POLLUTION AND TOXIC LEGACY THAT THEY ARE INHERITING. THIS UNCANNY FIELD TRIP BUILT ON YEARS OF COLLABORATIVE SCHOOL PRESENTATIONS BY ERWM AND COLUMBIA RIVERKEEPER TO THE TRIBAL SCHOOL AND OTHER LOCAL SCHOOLS AROUND THE YAKAMA INDIAN RESERVATION, AN EFFORT TO PREPARE THE NEXT GENERATION FOR THE DIFFICULTIES OF HANFORD. WE SECURED REGIONAL AND NATIONAL NPR COVERAGE OF THE FIELD TRIP, SO THAT EVEN MORE INDIVIDUALS COULD HEAR ABOUT THE IMPORTANCE OF A PROPER CLEANUP FROM THOSE MOST IMPACTED. AS CLIMATE CHANGE CONTINUES TO ALTER THE LANDSCAPE—AFFECTING GROUNDWATER LEVELS, THE POSITION OF THE COLUMBIA, THE STABILITY OF AGING INFRASTRUCTURE, AND THE FEDERAL BUDGET—HANFORD REMAINS A THREAT TO US ALL.

THROUGHOUT 2023, OUR TEAM ENGAGED AT A TECHNICAL LEVEL ON COMPLEX CLEANUP DECISIONS.

FOR EXAMPLE, COLUMBIA RIVERKEEPER SERVED ON THE HANFORD ADVISORY BOARD, A

NON-PARTISAN GOVERNMENT BOARD THAT PROVIDES RECOMMENDATIONS ON HANFORD CLEANUP TO

THE D.O.E., U.S. ENVIRONMENTAL PROTECTION AGENCY, AND WASHINGTON DEPARTMENT OF

ECOLOGY. OUR TEAM ALSO ACTIVATED OVER 750 PEOPLE TO WEIGH-IN FOR EFFECTIVE CLEANUP

DURING PUBLIC COMMENT PERIODS AND WORKED CLOSELY WITH PARTNERS TO ADVOCATE FOR

STRONG SUPPORT OF LONG-TERM INVESTMENTS IN HANFORD CLEANUP.

HOLDING THE U.S. GOVERNMENT ACCOUNTABLE FOR EFFECTIVELY CLEANING UP THE MOST TOXIC AND RADIOACTIVE PLACE IN AMERICA DEMANDS ENVIRONMENTALISTS, SCIENTISTS, CULTURAL RESOURCES EXPERTS, GEOLOGISTS, FISHER PEOPLE...THE LIST GOES ON. BUT MOST IMPORTANTLY, THE CLEANUP NEEDS ALL OF US.

Schedule O (Form 990) 2023 Page 2

Name of the organization

COLUMBIA RIVERKEEPER

Employer identification number

91-1583492

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ENGAGING COMMUNITIES

THROUGH THE ENGAGING COMMUNITIES PROGRAM, COLUMBIA RIVERKEEPER AIMS TO CONNECT PEOPLE TO THE RIVER AND CELEBRATE THE DIVERSE, VIBRANT CULTURES WITHIN RIVER COMMUNITIES. THIS INCLUDES COMMUNITY EVENTS AND PROGRAMS AT THE NICHOLS NATURAL AREA, AS WELL AS IN-PERSON AND ONLINE EDUCATION. OVER THE LAST FIVE YEARS, COLUMBIA RIVERKEEPER HAS CONTINUED TO EXPAND OUR RELATIONSHIP-BUILDING EFFORTS TO LATINA/O/X COMMUNITIES WITH CULTURALLY SPECIFIC OUTREACH AND ENGAGEMENT, PRODUCING BILINGUAL RADIO SHOWS AND THE PODCAST CONOCE TU COLUMBIA (KNOW YOUR COLUMBIA) ON ENVIRONMENTAL AND SOCIAL JUSTICE ISSUES, AND PROVIDING ADDITIONAL MATERIALS IN SPANISH.

COLUMBIA RIVERKEEPER ALSO MONITORED THE RIVER TO GIVE PEOPLE THE CONFIDENCE TO SWIM.

THIS YEAR MARKED THE 17TH SEASON OF BACTERIA TESTING TO HELP KEEP YOU AND YOUR

FAMILY SAFE. GOVERNMENT AGENCIES DON'T ROUTINELY MONITOR WATER QUALITY IN THE

COLUMBIA—LET ALONE MAKE DATA EASILY ACCESSIBLE TO PEOPLE IN MULTIPLE LANGUAGES.

COLUMBIA RIVERKEEPER PROVIDED ACCESS TO WATER QUALITY DATA AND CULTURALLY INFORMED

MESSAGING, SO PEOPLE CAN MAKE CHOICES TO USE THE RIVER—AND GET INSPIRED TO FIGHT FOR

CLEAN WATER.

IN 2023, COLUMBIA RIVERKEEPER'S PAID SUMMER INTERNS COLLECTED 240 SAMPLES AND A REMARKABLE 98 PERCENT WERE WITHIN THE SAFE LIMITS FOR E. COLI BACTERIA. THESE EXCEPTIONAL RESULTS ARE WELCOME NEWS FOR EVERYONE WHO LIKES TO SWIM, SPLASH, PLAY, AND RELAX ON THE RIVER. BUT IT'S NOT ONLY ABOUT BACTERIA LEVELS REGARDING RECREATION. OUR TEAM TESTS WATER QUALITY, INVESTIGATES POLLUTION, MONITORS FOR TOXIC ALGAE, AND ARMS THE PUBLIC WITH THE DATA AND INFORMATION TO STAY SAFE AND HOLD POLLUTERS ACCOUNTABLE.

Schedule O (Form 990) 2023 Page 2

Name of the organization

COLUMBIA RIVERKEEPER

Employer identification number

91–1583492

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

STOPPING POLLUTION

PEOPLE WANT TO FEED THEIR FAMILIES FISH, BUT HEALTH ADVISORIES WARN THAT MANY

COLUMBIA RIVER RESIDENT FISH ARE TOO TOXIC TO EAT. THE STARK REALITY: THOUSANDS OF

PIPES DISCHARGE POLLUTION INTO THE COLUMBIA AND ITS TRIBUTARIES. THIS POLLUTION

INCLUDES METALS AND TOXIC SUBSTANCES THAT MAKE PARTS OF THE COLUMBIA UNHEALTHY FOR

FISH AND PEOPLE. PESTICIDES AND HEAVY METALS ENTER THE RIVER FROM DIFFUSE SOURCES,

SUCH AS AGRICULTURAL RUNOFF AND AIR POLLUTION. AND POLLUTION FROM FORMER INDUSTRIAL

SITES ALSO CONTINUES TO LEACH INTO THE RIVER. WE CAN DO SOMETHING ABOUT THIS LONG

RUNNING ENVIRONMENTAL INJUSTICE. COLUMBIA RIVERKEEPER SUES POLLUTERS, ENGAGES IN

POLLUTION-PERMITTING DECISIONS, AND ADVOCATES FOR LAWS THAT PROTECT ALL PEOPLE THAT

RELY ON LOCALLY-CAUGHT FISH. LIKE MANY BASIC HUMAN RIGHTS, OUR RIGHT TO CLEAN WATER

REQUIRES CONSTANT AND UNWAVERING DEFENSE.

IN 2023, COLUMBIA RIVERKEEPER REDUCED TOXIC POLLUTION IN THE COLUMBIA AND ITS
TRIBUTARIES BY IDENTIFYING AND STOPPING ILLEGAL POLLUTION AND ADVOCATING TO
GOVERNMENT AGENCIES FOR BETTER TOXIC-REDUCTION POLICIES AND COMMUNITY INVOLVEMENT.
WITH SUPPORT FROM OUR STAFF ATTORNEYS AND OUTSIDE COUNSEL, COLUMBIA RIVERKEEPER
PROSECUTED SIX CLEAN WATER ACT LAWSUITS, INCLUDING A HIGH-PROFILE CASE THAT REQUIRED
THE PORT OF VANCOUVER USA TO SPEND \$27 MILLION TO REDUCE TOXIC COPPER POLLUTION THAT
WOULD OTHERWISE FLOW INTO THE COLUMBIA. OUR LAWSUIT SETTLEMENTS ALSO REQUIRED
POLLUTERS TO PAY OVER \$780,000 IN PENALTIES TO TRIBES AND NONPROFIT ORGANIZATIONS.
COLUMBIA RIVERKEEPER ALSO CONTINUED TO WORK IN SOLIDARITY WITH YAKAMA NATION AND
OTHER TRIBES TO HOLD THE U.S. GOVERNMENT ACCOUNTABLE FOR TOXIC POLLUTION AT THE
NEWEST SUPERFUND SITE ON THE COLUMBIA: BRADFORD ISLAND AND SURROUNDING WATERS,
LOCATED NEAR BONNEVILLE DAM.

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ANOTHER HIGHLIGHT OF 2023: COLUMBIA RIVERKEEPER BUILT ON OVER A DECADE OF LEGAL ADVOCACY TO REDUCE POLLUTION FROM DAMS. BIG DAMS ROUTINELY POLLUTE THE WATER BY RELEASING OIL INTO THE SNAKE AND COLUMBIA RIVERS. DAMS ALSO CAUSE HEAT POLLUTION, WHICH IS LETHAL FOR SALMON AND OTHER FISH. THIS IS WHY, FOR OVER A DECADE, COLUMBIA RIVERKEEPER HAS BEEN LITIGATING TO MAKE SURE THAT THE CLEAN WATER ACT APPLIES TO FEDERAL DAMS. THIS YEAR WE SCORED A BIG WIN ON THE LOWER SNAKE AND COLUMBIA RIVERS, ENSURING ALL 10 DAMS WILL BE HELD ACCOUNTABLE TO FEDERAL CLEAN WATER ACT STANDARDS THAT REDUCE ILLEGAL POLLUTION.

## FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BEFORE THE 990 IS SUBMITTED THE FINANCIAL STAFF REVIEWS THE DRAFT 990 AND THEN
PROVIDES A FINALIZED DRAFT TO THE ENTIRE BOARD, CONFIRMING THAT THE 990 HAS BEEN
CAREFULLY REVIEWED AND FOUND TO BE COMPLETE AND ACCURATE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO BOARD MEMBERS AND REVIEWED ANNUALLY.

COLUMBIA RIVERKEEPER ALSO MAINTAINS A BOARD COMMITTEE TO ENSURE COMPLIANCE WITH POLICIES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR THROUGH THE ANNUAL BUDGETING PROCESS AFTER REVIEWING COMPENSATION OF EXECUTIVE DIRECTORS IN SIMILAR FIELDS.

## FORM 990. PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS CAN BE VIEWED AT THE OFFICE OF COLUMBIA RIVERKEEPER, MAILED OR EMAILED.