## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

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.

Open to Public Inspection

Α	For th	e 2021 calen	dar year, or ta	x year begi	inning		, 2021	, and en	ding			,	20		
В	Check if	applicable:	С							D	Employ	er identi	fication number		
		dress change	Friends o	of the	River Fou	ındatior	1				94-	24002	210		
		me change	3336 Brad				•			F		ne numb			
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	Init	ial return	bacramen	co, cn	JJ021						(91)	6) 44	42-3155		
	Fina	I return/terminated													
	X Am	ended return								G	Gross re	eceipts 🤄	\$ 50	4,31	8.
	Apr	plication pending	F Name and add	dress of princip	oal officer: Joh	n Voct			H(a	Is this a gro	up retur	n for sub			No
	Ш		Same As (	7 Ahowa	0011	11 1050			H(b	Are all subo	rdinates	included	d?	es	No
$\overline{1}$	Toyo	exempt status:	X 501(c)(3)	501(c) (		nsert no.)	4947(a)(1) o	r 527		If "No," atta	ch a list.	See ins	tructions.		
						isert no.)	4947(a)(1) 0	327				_			
J	Web	site: ► WW	w.friends	softheri	iver.org					Group exem					
K		of organization:	X Corporation	Trust	Association	Other ►	L	Year of form	mation:	1976	M s	State of le	egal domicile: (	CA	
Pa	rt I	Summar													
	1	Briefly descri	ibe the organiz	ation's mis	sion or most s	significant a	activities:Fr	iends	of ·	the Riv	er i	prote	ects and	l	
•			Californ												
Governance		action.													
na T				. – – – –											
Ş.	2	Check this bo	ox ► lif the	organizati	on discontinue	ed its opera	ations or disc	nosed of	more	than 25%	of its	net ass	sets		
පි	3		oting members									3	00101		11
∘ઇ			dependent vot									4			11
es			r of individuals									5			11
₹			r of volunteers									6			40
Activities &			ed business re									7a			0.
٩			d business taxa									7b			0.
	D I	ivet uniterated	u business taxe	able illedille	5 110111 1 01111 3	30-1, 1 art	1, 11116 11		· · · · · · ·			75	C	Vasu	<u> </u>
		0 1 1 1		N 1 / / / / / / / / / / / / / / / / /	- 11->				_		Year		Current		
<u>o</u>			and grants (P		•					3	92,9	24.	48	6,57	_
Revenue			vice revenue (F											4,73	
ě			ncome (Part VI									26.	1	3,01	<u>.0.</u>
Œ			ie (Part VIII, co								52 <b>,</b> 5				
			e – add lines 8							5	53,1	95.	50	4,31	<u>.8.</u>
	13 (	Grants and s	imilar amounts												
	14	Benefits paid	I to or for mem	bers (Part	IX, column (A	a), line 4)			🗍						
	15	Salaries, oth	er compensation	on, employe	ee benefits (P	art IX. colu	mn (A). lines	s 5-10)	🗀	3	78,4	33	30	8,80	18
es			fundraising fee		· ·				_		, 0 , 1			0,00	<u> </u>
Expenses															
×	b	Total fundrais	sing expenses	(Part IX, co	olumn (D), lin	e 25) 🟲		94,134	<u>l.</u>						
Ш	17	Other expens	ses (Part IX, co	olumn (A),	lines 11a-11d,	, 11f-24e)				2	19,1	85.	17	0,81	1.
	18	Total expens	es. Add lines 1	13-17 (must	t egual Part IX	C. column C	A). line 25).		🗀		97,6			9,61	
			s expenses. Su								44,4			5,30	
5 %		revenue less	3 CAPCII3C3. OC	abtract fire	10 HOITI IIIC I						•	-			<u>'1.</u>
9 9 9	20	Total accets	(Dort V. line 10	c)						Beginning of			End of		1 4
Assets d Balanc	20		(Part X, line 16	•							64,6			5,27	
ĀΡ	21	ווומטווונופ	es (Part X, line	20)							48,5	82.	25	4,15	12.
Fet	22	Net assets o	r fund balances	s. Subtract	line 21 from I	ine 20				6	16,1	13.	54	1,12	22.
Pa	rt II	Signatur	re Block												
Unde	er penalti	ies of periury. I de	eclare that I have ex	xamined this re	eturn, including acc	companying sch	nedules and state	ements, and	to the b	est of my kno	owledae	and belie	ef. it is true. corr	ect. and	_
com	olete. De	claration of prepa	eclare that I have ex arer (other than office	cer) is based of	n all information of	f which prepare	er has any knowle	edge.					, ,	,	
c:		Signatu	ire of officer							Date					—
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пе	re		n Yost r print name and titl	lo.						reasur	er				
		21	<u>'</u>	10				12.		Т		1 1			
		Print/Type p	oreparer's name		Preparer's sign	nature		Date		Che	ck 2	<b>ζ</b> if	PTIN		
Pa	id	Christi	na L. Cavan	augh, CPA	A Christina	a L. Cava	naugh, CPA	1		self	employe	ed [	P01500833		
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		i iiii s addii	-		1					Firm's EIN ► 47-2098806  Phone no. 530-626-9720					
N 4 = -	, tha 15	OC diagram III		CA 95651		102 Can in	tructions						11	1 1 -	
ivia	, me ir	to discuss tr	nis return with	me prepare	SI SHOWIT ADOV	e: see ins	แนบแบทร						. X Yes		lo

Part		Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III			X	ļ
1	Briefly	y describe the organization's mission:			21	Ī
	-	ends of the River protects and restores California Rivers by influencing	ng pu	blic	;	
		icy and inspiring citizen action.				
	الما الم	a supplied to the deviation of the second supplied and supplied devices the constraint of the second supplied to t				-
		e organization undertake any significant program services during the year which were not listed on the prior 990 or 990-EZ?	Yes	Χ	No	
		s," describe these new services on Schedule O.	162	Λ	NO	
		ne organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X	No	
		s," describe these changes on Schedule O.	1			
4	Descr	ribe the organization's program service accomplishments for each of its three largest program services, as measu	ured by	exper	ises.	
	and re	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th evenue, if any, for each program service reported.	e total e	expens	ses,	
4 a	(Code	e:) (Expenses \$376,714. including grants of \$) (Revenue \$		4,7	38.)	
	<u>See</u>	<u> Schedule O</u>				
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						-
						_
4 6	(Codo	) (Evnences \$ including greats of \$ ) (Bevenue \$				-
4 b	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)			)	
						-
						-
4 c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$			)	
						-
						•
		··				
						_
						_
4 d	Other	r program services (Describe on Schedule O.)				
	(Ехре			)		
		program service expenses ► 376.714		*		٠

			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	Х	
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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II	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.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI.	11 a	Х	
Ł	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.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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.	11 d	Х	
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			
20a	complete Schedule G, Part III	19 20a		X
	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	200		
	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X

# Form 990 (2021) Friends of the River Foundation 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
24	a 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		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator 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	instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c 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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	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
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
ο Λ /			990 (	0001

Form 990 (2021) Friends of the River Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	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)?	4 a		Х
b	olf '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?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
b	of the specific the payor	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
c	I 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?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Q	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
0	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf '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		
	<b>Note:</b> 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	14		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.	.5		2.
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

Cottrell 3336 Bradshaw Road,

Form 990 (2021) Friends of the River Foundation 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 1 a Enter the number of voting members of the governing body at the end of the tax year..... 11 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..... 11 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 of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 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 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **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 Χ 12b 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 .0 ...... Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA 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 X Upon request Own website Another's website 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 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Suite 335 Sacramento CA 95827

442-3155

Form 990 (2021)	Friends	of the	River	Foundation

94-2400210

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## 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

- 1 a 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, 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.

 $\overline{|X|}$  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)	)					
(A) Name and title	(B) Average hours per	thar	one both	box, an c	unles officer truste		on	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-271099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Jann Dorman	3									_
Chairman	0	Χ		Χ				0.	0.	0.
(2) Jann Dorman Executive Dir.	$-\frac{40}{0}$	Х						0.	0.	0.
(3) Jeff Depew	2									
Vice President	0	Χ		Χ				0.	0.	0.
(4) Richard Weis	2									_
Secretary	0	Χ		Χ				0.	0.	0.
(5) John Yost	2									
Treasurer	0	Χ		Χ				0.	0.	0.
_(6) Scott Armstrong	1									
Director	0	X						0.	0.	0.
_(7)_Heike_Schmitz	_ 1							_		_
Director	0	Χ						0.	0.	0.
_(8) Renee Sharp	1									_
Director	0	Χ						0.	0.	0.
_(9) Ravi Kurani	1	,,						•		•
Director	0	Х						0.	0.	0.
(10) Garrick Chang	1	,,						•		•
Director	0	Χ						0.	0.	0.
(11) Charlie Center	1	.,						0	0	0
Director	0	Χ						0.	0.	0.
(12) Mark Dubois	1	Х						0.	0	0
Director (13)	U	Λ						0.	0.	0.
<u> </u>										
(14)										
		l			ĺ	1				

Part VII	Section A. Office	ers, Directors, Tru		Key	Em		_	es, a	and	Highest Con	pensated Emp	loyees	<b>5</b> (conti	inued)
(B) (C)														
	(A)		Average hours	box, unless person is both an						<b>(D)</b> Reportable	<b>(E)</b> Reportable		(F)	
	Name and tit	le	per week	offic	cer a	nd a d	direct	or/trus	tee)	compensation from	compensation from related organizations		ated am of other	
			(list any hours	or d	isul	Officer	Key	High emp	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the c	ensation organizat	tion
			for related	Individual or director	onn	cer	emp	Highest co employee	ner	111100/1033 1120/	IIII00/1033 NE0/	an org	nd related anization	d ns
			organiza - tions	DY EX	nalt		Key employee	e						
			below dotted line)	Individual trustee or director	Institutional trustee		ð	Highest compensated employee						
			ilile)		ď			ited						
(15)														
<u> </u>				•										
(16)														
(17)														
(18)														
(10)														
<u>(19)</u>														
(20)														
				•										
(21)														
(22)														
(0.2)														
(23)														
(24)														
(24)				•										
(25)														
1 b Subto	otal								<b></b>	0.	0.	•		0.
	from continuation sh								<b>•</b>	0.	0.			0.
d Total	(add lines 1b and 1c)								<u> </u>	0.	0.			0.
	number of individuals (in		to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensatio	n	
110111	the organization -	0											Yes	No
3 D:4 H		· farman afficar divasi		مناسم		امرمما			ایم: ما		a manufacta a		163	NO
3 Did th on lin	ie organization list any e 1a? <i>If 'Yes,' comple</i>	y <b>tormer</b> officer, direct ete Schedule J for suc	tor, truste h <i>individu</i>	е, ке ıal	ey e	mpi	oyee	e, or	nıgr 	nest compensated	empioyee	. 3		Х
<b>4</b> For a	ny individual listed on	line 1a is the sum of	renortah	le co	mne	nsa	tion	and	oth	er compensation	from			
the or	ny individual listed on rganization and related	d organizations greate	r than \$1	50,00	00?	If 'Y	es,	com	iple	te Schedule J for		4		37
	individual											. 4		X
<b>5</b> Did at for se	ny person listed on lin rvices rendered to the	e Ta receive or accrue organization? <i>If 'Yes</i>	e comper s,' comple	isatio ete So	on fr chec	om Iule	any <i>J fo</i>	unre <i>r suc</i>	iate ch p	d organization or <i>erson</i>	ındıvidual	. 5		Х
Section I	3. Independent Co	ontractors												
1 Comp	olete this table for your ensation from the organ	r five highest compens	sated ind	epen	dent	t coi	ntrad vear	ctors endi	tha	t received more the or	nan \$100,000 of	r		
Compe				110 0	aioii	uui ,	your	onan	ng r	(B)			C)	
	Nai	<b>(A)</b> me and business addr	ess							Description of	of services	Compe	ensatio	on
														·
2 Total	number of independent	contractore (including h	ut not line	itod t	o the	)CC	ictor	l aha	VO) .	who received mare	than			
	number of independent 000 of compensation			neu (	o tric	,se I	เรเยต	ano'	ve)	who received more	uiali			
φ100,	ooo or compensation	nom the organization	U											

# 94-2400210 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.....

					•		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated business	(D) Revenue excluded from tax
								function	revenue	under sections 512-514
<u>ښ</u> ه	1 a	Federated campaig	ıns		1 a			revenue		512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues.			1 b					
ع ق	С	Fundraising events			1 c					
iits ar A	d	Related organization	ns		1 d					
i, G	е	Government grants (cont			1 e					
tion er S	f	All other contributions, g similar amounts not incl	gifts, ç	grants, and	1f	406 570				
흕	а	Noncash contributions in	nclude	d in		486,570.				
E E		lines 1a-1f			1 g	8,270.				
	h	Total. Add lines 1a	-1f			Business Code	486,570.			
Program Service Revenue	2 a	Training Inc		_		611600	2 200	2 200		
ě	b	Training Inc Canoe Progra	. m	₹		541900	3,388. 1,350.	3,388. 1,350.		
S.	c		<u> </u>			341900	1,330.	1,330.		
ervi	d									
S	е									
gra	f	All other program s	ervi	ce revenu	ie					
<u> </u>	•	Total. Add lines 2a					4,738.			
	3	Investment income ( other similar amount	inclu	ding divide	ends, i	interest, and	12 010			12 010
		Income from invest					13,010.			13,010.
	5	Royalties				· ·				
		,		(i) R		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)								
	d	Net rental income of	or (lo							
	7 a	Gross amount from		(i) Secu	ırıtıes	(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis and sales expenses	7b							
	С	•	7c							
		Net gain or (loss).								
Φ	8a	Gross income from fundi	raisin	g events						
»nue		(not including \$								
eĸ		of contributions reported								
Other Reve	L-	See Part IV, line 18 Less: direct expens				a b				
#Pe		Net income or (loss								
O						CVCITA				
	9 a	Gross income from gami See Part IV, line 19	ng ac	uviues.	9	а				
	b	Less: direct expens	ses		9	b				
	С	Net income or (loss	s) fro	om gamin	g acti	vities				
	10 a	Gross sales of inventory, returns and allowances.	, less .							
		returns and allowances.  Less: cost of goods			10					
		Net income or (loss				<b>1b</b> entory ►				
<u></u>	-		J, 110	50103	C1 111 <b>7</b> (	Business Code				
Miscellaneous Revenue	11 a									
ank July	11 a b c d				 					
	С									
ã R										
		Total. Add lines 11					F0: 01:	. 505	-	10.015
	12	Total revenue. See	ınst	ructions.			504,318.	4,738.	0.	13,010.

Form 990 (2021) Friends of the River Foundation 94
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 re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		. ,	3	- p
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	0.	0.	0.	0.
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	338,740.	244,341.	49,157.	45,242.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	562.	211,011.	562.	10,212.
9	Other employee benefits	30,663.	22,422.	4,302.	3,939.
10	Payroll taxes	28,843.	20,743.	4,050.	4,050.
11	Fees for services (nonemployees):	,	,	į	•
a	Management				
Ł	Legal				
C	: Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,496.			1,496.
g	Other. (If line 11g amount exceeds 10% of line 25, column	53,700.	25,913.	18,610.	9,177.
12	(A), amount, list line 11g expenses on Schedule 0.)	3,353.	1,944.	1,061.	348.
13	Office expenses	3,333.	1,311.	1,001.	310.
14	Information technology				
15	Royalties				
16	Occupancy	36,455.	27,352.	4,552.	4,551.
17	Travel	, , , , , , , , , , , , , , , , , , , ,	,	,	,
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,487.		4,487.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,184.	1,616.	284.	284.
23	Insurance	10,145.	8,505.	1,161.	479.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Telephone / Internet	11,400.	8,436.	1,482.	1,482.
b	Books & Subscriptions	10,192.	2,258.	1,911.	6,023.
C	Postage and Shipping	8,551.	159.	42.	8,350.
C	Equipment Purchases	5,711.	2,270.	2,290.	1,151.
e	All other expenses	23,137.	10,755.	4,820.	7,562.
25	Total functional expenses. Add lines 1 through 24e	569,619.	376,714.	98,771.	94,134.
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	o any line i	in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			683,331.	1	608,244.
	2	Savings and temporary cash investments				2	3,146.
	3	Pledges and grants receivable, net			46,456.	3	34,922.
	4	Accounts receivable, net			12,500.	4	16,000.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, I contributors	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		<b>⊢</b>			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		L		8	
set	9	Prepaid expenses and deferred charges		<b>-</b>	13,988.	9	17,228.
Assets	_		1 1		13,900.	9	11,220.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		35,476.			
	b	Less: accumulated depreciation		28,946.	8,716.	10 c	6,530.
	11	Investments — publicly traded securities		-		11	
	12	Investments — other securities. See Part IV, line 11		F		12	
	13	Investments — program-related. See Part IV, line 11.		<b>⊢</b>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		F	99,704.	15	109,204.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		864,695.	16	795,274.
	17	Accounts payable and accrued expenses			31,114.	17	5,783.
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities		<u></u>		20	
ě	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 359	%		22	
_	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•	<u></u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		217,468.	25	248,369.
	26	Total liabilities. Add lines 17 through 25			248,582.	26	254,152.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	y ×				
ā	27				502,220.	27	384,148.
Ba	28	Net assets with donor restrictions			113,893.	28	156,974.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►		,		,
ō	29	Capital stock or trust principal, or current funds				29	
इं	30	Paid-in or capital surplus, or land, building, or equipm				30	
38	31	Retained earnings, endowment, accumulated income		<u> </u>		31	
Į,	32	Total net assets or fund balances		<u> </u>	616,113.	32	541,122.
ē	33	Total liabilities and net assets/fund balances		_	864,695.	33	795,274.
RΔ			TEEA0111L		004,000.		Form <b>990</b> (2021)

Form **990** (2021)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		504,3	318.
2	Total expenses (must equal Part IX, column (A), line 25)	2		569,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		-65,3	301.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		616,	
5	Net unrealized gains (losses) on investments.	5		-4,	514.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9		-5,2	176.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		541,1	122.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	Chook in Contouring a response of note to any line in this real fall.			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1.03	
			_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	<b>a</b>	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
					Х
ı	b Were the organization's financial statements audited by an independent accountant?		2	)	Λ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	3	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	a	Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			~	(0005:
BAA	TEEAUTZL 09/22/21		For	m <b>990</b>	(2021)

#### 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

2021

Open to Public Inspection

lame o	of the	e organization					Employe	r identifica	ition numb	er
Fri	en	ds of the River Fou	undation				94-2	40021	0	
Par	Π.	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See	instruc	tions.	
he c	rga	nization is not a private found	dation because it is: (	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church	,		,	b)(1)(A)(	(i).			
2		A school described in section	<b>n 170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)					
3		A hospital or a cooperative h	ospital service organi	ization described in <b>sec</b>	ction 170	)(b)(1)( <i>A</i>	A)(iii).			
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in <b>sec</b>	tion 1 <b>70(b)(</b> 1)(	<b>A)(iii)</b> . E	nter the	hospital's
		name, city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governmenta	l unit de	scribed	in
6		A federal, state, or local gove	ernment or governme	ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	)(A)(v).			
7		An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	eart of its support from a	governm	ental un	it or from the ge	neral put	olic descr	ribed
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9	Ē	An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-gr	ant colle	ge	
	_	or university or a non-land-gran								
		university:								
10	X	An organization that normally from activities related to its a investment income and unre June 30, 1975. See section 5	exempt functions, sub lated business taxabl	oject to certain exceptio e income (less section	ns; and	(2) no r	nore than 33-1.	/3% of it	s suppo	rt from gross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).			
12		An organization organized ar	nd operated exclusive	ely for the benefit of, to	perform	the fun	ictions of, or to	carry or	ut the pu	irposes of one
		or more publicly supported o	rganizations describe	d in section 509(a)(1) o	r section	n 509(a	)(2). See <b>sectio</b>	on 509(a)	<b>)(3).</b> Che	ck the box on
а		lines 12a through 12d that de Type I. A supporting organization							the curr	ported
u		organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	a majority of the director	rs or trus	tees of t	the supporting of	ganizatio	on. <b>You n</b>	nust
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization the supported o	n(s), by organizat	having c ion(s). <b>Yo</b>	ontrol or ou
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ai	nd function	onally integrated	with, its	supported	t
d		Type III non-functionally integrated. The o	rated. A supporting org	anization operated in cor must satisfy a distribu	nection	with its s	supported organi	zation(s)	that is r	not
е		instructions). <b>You must com</b> Check this box if the organiz	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type	e II, Type	e III func	ctionally
f	Fr	integrated, or Type III non-funter the number of supported of							Ī	
,		ovide the following information	-						L	
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of m	onetary	(vi)	Amount of other
	•	5	,,	(déscribed on lines 1-10 above (see instructions))	organizat	ion listed	support (see inst	ructions)		(see instructions)
					Yes	No				
<b>A</b> )										
.,										
B)										
C)										
D)										
E)										
F., .										
[otal							•			

94-2400210 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year (a) 2017 **(b)** 2018 (d) 2020 (e) 2021 (f) Total (c) 2019 beginning in) > Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.'). . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3... 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). . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4..... Gross income from interest, dividends, payments received on securities loans, rents, rovalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 Gross receipts from related activities, etc. (see instructions)..... 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))....... 15 Public support percentage from 2020 Schedule A, Part II, line 14...... 15 % 16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ...... 17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....

**Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Sec	Section A. Public Support								
Calend	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	452,125.	294,235.	656,518.	392,924.	486,571.	2,282,373.		
	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		·			4,738.	4,738.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.					,	0.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.		
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,	452,125.	294,235.	656,518.	392,924.	491,309.	2,287,111.		
	2, and 3 received from disqualified persons	0.	24,852.	45,000.	39,600.	32,007.	141,459.		
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.	0	0	0	0	0	0		
_	Add lines 7a and 7b	0.	24,852.	0. 45,000.	0. 39,600.	0. 32,007.	0. 141,459.		
	Public support. (Subtract line 7c from line 6.)	0.	24,032.	45,000.	39,600.	32,007.			
Sec	tion B. Total Support						2,145,652.		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total		
	Amounts from line 6	452,125.	294,235.	656,518.	392,924.	491,309.	2,287,111.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	888.	1,610.	2,144.	7,726.	13,010.	25,378.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	000.	1,010.	2/111.	7,720.	137010.	0.		
	Add lines 10a and 10b	888.	1,610.	2,144.	7,726.	13,010.	25,378.		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	4 040	6 004	11 044	15 046				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	4,049. 457,062.	-6,084. 289,761.	11,044. 669,706.	15,946. 416,596.	504,319.	24,955. 2,337,444.		
14	First 5 years. If the Form 990 is to organization, check this box and	for the organizatio	n's first, second,	third, fourth, or fi		section 501(c)(3)			
Sec	tion C. Computation of Pul	•							
	Public support percentage for 20			e 13, column (f))		15	91.79 %		
16	Public support percentage from 2	2020 Schedule A,	Part III, line 15			16	93.33 %		
	tion D. Computation of Inv					LL			
	Investment income percentage for			d by line 13, colu	ımn (f))	17	1.09 %		
	Investment income percentage fr						0.57 %		
19a	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	he organization di this box and <b>stor</b>	d not check the behind here. The organic	ox on line 14, an zation qualifies a	d line 15 is more s a publicly suppo	than 33-1/3%, an	d line 17		
b	<b>33-1/3% support tests—2020.</b> If t line 18 is not more than 33-1/3%	he organization di	d not check a box	on line 14 or line	e 19a, and line 16	is more than 33-	1/3%, and		
20	Private foundation. If the organiz								

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## Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.	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.	3с		
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	<b>Type I or Type II only.</b> 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?	5с		
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? If 'Yes,' complete Part I of Schedule L (Form 990).	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? 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		
0a	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.)	10b		

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Pa	art IV	Supporting Organizations (continued)			
11	l Hac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	<b>a</b> A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	Ū	overning body of a supported organization?	11a		
		mily member of a person described on line 11a above?	11b		
^ -		6 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		
se	ection	B. Type I Supporting Organizations		V	N.
1	or mo office organ than	he governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	2 Did to that of bene	the tax year.  the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such suffiction of the supported organization(s) that operated, supervised, or controlled the organization.	2		
Se	ction	C. Type II Supporting Organizations			
		e. Type ii eapper iiiig e. gaiiii_aiiieiie		Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees such of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction	D. All Type III Supporting Organizations			
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Se	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
		The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	ıctions	5).
2	2 Activ	ities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
	suppo <b>orga</b> respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
	<b>b</b> Did the more reason	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	<b>P</b> are	nt of Supported Organizations. Answer lines 3a and 3b below.			
	<b>a</b> Did to each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V   Type iii Noil-Functionally integrated 503(a)(5) Supporting Orga	IIIIZa	10115	
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	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
-	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
-	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	tion 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 inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

10

10 Line 8 amount divided by line 9 amount

Pai	Part 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	Total annual distributions. 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 2021 from Section C. line 6	9					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

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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 4, 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.)

### Part III, Line 12 - Other Income

Nature and Source	2021	2020	2019	2018	2017
Other Income Total	\$ 0.	\$ 15,946. \$ 15,946.	\$ 11,044. \$ 11,044.	\$ -6,084. \$ -6,084.	\$ 4,049. \$ 4,049.

#### 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

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organization	,		Employer identific	ation number
Fri	iends of the River	Foundation		94-240021	0
Par	rt I-A Complete if the or	rganization is exempt under section	on <b>501(</b> c) or is a s	section 527 organi	zation.
1		organization's direct and indirect political on of 'political campaign activities.'	ampaign activities in	Part IV.	
2	Political campaign activity ex	penditures. See instructions		<b>⊳</b> \$	1
3	Volunteer hours for political	campaign activities. See instructions			
Par	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	<b>&gt;</b> \$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
k	f 'Yes,' describe in Part IV.				
Par	rt I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	1
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities > \$	
2		g organization's funds contributed to other s			
3		ditures. Add lines 1 and 2. Enter here and		<b>►</b> \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
	<b>(a)</b> 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) 2021

Schedule <b>C</b> (Form 990) 2021	Friends of	the River Founda	tion	94-2400	210 Page <b>2</b>
Part II-A Complete if section 501(	the organizati (h)).	on is exempt under se	ction 501(c)(3) and	d filed Form 5768 (ele	ection under
	• • • • • • • • • • • • • • • • • • • •	ongs to an affiliated group (and	d list in Part IV each affil	iated group member's name	
		and share of excess lobbying		9 Р	,
_	•	necked box A and 'limited co			
				1	
	'expenditures' m	bying Expenditures eans amounts paid or incui	•	(a) Filing organization's totals	(b) Affiliated group totals
· · · ·		public opinion (grassroots lo			
		a legislative body (direct lob		0/2/01	
c Total lobbying expendit	ures (add lines 1a	and 1b)		5,176.	0.
	•			301/113.	
e Total exempt purpose e	expenditures (add	lines 1c and 1d)		569,619.	0.
		amount from the following ta		110,443.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:	110/1101	
Not over \$500,000	(u) o. (u) io.	20% of the amount on line 1e.			
Over \$500,000 but not over \$1	.000,000	\$100,000 plus 15% of the excess	s over \$500,000.		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess			
Over \$17,000,000	. , ,	\$1,000,000.	. , ,		
	amount (enter 25°	% of line 1f)	I	27,611.	0.
•	•	ess, enter -0		27,011.	0.
		ss, enter -0			0.
		er line 1h or line 1i, did the or			<u></u>
section 4911 tax for this	er than Zero on eith s year?	in or line 11, did the or	ganızatıon ine Form 4/20		Yes No
(Som		4-Year Averaging Period hat made a section 501(h) e below. See the separate ins	lection do not have to		
		bbying Expenditures During			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
2 a Lobbying nontaxable amount				110,443.	110,443.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					165,665.
c Total lobbying expenditures				5,176.	5,176.
				3,1,0.	5,110.
d Grassroots nontaxable amount				27,611.	27,611.
e Grassroots ceiling amount (150% of line 2d, column (e))					41,417.
f Grassroots lobbying					0

Schedule C (Form 990) 2021 BAA

# 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 501(n)).						
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description				(b)		
of the lobbying activity.	Yes	No	Α	mount		
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: a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?						
d Mailings to members, legislators, or the public?.  e Publications, or published or broadcast statements?.  f Grants to other organizations for lobbying purposes?.  g Direct contact with legislators, their staffs, government officials, or a legislative body?.						
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> <li>j Total. Add lines 1c through 1i</li> </ul>						
<ul> <li>2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If 'Yes,' enter the amount of any tax incurred under section 4912</li> <li>c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> </ul>						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	1(c)(5)	, or				
<ol> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the</li> </ol>			2	2	No	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b answered 'Yes.'	1(c)(5)	, or s	ection	501(c)	)	
1 Dues, assessments and similar amounts from members.		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politica expenses for which the section 527(f) tax was paid).						
a Current year		2 a 2 b				
c Total		2 c				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?						
Expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions		5				

### 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.

# 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.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Friends of the River Foundation

				94-24002	10
Par	t I Organizations Maintaining Dono	r Advised Funds or Other S	Similar Funds	s or Accounts.	
	Complete if the organization answ	vered 'Yes' on Form 990, P	art IV, line 6.		
		(a) Donor advised fund	ls	(b) Funds and other	er accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the ass organization's exclusive legal con	ets held in dono trol?	r advised funds	es No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	for any other pu	rpose conferring	es 🗆 No
Par	impermissible private benefit?				
Par	Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 990 P	art IV line 7		
1	Purpose(s) of conservation easements held by				
٠	Preservation of land for public use (for examp	,	11 37	of a historically importa	ant land area
	Protection of natural habitat	ne, recreation or education,		of a certified historic st	
	Preservation of open space			or a continea misterio st	dotaro
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contribu	ition in the form o	f a conservation easemen	nt on the
				Held at the En	d of the Tax Year
á	Total number of conservation easements			2a	
ŀ	Total acreage restricted by conservation easer	nents		2 b	
(	: Number of conservation easements on a certif	ied historic structure included in (	a)	2 c	
(	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and r	not on a historic	2 d	
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or to	erminated by the	organization during the	
4	Number of states where property subject to conse	rvation easement is located ►			
5	Does the organization have a written policy reg				
	and enforcement of the conservation easemen				<u> </u>
6	Staff and volunteer hours devoted to monitoring, in		-		
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and en	forcing conservati	on easements during the	year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	ements of section	on 170(h)(4)(B)(i)	es No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	o the organization's financial state	ements that desc	cribes the organization's	s accounting for
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	easures, or O art IV, line 8.	ther Similar Assets	5.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	d for public exhibition, education,	or research in f	ment and balance shee urtherance of public ser	et works of art, vice, provide in
ł	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	FASB ASC 958, to report in its roor public exhibition, education, or res	evenue statemer earch in furtherar	nt and balance sheet wonce of public service, prov	orks of art, vide the
	(i) Revenue included on Form 990, Part VIII,				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, h amounts required to be reported under FASB A	istorical treasures, or other similar a ASC 958 relating to these items:	ssets for financia	I gain, provide the followi	ng
	Revenue included on Form 990, Part VIII, line	1		▶\$	
ŀ	Assets included in Form 990, Part X			▶\$	

Part III Organizations Maintai	ining Collection	s of Art, Histo	orical	Treasures, or	Other	Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check a	ny of t	the following that m	ake signi	ficant use of its	collectio	n	
a Public exhibition		<b>d</b> Loan	or exc	hange program					
<b>b</b> Scholarly research		e Other							
c Preservation for future generation	ations								
4 Provide a description of the organiz Part XIII.	ation's collections and	d explain how they	/ furthe	er the organization's	s exempt	purpose in			
5 During the year, did the organizato be sold to raise funds rather the	nan to be maintained	d as part of the o	rganiz	zation's collection	?		Yes		No
Part IV Escrow and Custodial line 9, or reported an a	<b>l Arrangements.</b> amount on Form	Complete if t 990, Part X,	the or line :	rganization an: 21.	swered	'Yes' on Fo	rm 99	0, Par	t IV,
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	stee, custodian or ot	ner intermediary	for co	ontributions or other	er assets	s not included	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement								L	
							Amoun	t	
c Beginning balance					1 c	:			
<b>d</b> Additions during the year					1 c	ı			
e Distributions during the year					1 e	:			
<b>f</b> Ending balance					1 f				
2 a Did the organization include an a	mount on Form 990	Part X, line 21,	for es	scrow or custodial	account	liability?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check I	nere if the explar	nation	has been provide	d on Pa	rt XIII	<del></del>		
Part V Endowment Funds. C	omplete if the or	ganization an	swer	red 'Yes' on Fo	rm 990	), Part IV, Iir	<u>ne 10.</u>		
	(a) Current year	(b) Prior year	r	(c) Two years back	(d)	Three years back	(e)	Four year:	s back
1 a Beginning of year balance	95,143.	83,8	50.	65,99	2.	0.			0.
<b>b</b> Contributions	2,600.	4,6	00.	5,95	3.				
<b>c</b> Net investment earnings, gains,									
and losses	8,394.	7,9	50.	13,04	2.				
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs						0.			
f Administrative expenses	1,496.	1,2	57.	1,13	7.				
<b>g</b> End of year balance	104,641.	95,1		83,85		0.			0.
2 Provide the estimated percentage	e of the current year	end balance (lin	ne 1g,	column (a)) held	as:				
a Board designated or quasi-endowme	ent ►	<u> </u>							
<b>b</b> Permanent endowment ►	<del></del> %								
c Term endowment ►	<u> </u>								
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.							
3 a Are there endowment funds not in the	he possession of the	organization that a	are hel	d and administered	I for the		ſ	V	N-
organization by:  (i) Unrelated organizations							20(1)	Yes	No
							3a(i)		X
(ii) Related organizations							3a(ii)		X
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-	•					. 3b		
4 Describe in Part XIII the intended		ation's endowrne	ent lur	ius.					
Part VI Land, Buildings, and I Complete if the organi	• •	'Yes' on Forr	n 99	0, Part IV, line	11a. S	See Form 99	0, Par	t X, lir	ne 10.
Description of property		t or other basis evestment)		Cost or other casis (other)	(c) A	ccumulated preciation	(d)	Book va	alue
<b>1 a</b> Land	`	·		. ,					
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment				35,476.		28,946.		6	,530.
<b>e</b> Other				55, 470.		20, 540.			, 550.
Total. Add lines 1a through 1e. (Colum		rm 990. Part X /	colum	n (B). line 10c )		<b>&gt;</b>			,530.
PAA	(a) mast equal 10	555, i ait A, (	Coluilli	(5), into 100.).			ulo D /C	0 m 000	

Schedule D (Form 990) 2021

Complete if the organization answered Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (Q) Bisoription South yer catalyse (G) Michael et valuetter. Cost or end-of-year market value (P) Financial cervatives.  3) Other (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments – Other Securities.		N/A	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A)		· · · · · · · · · · · · · · · · · · ·			
20 Closely held equally interests			<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-	-year market value
(3) Ottor (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(5) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		/ held equity interests			
(G)					
(5) (6) (7) (8) (9) (9) (9) (10) Total, (2olumn (b) most equal form 990, Part X, column (B) five 12)    Part VIII   Investments — Program Related.   Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (f)   (g)					
(5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(5) (6) (7) (8) (7) (9) (9) (10) (10) (10) (10) (2) (3) (4) (4) (5) (6) (7) (10) (10) (10) (10) (10) (10) (10) (10	(F)				
(G)   Total. (Column (b) must equal Form 990. Part X, column (B) line 12)					
Total. (Column (i)) must equal Form 990, Part X, column (ii) like 12.   Part VIIII   Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Total. (Column (b) must equal Form 990, Part X, column (b) line 12). *  Total. (Column (b) must equal Form 990, Part X, column (b) line 15). *  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (c) Method of valuation: Cost or end-of-year market value (c)					
Part VIII   Investments - Program Related.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) P  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Beneficial Int Placer Comm. Fdtn. (a) Description (b) Book value (c) Security Deposits (c) Google (G) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.) ►			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Part VIII	Investments - Program Related.		N/A	
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15). (9) (10) (10) (11) (12) (12) (13) (14) (15) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (11) (11) (11) (11	(1)	(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost of end-	or-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 390, Part X, column (B) line 13)  Part X Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Beneficial Int Placer Comm. Fdtn. (2) Rounding (3) Security Deposits (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15,)  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 15,)  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 15,)  ** Total. (Column (c) must equal Form 990, Part X, column (B) line 15,)  ** Total. (Column (c) must equal Form 990, Part X, column (B) line 15,)  ** Total. (Column (c) must equal Form 990, Part X, column (B) line 15,)  ** Total. (Column (c) must equal Form 990, Part X, column (B) line 15,)  ** Total. (Column (c) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (c) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must equal Form 990, Part X, column (B) line 25,  ** Total. (Column (b) must					
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(5) (6) (7) (8) (9) (10) Total. (Column (D) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Beneficial Int Placer Comm. Fdtn. (b) Geographic (b) Beneficial Int Placer Comm. Fdtn. (c) Rounding (c) Security Deposits (d) 4, 561. (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Part X Other Liabilities. (c) Part X Other Liabilities. (a) Description of liability (b) Book value (c) Part X Other Liabilities. (d) Payable (e) Part X Other Liability (f) Payable (f)					
(6) (7) (8) (9) (10) Total. (Column (B) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Bounding 2.  (3) Security Deposits 104, 651. (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Beneficial Int Placer Comm. Fdtn. (2) Rounding (3) Security Deposits (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15)  (a) Description of liability (b) Book value (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Part X Other Liabilities. (a) Description of liability (b) Book value (c) Federal income taxes (c) Accrued Vacation Payable (d) EIDL / SBA Loan (e) Pass Through Funds (f) Pass Through Funds (f) Pass Through Funds (g) Pass Through Funds (g) Pass Through Funds (g) Pass Through Funds (h) Rounding Statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain					
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)    Part X   Other Assets.					
(9) (10) (10) (10) (10) (10) (10) (10) (10					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Total. (Column (b) must equal Form 990, Part X, column (B) line 15). Total. (Column (b) must equal Form 990, Part X, column (B) line 15). Total. (Column (b) must equal Form 990, Part X, column (B) line 15). Total. (Column (b) must equal Form 990, Part X, column (B) line 15). Total. (Column (a) Description of liability (b) Book value (c) Accrued Vacation Payable (d) EIDL / SBA Loan (e) EIDL / SBA Loan (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) Beneficial Int Placer Comm. Fdtn. (2) Rounding (3) Security Deposits (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ▶ 109, 204.  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes (2) Accrued Vacation Payable (3) Credit Card Payable (4) EIDL / SBA Loan (5) Pass Through Funds (6) (7) (8) (9) (10) (10) (11) (10) (11) (11) (10) (11) (11					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  104,641.  (2) Rounding 2.  (3) Security Deposits 4,561.  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)					
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain		nn (b) must equal Form 990, Part X, column (B) line 25.)			248,369.
					iability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	-	
	-	

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

#### Part X - FASB ASC 740 Footnote

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Friends of the River to report information regarding its exposure to various tax positions taken by the Friends of the River. The Friends of the River has determined whether any tax positions have met the recognition threshold and have measured the exposure to those tax positions. Management believes that the Friends of the River has adequately

addressed all relevant tax positions and that there are no unrecorded tax

BAA Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

#### Part X - FASB ASC 740 Footnote (continued)

liabilities. Federal and state tax authorities generally have the right to examine the previous three years of tax returns filed. Any interest or penalties assessed to the Friends of the River are recorded in operating expenses. No interest or penalties from Federal or state tax authorities were recorded in the accompanying financial statements.

#### 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

Department of the Treasury Internal Revenue Service

Name of the organization

Friends of the River Foundation

Employer identification number

94-2400210

#### Form 990 - Explanation of Amended Return

During the 2022 audit, an error was discovered on the 2021 reports. Amending to correct interest expense for interest on EIDL Loan, for \$4,487.

#### Form 990, Part III, Line 4a - Program Service Accomplishments

Friends of the River's program work seeks to protect and restore California rivers through public engagement, education, government relations, and litigation when necessary. In 2021, the organizational program work focused on the following areas: PROTECTING RIVERS FROM COSTLY AND ENVIRONMENTALLY DESTRUCTIVE DAMS, RESERVOIRS AND DIVERSIONS. Friends of the River continued to lead allied conservation groups responding to proposed surface water reservoir projects. A critical part of that work includes managing the Storage Response Group (SRG), which is a multi-stakeholder coalition that works on reservoir projects. Some of the notable projects include the proposed Del Puerto Canyon Dam, the Shasta Dam Raise, proposed Temperance Flat Dam, and proposed Sites Dam. Friends of the River organized allied organizations, engaged in providing comment and feedback to the accountable regulatory agencies, and generated earned media to educate the public. PROMOTING HYDROPOWER POLICY, SYSTEM, AND OPERATIONAL REFORM. Dams with hydropower operations can have a tremendous negative environmental impact on rivers. These hydropower operations are relicensed Friends of the River worked on a number of once a generation, every 30 to 50 years. relevant hydropower and pumped hydropower project relicensing proceedings, legislative and legal issues to protect, enhance, and restore California's rivers, watersheds, and communities affected by hydropower operations. Most of the work was dedicated to the tracking and contributing to the response to the expanding Clean Water Act Section 401 waiver issue throughout California, including filing litigation challenging the Federal Energy Regulatory Commission's waiver of Section 401 on

#### Form 990, Part III, Line 4a - Program Service Accomplishments

also provided leadership on priority projects such as Oroville and Pacific Gas and Electric's American River projects. PROMOTING SUSTAINABLE WATER SOLUTIONS FOR CLIMATE CHANGE. Healthy rivers are critical for climate resilience. Climate change is bringing increased drought and flood to California. Healthy rivers, with nature-based multi-benefit flood plains can provide benefits for both drought and flood, by storing flood waters and recharging groundwater. Natural river flows support the movement of plants and animals up and down the watershed, providing relief from drought, flood, disease, and invasive species, as well as promoting a riparian environment to provide refuge from extreme heat and combat wildfire risk. BUILDING PUBLIC SUPPORT FOR RIVERS. Friends of the River connects people to rivers through our rafting and canoe programs. These programs were significantly reduced in 2021 due to the COVID-19 risk. Friends of the River responded with a robust and interactive communications program consisting of emails, social media, webinars, podcasts, and live videos.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is reviewed by Board of Directors' Finance Committee and Executive Director. The filing is signed by the Board Treasurer.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Prior to approving the transactions, the Board considers and in good faith determines after reasonable investigation under the circumstances that the corporation could not obtain a more advantageous arrangement with reasonable effort under the circumstances, and this corporation enters into the transaction for its own benefit and the transaction is fair and reasonable to the corporation at the time the transactions is entered into.

Schedule O (Form 990) 2021 Page 2

Name of the organization	Employer identification number
Friends of the River Foundation	94-2400210

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation is reviewed and approved by the Board of Directors.

#### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation is approved by the Executive Director and confirmed by the Board of Directors.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

#### Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Lobbying Expenses	\$ -5,176.
Total	\$ -5,176.

BAA Schedule O (Form 990) 2021

## Form **8868**

Department of the Treasury Internal Revenue Service Application for Automatic Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

		7						
Automat	ic 6-Month Extension of Time. Only	/ submit origin	al (no copies needed).					
All corpora	tions required to file an income tax return o	ther than Form 99	90-T (including 1120-C filers), partnersh	nips, REMICs, and	trusts must			
use Form /	7004 to request an extension of time to file in Name of exempt organization or other filer, see instruc		S.	Taxpayer identification	on number (TIN)			
Type or								
print	Friends of the River Found	dation		94-2400210	)			
File by the	Number, street, and room or suite number. If a P.O. bo			31 2100210				
due date for filing your return. See instructions.	3336 Bradshaw Road, Suite	335						
	City, town or post office, state, and ZIP code. For a for	reign address, see instru	uctions.					
	Sacramento, CA 95827	Sacramento, CA 95827						
Enter the R	Return Code for the return that this application	on is for (file a se	parate application for each return)		01			
Application Is For	1	Return Code	Application Is For		Return Code			
Form 990 c	or Form 990-EZ	01	Form 1041-A		08			
Form 4720	· · · · · · · · · · · · · · · · · · ·	03	Form 4720 (other than individual)		09			
Form 990-F		04	Form 5227		10			
	(section 401(a) or 408(a) trust)	05	Form 6069		11			
	(trust other than above)	06 07	Form 8870		12			
1 01111 330-1	(corporation)	07						
<ul><li>If the or</li><li>If this is check to</li></ul>	ne No. • (916) 442-3155  rganization does not have an office or place s for a Group Return, enter the organization his box • If it is for part of the gension is for.	ı's four digit Group	ne United States, check this box	If this is for the wh	nole group,			
	est an automatic 6-month extension of time un e organization named above. The extension	til <u>11/15</u>	, 20 <u>22</u> , to file the exempt organ	nization return				
	x calendar year 20 21 or	e .e. a.e e.ga						
▶	tax year beginning, 20	. and endi	na . 20 .					
2 If the	tax year entered in line 1 is for less than 12			inal return				
_	hange in accounting period	z months, check i	eason. Unitial return	mai retum				
3 a If this nonre	application is for Forms 990-PF, 990-T, 47, fundable credits. See instructions	20, or 6069, enter	the tentative tax, less any	. 3a \$	0.			
<b>b</b> If this tax pa	application is for Forms 990-PF, 990-T, 47: ayments made. Include any prior year overp	20, or 6069, enter payment allowed a	any refundable credits and estimated as a credit	. 3b\$	0.			
c Balan EFTP	i <b>ce due.</b> Subtract line 3b from line 3a. Inclu S (Electronic Federal Tax Payment System	de your payment ). See instruction	with this form, if required, by using s	. 3c \$	0.			
Caution: If payment in	you are going to make an electronic funds structions.	withdrawal (direct	t debit) with this Form 8868, see Form 8	3453-TE and Form	8879-TE for			

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

Form 8868 (Rev. 1-2022)