Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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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 info

Open to Public Inspection

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		enue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection				
Α	For the	e 2023 calend	dar year, or tax year beginning , 2023, and endi	ng		, 20				
в	Check if	f applicable:	C Name of organization American Whitewater		D Employer identification nur					
X	Address	s change	Doing business as		23-7083760					
	Name c	hange	Room/suite	E Telephone number						
	Initial re	turn	PO Box 63		(866)262-8429				
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Springfield, OR 97477		G Gross	receipts \$2,533,214.				
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🛛 No				
			Clinton Begley, 326 Whitmire St, Unit 2, Brevard, NC 28	712 H(b) Are all s	ubordinat	es included? 🗌 Yes 🗌 No				
I	Tax-exe	empt status:	X 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	lf "No," a	attach a li	st. See instructions.				
J	Website	e: www.a	mericanwhitewater.org	H(c) Group e	xemption	number				
κ	Form of	organization: 🔀	Corporation Trust Association Other L Year of form	nation: 1961	M State	of legal domicile: OR				
P	art I	Summa	ry							
	1	Briefly des	cribe the organization's mission or most significant activities: Ameri	can Whitewa	ter (A	W) is the primary				
Ge		advocat	e for the preservation & protection of whitewa	ater rivers	thro	ughout the U.S.				
Activities & Governance										
/eri	2	Check this	box \Box if the organization discontinued its operations or disposed of	of more than 25	5% of it	s net assets.				
g	3	Number of	voting members of the governing body (Part VI, line 1a)		3	12				
õ	4	Number of	independent voting members of the governing body (Part VI, line 1k	o)	4	12				
ties	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line 2a)		5	14				
tivi	6	Total numb	per of volunteers (estimate if necessary)		6	250				
Ac	7a	Total unrel		7a	0.					
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.				
				Prior Yea	r	Current Year				
e	8	Contributio	544.	2,283,660.						
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)							
eve	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)	17,	294.	30,286.				
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,	288.	105,355.				
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,988,	126.	2,419,301.				
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1–3)							
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)							
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)	1,106,	967.	1,209,077.				
nse	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)							
Expenses	b	Total fundr	raising expenses (Part IX, column (D), line 25) 109,707.							
Ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	844,	996.	860,325.				
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,951,	963.	2,069,402.				
	19	Revenue le	ess expenses. Subtract line 18 from line 12	36,	163.	349,899.				
or ces				Beginning of Curr	ent Year	End of Year				
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	2,206,	814.	2,519,344.				
t As d B	21		ties (Part X, line 26)		536.	270,757.				
Fun	22	Net assets	or fund balances. Subtract line 21 from line 20	1,874,	278.	2,248,587.				
Pa	art II	Signatu	re Block							
		111 C 1								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					11/06/2024						
Sign	Signature of officer				Date						
Here											
	Type or print name	and title		-							
Paid	Print/Type prepa	rer's name	Preparer's signature	Check if	PTIN						
Preparei	Todd Olde	nburg	Todd Oldenburg	11/08/20	24 self-employed	P02281691					
Use Only		CORLISS & SOLOM	ION, PLLC		Firm's EIN 20-2	2571677					
	Firm's address	Phone no. (828)	236-0206								
May the IR	May the IRS discuss this return with the preparer shown above? See instructions										
For Paperw	ork Reduction A	ot Notion, son the senara	te instructions BAA	REV 05/09/24 PE	20	Eorm 990 (2022)					

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Ch					Page 2
	tement of Program Servic				
		a response or note to any lir	ne in this Part III		· · · · <u> </u>
	escribe the organization's mis				
As a r	ational river conse	ervation nonprofit, and restore America	la whitewater r		
		ies to enjoy them sa			
		Tes co enjoy chem se	<u>, , , , , , , , , , , , , , , , , , , </u>		
prior For		ignificant program services du			Yes 🛛 No
3 Did the services	organization cease conduc	ting, or make significant ch			Yes 🛛 No
	describe these changes on S				
expense	s. Section 501(c)(3) and 501(service accomplishments for (c)(4) organizations are require ny, for each program service re	red to report the amount		
		573,095. including grants o			
Conser	vation and Access:				
		e mission-related wo			
		t of whitewater rive			
		ion to designate ove			
		', WA), as well as co			
		reas in OR. American			
		Nwaavjo I'tah Kukve			
		h engaging in Nation nd Scenic eligible s			
		er directly particip			
		access associated wi			
		access associated wi		CASC 33 LIVELS	across
1b (Code:) (Expenses \$	including grants o	of \$)(Revenue \$)
the co	untry. Flows were r	estored to the Great	: Falls of the Ca	atawba River in	2023
based	on two decades of w	ork by American Whit	ewater. In addit	ion, American	
Whitew	ater celebrated the	removal of Copco 2	Dam on the Klama	ath River, and	
ensure	d river access was	part of the removal	plan. American V	Mhitewater secu	red
<u>nine r</u>	ew river access are	as (SC, CA, OR, WA),	helped secure f	unding for add	itional
		secured a new stream			
		fully to reverse pad			
ramne		se efforts benefited			
	and hundreds of th	ousands of river ent	husiasts.		
rivers		including grants o	·f \$) (Revenue \$)
rivers 4c (Code: Public) (Expenses \$ Education	including grants o			
rivers 4c (Code: Public) (Expenses \$ Education				
rivers ic (Code: Public Americ)(Expenses \$ Education an Whitewater_educa		nmunity, general	public, federa	1
rivers Code: Public Americ agenci throus)(Expenses\$ Education an Whitewater educa es, and decision ma h several outlets.	tes the paddling com kers on river stewar American Whitewater	munity, general dship issues and maintains and po	public, federa 1 opportunities osts weekly con	l tent on
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Form 99	0 (2023)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		×
-	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	4.41-		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b		×

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Part	Checklist of Required Schedules (continued)		Maria	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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> .			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
2 - 10	\$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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		×
21	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		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	21		×
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? If "Yes," complete Schedule R, Part I.	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	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
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4 -	~	
		1c	×	

Form 99	0 (2023)			Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country	40		~
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		××
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		^
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	0		
9		8		
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "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		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 99	90 (2023)		F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	ion A. Governing Body and Management	<u> </u>		
0000			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	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		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a	× × ×	×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	,	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b	×	
13	describe on Schedule O how this was done. . </td <td>12c 13</td> <td>×</td> <td></td>	12c 13	×	
13	Did the organization have a written document retention and destruction policy?	13	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	·1		
17 18	List the states with which a copy of this Form 990 is required to be filed <u>See Part VI</u> , <u>Line 17 stm</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		tion 5	501(c)

🗙 Own website	Another's website	X Upon request	Other (explain on Schedule O)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Heidi Heisler, 3584 Osprey Dr, Springfield, OR 97477 (541)521-3731

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)									
(A)	(B)	(-1	- 4 - 1		ition			(D)	(E)	(F)	
Name and title	Average	box,	unles	check more than one less person is both an			n an	Reportable	Reportable	Estimated amount	
	hours per week				director/trustee)		/	compensation from the	compensation from related	of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	o Former Highest compensated employee Key employee Officer Institutional trustee		ormer ighest compensated mployee ey employee stitutional trustee istitutional trustee r director		Former Highest compensated employee Key employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Clinton Begley	40.00										
Executive Director				×				100,000.	0.	15,769.	
(2) Brent Austin President	2.00	×		×				0.	0.	0.	
(3) Erin Savage Vice President	2.00	×		×				0.	0.	0.	
(4) Bruce Lessels Treasurer	2.00	×		×				0.	0.	0.	
(5) Megi Morishita Secretary	2.00	×		×				0.	0.	0.	
(6) Melissa Driver At-Large	1.00	×		x				0.	0.	0.	
(7) Ohusia Tullar	1.00							0.	0.	0.	
At-Large	1.00	×		×				0.	0.	0.	
(8) Susan Hollingsworth Elliot Director	1.00	×						0.	0.	0.	
(9) April Montgomery Director	1.00	×						0.	0.	0.	
(10)Greg Lee Director	1.00	×						0.	0.	0.	
(11)Chris Neuenschwander Director	1.00	×						0.	0.	0.	
(12)Brian Jacobson Director	1.00	×						0.	0.	0.	
(13) Christopher Hest Director	1.00	×						0.	0.	0.	
(14)											

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									ued)				
		(C) Position												
	(A) Name and title	(do not check more than					(D) Bapartabla	(E)		Ectimo	(F) ted amo	t		
	Name and the		Average box, unless person is both officer and a director/trust					Reportable compensation	Report compen		1	other	buni	
		per week (list any				_		<i>,</i>	from the organization (W-2/	from re organizatio			pensations from the	on
		hours for	Individual 1 or director	stitut	Officer)y en	ghes 1ploy	Former	1099-MISC/	1099-N	1ISĊ/	organi	zation a	
		related organizations	ual ti ctor	iona		Key employee	t con	,	1099-NEC)	1099-N	NEC)	related c	organiza	tions
		below dotted line)	Individual trustee or director	Institutional trustee		/ee	npen							
		dotted line)	ě	stee			Highest compensated employee							
(15)							<u>0</u>							
<u></u>			n -											
(16)														
(1)														
(17)														
(18)														
<u></u>														
(19)														
(00)														
(20)														
(21)														
(22)														
(23)														
(23)														
(24)														
(25)														
1b	Subtotal								100,000.		0.		15,7	69
	Total from continuation sheets to Part			:	:				100,000.		0.		1,1	07.
d	Total (add lines 1b and 1c)								100,000.		0.		15,7	69.
	Total number of individuals (including but		I to th	ose	list	ed a	above	e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organi	zation											Yes	No
3	Did the organization list any former of	officer. dire	ector.	tru	stee	e. k	ev er	npl	ovee. or highes	st compe	ensated		res	No
	employee on line 1a? If "Yes," complete S								· · · · · ·			3		×
	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater the	an \$1	50,0	000	? //	"Yes	s,"	complete Sched	dule J fo	or such			
	Did any person listed on line 1a receive o		 Impe	nsat	ion	 fror	n anv	 	related organizat	tion or inc	· · dividual	4		×
	for services rendered to the organization?											5		×
	on B. Independent Contractors													
	Complete this table for your five high compensation from the organization. Repo													
	(A)													
	Name and business address Description of services Compensation									otion				

	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

Form 9		· · · · · · · · · · · · · · · · · · ·								Page 9
Part	VIII	Statement of Rev								
		Check if Schedule	О со	ntains a re	spon	ise or note to ar	ny line in this Pa (A) Total revenue	(B) (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
					1	1				sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaig			1a		-			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	488,840.	-			
s, G	c	Fundraising events			1c	9,740.	-			
ar ,	d	Related organizatio			1d	100 555	-			
s, o	e f	Government grants All other contribution			1e	108,557.	-			
r Si		and similar amounts no			44	1 676 500				
the	a				1f	1,676,523.	-			
itrik I O	g	Noncash contributions included in lines 1a–1f				¢ 49.00E				
Son	h				1g		2 202 660			
0	h	Total. Add lines 1a-	-11 .		• •	Business Code	2,283,660.			
ø	2a					Business Code				
Program Service Revenue	za b									
Ser	c									
jram Ser Revenue	d									
gra Re	e									
ŗ	f	All other program se								
D	g	Total. Add lines 2a-								
	3	Investment income								
		other similar amoun					29,038.	0.	0.	29,038.
	4	Income from investr								
	5	Royalties								
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	-							
	d	Net rental income o		s)						
	7a	Gross amount from		(i) Securi		(ii) Other				
		sales of assets								
		other than inventory	7a	1,2	248.					
nue	b	Less: cost or other basis								
ent		and sales expenses .	7b							
ev.	С	Gain or (loss)	7c	1,2	248.					
Other Reve	d	Net gain or (loss)					1,248.	0.	0.	1,248.
the	8a	Gross income fro	m fui	ndraising						
0		events (not including								
		of contributions re								
		1c). See Part IV, line			8a	149,774.				
	b	Less: direct expens			8b	94,060.				
	С	Net income or (loss			g eve	ents	55,714.		0.	55,714.
	9a	Gross income f		0 0						
		activities. See Part			9a		-			
	b	Less: direct expens			9b					
	C	Net income or (loss)			ctivitie	es				
	10a	Gross sales of in returns and allowan		-						
					10a	65,836.				
		Less: cost of goods			10b	19,853.			-	
	С	Net income or (loss) trom	sales of in	ivento	1	45,983.	45,983.	0.	0.
snu		M				Business Code	2.650			2.650
oeu	11a	Miscellaneous				900099	3,658.	0.	0.	3,658.
llar /en	b									
Miscellaneous Revenue	C									
Mis	d	All other revenue	 . ननः		• •		2 650			
_	10	Total. Add lines 11a					3,658.	1E 002		00 650
	12	Total revenue. See	Instru	uctions			2,419,301.	45,983.	0.	89,658.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) Program service Do not include amounts reported on lines 6b. 7b. (A) Total expenses (C) Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 96,088. 115,769. 16,208. 3,473. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 121,245. 856,473. 711,734. 23,494. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 22,199. 156,840. 130,333. 4,308. Other employee benefits 9 10 Payroll taxes 79,995. 66,468. 11,311. 2,216. Fees for services (nonemployees): 11 Management а Legal 15,017. 12,520. 106. 2,391. b С Accounting 14,870. 2,441. 12,429. Ο. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 319,375. 14,457. 235,317. 69,601. 12 Advertising and promotion 28,281. 20,080. 5,939. 2,262. 13 168,196. 94,925. 62,576. 10,695. Office expenses 14 Information technology 15 Royalties Occupancy 32,635. 23,171. 6,853. 2,611. 16 Travel 102,077. 72,475. 21,436. 8,166. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 13,281. 9,430. 2,789. 1,062. 20 Interest 21 Payments to affiliates 6,623. 31,537. 22,391. 2,523. 22 Depreciation, depletion, and amortization . 23 Insurance 9,414. 0. 8,661. 753. Other expenses. Itemize expenses not covered 24 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 Equipment Rental and Repairs 11,080. 7,867. 2,327. 886. Membership Expenses 54,687. 27,070. 214. 27,403. b Land/Access Point Improvement 475. 181. С 2,262. 1,606. d Event Expenses 14,101. 14,101. 0. 0. e All other expenses 43,512. 25,078. 15,608. 2,826. Total functional expenses. Add lines 1 through 24e 25 2,069,402. 1,573,095. 386,600. 109,707. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if following ŠOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2023)

-	n 990 (2				Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	t X		
	1	Cash-non-interest-bearing	1,135,463.	1	1,398,283.
	2	Savings and temporary cash investments	173,658.	2	239,666.
	3	Pledges and grants receivable, net	27,649.	3	120,401.
	4	Accounts receivable, net	19,583.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1,000	_	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8		33,668.	8	30,083.
Ase	9	Prepaid expenses and deferred charges	27,679.	9	17,722.
	10a	Land, buildings, and equipment: cost or other	27,079.	3	11,122.
	iou	basis. Complete Part VI of Schedule D 10a 258, 723.			
	b	Less: accumulated depreciation 10b 125, 225.	151,784.	10c	133,498.
	11	Investments—publicly traded securities	637,330.	11	579,691.
	12	Investments—other securities. See Part IV, line 11	037,330.	12	575,051.
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,206,814.	16	2,519,344.
	17	Accounts payable and accrued expenses	115,008.	17	99,377.
	18	Grants payable	110,000.	18	
	19		217,528.	19	171,380.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lidi		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	332,536.	26	270,757.
seou		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	1,458,802.	27	1,491,016.
ä	28	Net assets with donor restrictions	415,476.	28	757,571.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here in and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds .		31	
μ	32	Total net assets or fund balances	1,874,278.	32	2,248,587.
Ne	33	Total liabilities and net assets/fund balances	2,206,814.	33	2,519,344.
	33		2,200,014.	55	2,019,344

REV 05/09/24 PRO

Form **990** (2023)

Form 99	90 (2023)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				×
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	19,3	301.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	69,4	102.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	49,8	399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,8	74,2	278.
5	Net unrealized gains (losses) on investments	5		29,5	565.
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)	9		-5,1	.55.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,2	48,5	587.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				×
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain c	vn		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co		or		
	reviewed on a separate basis, consolidated basis, or both.	·			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
~	If "Yes," check a box below to indicate whether the financial statements for the year were auc	lited on			
	separate basis, consolidated basis, or both.		~		
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent account		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e			^	
	Schedule O.				
20		orth in th			
Jd	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	א מוווו נו			
Ŀ		• • •	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un required audit or audits, explain why on Schedule O and describe any steps taken to undergo such				
	required addit or addits, explain why on Schedule O and describe any steps taken to undergo such	auuns .	3b		
	REV 05/09/24 PRO		For	m 990	(2023)

Additional Information From Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Description
several online trainings related to river access and presented on Wild and Scenic
Rivers, fish barriers, and river access law at online conferences and events.
American Whitewater educated the public on responsible river use through the
Paddle Wise program, through the production of two new river safety films, and
through a new open-source river safety signage project. Lastly, we worked to deepen
and broaden our education and engagement on the rich tribal context of whitewater rivers.

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

States Where Copy of Return is Required							
AR							
AK							
AL							
CA							
20							
CT							
DE							
FL							
GA							
HI							
ID							
IL							
IA							
IN							
KS							
XY							
ME							
MD							
MA							
I							
MN							
MS							
МТ							
VV							
NH							
UN							
NM							
NC							
НС							
ЭК							

Continuation Statement

23-7083760

Form 990: Return of Organization Exempt from Income Tax

Part VI, Line 17 (continued)

States Where Copy of Return is Required						
OR						
PA						
RI						
SC						
TN						
UT						
VA						
WA						
WV						
WY						

Continuation Statement

SCHEDULE A (Form 990)

(B)

(C)

(D)

(E) Total

Public Charity Status and Public Support

OMB No. 1545-0047 2023

Department of the Treasur
Internal Revenue Service

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.

Name of the organization	í.
--------------------------	----

		Open to Public
		Inspection
	_	

Name of the or	ganization
American	Whitewat

Name of the organization					Employer identification	number
American Whitewater					23-7083760	mumber
Part I Reason for Public Cha	rity Status (Al	l organizations mus	t comple	ete this r		ons
The organization is not a private foundation	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
 A church, convention of church A school described in section 					0(b)(1)(A)(i).	
 3 A hospital or a cooperative ho 4 A medical research organization hospital's name, city, and state 	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
 6 A federal, state, or local gover 7 An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				n the general public
8 🗌 A community trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:						
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu tincome and un	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	1 33 ¹ /3% of its
11 An organization organized and	d operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12 An organization organized and one or more publicly supported the box on lines 12a through 12	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
a Dype I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting orga control or management of organization(s). You must	the supporting c	organization vested in	the same			
c						ally integrated with,
d Dype III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
e Check this box if the organ functionally integrated, or						e II, Type III
f Enter the number of supported	organizations .					
g Provide the following informatio	n about the supp	ported organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No	4	
(A)						

Part IISupport 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.)

Secti	on A. Public Support			, p					
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1.548.467			1.890.544	2.283.660	9,499,415.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,510,10,.	1,,,11,003.	2,052,059.	1,050,511	2,203,000.	5,155,115.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	1,548,467.	1,744,085.	2,032,659.	1,890,544.	2,283,660.	9,499,415.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						949,383.		
6	Public support. Subtract line 5 from line 4						8,550,032.		
	on B. Total Support						2733070321		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	1,548,467.	1,744,085.	2,032,659.	1,890,544.	2,283,660.	9,499,415.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,398.	6,169.	6,571.	13,230.	29,038.	69,406.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,176.	650.	15,376.	0.		20,202.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,013.	1,065.		1,155.	3,658.	9,138.		
11	Total support. Add lines 7 through 10						9,598,161.		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	595,805.		
13	First 5 years. If the Form 990 is for the		s first, second	l, third, fourth,	or fifth tax ye	ear as a section			
	organization, check this box and stop he						🔲		
	on C. Computation of Public Support	•							
14	Public support percentage for 2023 (line		-			14	89.08%		
15	Public support percentage from 2022 Sci 33 ¹ / ₃ % support test-2023. If the organ					15	91.42%		
16a	box and stop here . The organization qua								
b	33 ¹ / ₃ % support test—2022. If the organization this box and stop here . The organization	zation did not	check a box o	on line 13 or 16	6a, and line 15	is 331/3% or m	nore, check		
17a									
b	10%-facts-and-circumstances test-2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he s as a publicly	re . Explain supported		
18	Private foundation. If the organization								
	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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
-	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						-
U							
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(-,	(0) - 0 - 0	(0) = 0 = 1	(0) = 0 = 0	(0) = 0 = 0	(1)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tax ve	ar as a soc	tion 501(c)(3)
14	organization, check this box and stop he	0			· · · · · ·		()()
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			13. column (f))		15	%
16	Public support percentage from 2022 Sch		•			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023 (line 10c, colur	nn (f), divided k	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	and stop here	. The organizati	on qualifies as	a publicly suppo	orted organiz	ation
b	331/3% support tests-2022. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this I	box and stop h	ere . The organ	ization qualifies	s as a publicly s	upported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	ructions .

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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 **Part VI** 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.
- 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 **Part VI**, 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in Part VI.*
- 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).*
- 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).
- **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 Part VI.*
- **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 Part VI.*
- **c** 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 Part VI.*
- **10a** 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.
 - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а 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.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Distributable Amount. 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 integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	<i>VI</i>) 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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1()
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

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Schedule A (Form 990) 2023

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

Pt II Ln 10: Other Income Part II, Line 10 Description: Miscellaneous 2019:	
1013. 2020: 1065. 2021: 2247. 2022: 1155. 2023: 3658.	

(3)

(4)

(5)

(6)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

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

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:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organization			Emplo	yer identification number
Amer	rican Whitewater			23-	7083760
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a sectior	n 527 organization.
1	Provide a description of definition of "political can	the organization's direct and in npaign activities."	direct political ca	mpaign activities	in Part IV. See instructions for
2	Political campaign activit	y expenditures. See instructions .			. \$
3	Volunteer hours for politic	cal campaign activities. See instrue	ctions		
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).	
1	-	excise tax incurred by the organiza			
2	Enter the amount of any e	excise tax incurred by organizatior	n managers under	section 4955	. \$
3	If the organization incurre	ed a section 4955 tax, did it file Fo	m 4720 for this ye	ear?	🗌 Yes 🗌 No
4a	Was a correction made?				🗌 Yes 🗌 No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except section	on 501(c)(3).
1	activities	ly expended by the filing organiz			. \$
2	Enter the amount of the 527 exempt function activ	tion .\$			
3		expenditures. Add lines 1 and 2			.
4	Did the filing organization	file Form 1120-POL for this year	?		🗌 Yes 🗌 No
5	organization made payme the amount of political co	es, and employer identification nu ents. For each organization listed, ontributions received that were pro doubted or a political action committe	enter the amount protection and directly	baid from the filing delivered to a sep	organization's funds. Also enter arate political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	n's contributions received and
(1)					
(2)					

Schee	dule C (Form 990) 2023			Page 2
Par	t II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
Α	Check i if the filing organization belongs to EIN, expenses, and share of exces	o an affiliated group (and list in Part IV each affiliate ss lobbying expenditures).	ed group member's	name, address,
B	Check 🔲 if the filing organization checked b	box A and "limited control" provisions apply.		
	Limits on Lobby	(a) Filing	(b) Affiliated	
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	 Total lobbying expenditures to influence p 	oublic opinion (grassroots lobbying)		
k	 Total lobbying expenditures to influence a 	a legislative body (direct lobbying)		
c		and 1b)		
c	I Other exempt purpose expenditures			
e	 Total exempt purpose expenditures (add 	lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the columns.	he amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 259	% of line 1f)		
ł	Subtract line 1g from line 1a. If zero or les	ss, enter -0		
i	Subtract line 1f from line 1c. If zero or les	s, enter -0		
j		on either line 1h or line 1i, did the organization		Yes 🗌 No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period													
Calendar year (or fiscal year beginning in)		(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total							
2a	Lobbying nontaxable amount												
b	Lobbying ceiling amount (150% of line 2a, column (e))												
с	Total lobbying expenditures												
d	Grassroots nontaxable amount												
e	Grassroots ceiling amount (150% of line 2d, column (e))												
f	Grassroots lobbying expenditures												

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Schedule C (Form 990) 2023

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	ז 5768 1		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
a			×	-		
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 f	Publications, or published or broadcast statements?		×			
	Direct contact with legislators, their staffs, government officials, or a legislative body?		×			0.
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		×			0.
i	Other activities?	×			16.	727.
j	Total. Add lines 1c through 1i					727.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				<u> </u>	<u>, , , ,</u>
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		(5), d	or se	ction		
	501(c)(6).	• •				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	-	-			
1	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes." Dues, assessments and similar amounts from members	III-A	, line	e 3, is a	answ	vered
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	IV Supplemental Information					
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t); Pa	rt II-A, I	ines 1	1 and
•	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
Pt I	I-B Line 1: Line 1g - Personnel expenses for employees engaged in 1	obb	ying	[
-						
for	river protection					
D 1 T			-			
Pt 1	I-B Line 1: Line 1i - Payment to lobbying firm for conservation-rel	ateo	1 			
lobb	ying					
	<i>I</i> +···ɔ					

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Schedule C (Form 990) 2023

Schedule C (For	m 990) 2023	Page 4
Part IV	Supplemental Information (continued)	
	/	

	DULE D	Supplementa	OMB No. 1545-0047			
(Form	990)	Complete if the orga	2023			
Denartm	ent of the Treasury	Part IV, line 6, 7, 8, 9, 10 A	Open to Public			
Internal F	Revenue Service	Go to www.irs.gov/Form99		Inspection		
	f the organization					entification number
-	rican White		and Euroda ar Otha		23-7083	
Par		izations Maintaining Donor Advise te if the organization answered "`			S OF ACCO	Junis
	Compi		(a) Donor advis		(b) F	unds and other accounts
1	Total number a	at end of year			.,	
2		ue of contributions to (during year) .				
3	Aggregate valu	ue of grants from (during year)				
4		ue at end of year				
5		ization inform all donors and donor a organization's property, subject to the				
6		zation inform all grantees, donors, an				
-		able purposes and not for the benefit				
	conferring imp	ermissible private benefit?				· · · 🗌 Yes 🗌 No
Part	Conse	rvation Easements				
		ete if the organization answered "				
1		conservation easements held by the o				
		of land for public use (for example, recreated as the standard back is the second s	ation or education)			ally important land area
		of natural habitat on of open space	L	Preservation of	a certified	nistoric structure
2		s 2a through 2d if the organization hel	d a qualified conserva	ation contribution	in the forn	n of a conservation
		he last day of the tax year.				Held at the End of the Tax Year
а	Total number of	of conservation easements			. 2a	
b	Total acreage	restricted by conservation easements			. 2b	
c		nservation easements on a certified hi				
d		nservation easements included on line tructure listed in the National Register	-	lly 25, 2006, and i		
3		nservation easements modified, trans		 auished or term	inated by t	the organization during the
Ũ	tax year				mated by	ino organization during the
4	Number of sta	tes where property subject to conserv	ation easement is loc	cated		
5	•	anization have a written policy rega	•			ndling of
		l enforcement of the conservation eas				· · · 🗌 Yes 🗌 No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violation	ons, and enforcing	conservatio	on easements during the year
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violation	s, and enforcing c	onservatior	n easements during the year
8		roservation easement reported on line 2 70(h)(4)(B)(ii)?				
9	sheet, and incl	scribe how the organization reports co lude, if applicable, the text of the foot accounting for conservation easemer	note to the organization			
Part	-	izations Maintaining Collections		Treasures. or C	ther Sim	ilar Assets
- are		ete if the organization answered "	-			
1a	If the organiza	tion elected, as permitted under FASI	B ASC 958, not to rep	port in its revenue	e statemen	t and balance sheet works
		al treasures, or other similar assets le in Part XIII the text of the footnote to				
	art, historical t	tion elected, as permitted under FAS reasures, or other similar assets held lowing amounts relating to these item	for public exhibition,	education, or rese	earch in fui	therance of public service,
	(i) Revenue in (ii) Assets inclu	cluded on Form 990, Part VIII, line 1 uded in Form 990, Part X				. \$. \$
2	It the organiza	ation received or held works of art, unts required to be reported under FA	nistorical treasures,	or other similar a	assets for	financial gain, provide the
а	Revenue inclue	ded on Form 990, Part VIII, line 1 .				. \$

b	Assets included in Form 990, Part X																\$
For Pa	perwork Reduction Act Notice, see the I	nsti	ruc	tior	ns f	or	For	m	990	•							Sc

Schedu	le D (Form 990) 2023									Page 2
Part	Organizations Maintaining	Col	lections of	Art, His	torical 1	Freasures,	, or Ot	her Similar As	sets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply).		ssion, and ot	ther reco	rds, chec	k any of the	e follov	ving that make s	ignificant	use of its
а	Public exhibition			d	Loan	or exchang	e proqi	am		
b	Scholarly research									
с	Preservation for future generations	6			_					
4	Provide a description of the organiza XIII.		collections	and expla	ain how t	hey further	the org	anization's exen	npt purpo	se in Part
5	During the year, did the organization	solic	it or receive	donation	s of art	historical tr	aasura	s or other simila	r	
Ŭ	assets to be sold to raise funds rather								" □ Ye	s 🗌 No
Part						- J.				
	Complete if the organization 990, Part X, line 21.			" on For	m 990, F	Part IV, line	e 9, or	reported an arr	ount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								ot □ Ye	s 🗆 No
b	If "Yes," explain the arrangement in P									
					nowing a			A	nount	
с	Beginning balance						10			
d	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						1f			
2a	Did the organization include an amou	nt on	Form 990, P	art X, line	21, for e	escrow or cu	ustodia	l account liability	? 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in P	art XI	II. Check her	e if the e	kplanatio	n has been	provid	ed in Part XIII		
Par	V Endowment Funds									
	Complete if the organization	n ans	wered "Yes	" on For	m 990, F	Part IV, line	e 10.			
		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the cu	urrent year er	nd balanc	e (line 1a	, column (a)) held	as:		
а	Board designated or quasi-endowme		-	%			,,			
b	Permanent endowment	o (
с	Term endowment %									
	The percentages on lines 2a, 2b, and	2c sł	nould equal 1	00%.						
3a	Are there endowment funds not in th	e pos	session of th	ne organi	zation that	at are held	and ad	ministered for th	е	
	organization by:								-	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•							3b	
4	Describe in Part XIII the intended use			on's endo	owment fu	unds.				
Part								0 F 005	D	
	Complete if the organization	n ans								
	Description of property		(a) Cost or of (investm			or other basis other)	• • •	Accumulated epreciation	(d) Bool	< value
1a	Land			0.		63,317.			6	53,317.
b	Buildings									
С	Leasehold improvements									
d	Equipment					58,506.		53,744.		4,762.
e	Other					36,900.		71,481.		5,419.
Total.	Add lines 1a through 1e. (Column (d) r	nust e	equal Form 9	90, Part X	K, line 10	c, column (E	3)) .		13	3,498.

Schedule D (Form 990) 2023 Investments-Other Securities Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value Financial derivatives . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) 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. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) **Other Assets** Part IX 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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) **Other Liabilities** Part X 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 (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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 tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

	e D (Form 990) 2023				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Retur	n
1	Total revenue, gains, and other support per audited financial statements			1	2,580,268.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	2,300,200.
a	Net unrealized gains (losses) on investments	2a	29,565.		
b	Donated services and use of facilities	2b	64,099.		
c	Recoveries of prior year grants		04,000.		
d	Other (Describe in Part XIII.)		67,303.		
e	Add lines 2a through 2d			2e	160,967.
3	Subtract line 2e from line 1			3	2,419,301.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-	2,119,3011
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,419,301.
Part				-	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	2,205,959.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			_	
a	Donated services and use of facilities	2a	64,099.		
b	Prior year adjustments				
C	Other losses	-			
d	Other (Describe in Part XIII.)		67,303.		
e	Add lines 2a through 2d		•	2e	131,402.
3	Subtract line 2e from line 1			3	2,074,557.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-5,155.		
С	Add lines 4a and 4b		•	4c	-5,155.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	2,069,402.
Part		,			
2; Parl	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par , Line 2: American Whitewater is generally exempt	t to pro	vide any additional in	formati	ion.
	r 501(c)(3) of the Internal Revenue Code. However	, 100		ac	
not	related to the organization's tax-exempt purpose	may b	e subject to t	axat	ion
as u	nrelated business income. The organization had no	inco	me tax expense	fro	n
unre	lated business activities for the year ended Dece	mber	31, 2023. The	orgai	nization
beli	eves that it has appropriate support for tax posi	tions	taken on its	2023	
fede	ral Exempt Organization Business Income Tax Retur	n (Fo	rm 990-T), and	othe	erwise,
	as such, does not have any uncertain tax position				
fina	ncial statements.				
Pt X	I, Line 2d: Cost of Goods Sold \$19,853				
	II, Line 2d: Cost of Goods Sold \$19,853				

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
Pt XI,	Line 2d: Fundraising Expenses \$47,450	
Pt XII,	Line 2d: Fundraising Expenses \$47,450	
Pt XII,	Line 4b: Credit Loss Expense	

	EDULE G					raising or Gam		OMB No. 1545-0047
(Fori	n 990)	Complete if	organization ente	red more than	n \$15,000 on l), Part IV, line 17, 18, Form 990-EZ, line 6a	or 19, or if the	2023
	ment of the Treasury Revenue Service	G		ach to Form 9 o <i>rm990</i> for in		90-EZ. Id the latest informat	ion.	Open to Public Inspection
Name	of the organization	-					Employer identif	ication number
Ame	rican White						23-708376	
Par		sing Activities. 0-EZ filers are r				vered "Yes" on	Form 990, Part IV	, line 17.
1		•	n raised funds t	· ·		-	Check all that apply.	
a L	Mail solicit	ations d email solicitatio	20	e ∟ f □		on of non-goverr	0	
b c	Phone soli		115	a [fundraising event	•	
d		solicitations		9 🗆			0	
2a							icers, directors, trus	
							fundraising services	
b		e 10 highest paid at least \$5,000 by			draisers) pu	ursuant to agreen	nents under which t	he fundraiser is to be
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	_		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3	List all states i registration or		nization is regis	tered or lic	ensed to s	olicit contributior	ns or has been notif	fied it is exempt from

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Gauley Festival	(b) Event #2 Deerfield River Festival	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	118,348.	15,382.	25,784.	159,514.
_	2	Less: Contributions	2,590.	950.	6,200.	9,740.
	3	Gross income (line 1 minus line 2)	115,758.	14,432.	19,584.	149,774.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	52,271.	12,810.	28,979.	94,060.
	10 11	Direct expense summary. Ad Net income summary. Subtra		94,060. 55,714.		

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
ses	2	Cash prizes					
xpen	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	□ Yes% □ No	□ Yes % □ No	□ Yes% □ No		
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)			
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)			
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?						
10	a W	ere any of the organization's g	jaming licenses revoked	l, suspended, or termina	ated during the tax year	? . 🗌 Yes 🗌 No	

b If "Yes," explain:

Schedu	ule G (Form 990) 2023	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b c	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer	
17	Mandatory distributions:	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?] No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2023

Open to Public

Inspection

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Α

Employer identification number

Amer	ican Whitewater	23-7083760						
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line		(d) Method of det cash contribu		
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles						-	
7	Boats and planes							
8	Intellectual property						-	
9	Securities-Publicly traded							
10	Securities – Closely held stock .						-	
11	Securities – Partnership, LLC, or trust interests							
12	Securities-Miscellaneous						-	
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate - Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Auction Items)	×	1	46,61	.0. FMV	r		
26	Other (Event Items)	×	1	1,39	5. FMV	r		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received							
	which the organization completed	d Form 8283	3, Part V, Donee Acknowled	dgement	· 29			
							Yes	No
30a								
	28, that it must hold for at least 3							
	used for exempt purposes for the					· · 30a	3	×
	If "Yes," describe the arrangemen		, p		-			
31	Does the organization have a contributions?				/ nonsta 	andard 31	×	

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash If "Yes," describe in Part II. b

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a

×

	Form 990) 2023 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
	or a combination of both. Also complete this part for any additional information.

Department of the Treasury

American Whitewater

Internal Revenue Service Name of the organization

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.



Employer identification number 23-7083760

Pt XII, Line 2c: Executive Committee
Pt VI, Line 6: The organization has members with rights as described below.
Pt VI, Line 7a: The organization's members' rights consist of being able to
vote for members of the governing body.
Pt VI, Line 11b: The 990 is prepared by independent accountants, reviewed by
management, presented to the Executive Committee for review, and once it is approved,
presented to the entire Board for final approval or proposed revision.
Pt VI, Line 12c: Enforced as necessary. Any Board Member with a conflict of
interest on any specific issue informs the Board and abstains from voting on
the issue.
Pt VI, Line 15a: In the annual budgeting process, the Board approves a budget
line for aggregate salary expense. Thereafter, individual salaries and salary
increases for employees are determined by the Executive Director. The Board of
Directors sets the Executive Director salary after a performance review and a
check of comparable salary information for nonprofit organizations with similar
budgets.
Pt VI, Line 18: Forms 990 are available on the IRS website and the websites
of many charity watch organizations such as Guidestar and Pro Publica. Form 1023
is available upon request.
Pt VI, Line 19: Governing documents, conflict of interest policy and audited
financial statements are available upon request.
Pt XI: Credit loss expense.
Pt VI, Line 4: Changes to our our bylaws included clarifying language around
board of director nominations and committee functions, clarifying the definition
of organizational membership, standardizing officer titles from "president" to

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
American Whitewater	23-7083760
"chair" (and vice chair, etc.), clarifying the role of the board in	setting the
size of the board, and including an indemnification clause for boar	d member service.
Pt VI, Section C, Line 17:	
State: AK	
State: AL	
State: CA	
State: CO	
State: CT	
State: DE	
State: FL	
State: GA	
State: HI	
State: ID	
State: IL	
State: IA	
State: IN	
State: KS	
State: KY	
State: ME	
State: MD	
State: MA	
State: MI	
State: MN	
State: MS	
State: MT	
State: NV	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
American Whitewater	23-7083760
State: NH	
State: NJ	
State: NM	
State: NC	
State: OH	
State: OK	
State: OR	
State: PA	
State: RI	
State: SC	
State: TN	
State: UT	
State: VA	
State: WA	
State: WV	
State: WY	
Pt IX, Line 11g:	
Description: Contract Services	
Total: \$319,375	
Program services: \$235,317	
Management and general: \$69,601	
Fundraising: \$14,457	

Form 990 Part IX, Line 11g 2023

Name	
American	Whitewater

Employer Identification No. 23-7083760

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Contract Services	319,375.	235,317.	69,601.	14,457.
	-			
	-			
	· [
	·			
Total to Form 990, Part IX,	-			
line 11g	319,375.	235,317.	69,601.	14,457.

Form 8879-TE	IRS E-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
	For calendar year 2023, or fiscal year beginning, 2023, and ending, 20	
Department of the Treasury nternal Revenue Service	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.	- 2023
Name of filer	EIN or SSN	
American White	water 23-7083760	
lame and title of officer or	person subject to tax	
	, Executive Director	
	Return and Return Information e return for which you are using this Form 8879-TE and enter the applicable amount, if any	
3b, 4b, 5b, 6b, 7b, 8b, applicable line below. I 1a Form 990 chec 2a Form 990-EZ c 3a Form 1120-POL 4a Form 990-PE c 5a Form 990-PE c 5a Form 8868 che 6a Form 990-T che 7a Form 4720 che 8a Form 5327 che 9a Form 5330 che	b Total revenue, if any (Form 990-EZ, line 9) check here b total tax (Form 1120-POL, line 22) . check here b total tax (Form 1120-POL, line 22) . check here b total tax (Form 1120-POL, line 22) . check here b total tax (Form 1120-POL, line 22) . check here b total tax (Form 8868, line 3c) . total tax (Form 990-T, Part III, line 4) . total tax (Form 990-T, Part III, line 4) . total tax (Form 4720, Part III, line 1) . total tax (Form 4720, Part III, line 1) . total tax (Form 5330, Part III, line 19) . total tax (Form 5330, Part III, line 19) . total tax (Form 5330, Part III, line 22) .	
Inder penalties of perj of entity) 023 electronic return complete. I further dec ntermediate service pr cknowledgement of r he date of any refund. direct debit) entry to tl eturn, and the financia	tion and Signature Authorization of Officer or Person Subject to Tax jury, I declare that I am an officer of the above entity or I am a person subject to tax w , (EIN) and that I have exa and accompanying schedules and statements, and, to the best of my knowledge and belief, the lare that the amount in Part I above is the amount shown on the copy of the electronic return. I rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rec ecceipt or reason for rejection of the transmission, (b) the reason for any delay in processing the If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elece he financial institution account indicated in the tax preparation software for payment of the feder al institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tre- er than 2 business days prior to the payment (settlement) date. Lalso authorize the financial ingli	camined a copy of the ney are true, correct, ar I consent to allow my ceive from the IRS (a) a e return or refund, and ctronic funds withdraw eral taxes owed on this easury Financial Agent
Under penalties of perj of entity) 2023 electronic return complete. I further dec ntermediate service pr acknowledgement of re the date of any refund. (direct debit) entry to the return, and the financia 1-888-353-4537 no lat processing of the elect	jury, I declare that I am an officer of the above entity or I am a person subject to tax w , (EIN) and that I have exa and accompanying schedules and statements, and, to the best of my knowledge and belief, the elare that the amount in Part I above is the amount shown on the copy of the electronic return. I rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rec ecceipt or reason for rejection of the transmission, (b) the reason for any delay in processing the If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elec he financial institution account indicated in the tax preparation software for payment of the fede al institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial inst tronic payment of taxes to receive confidential information necessary to answer inquiries and re elected a personal identification number (PIN) as my signature for the electronic return and, if ap	camined a copy of the ney are true, correct, ar I consent to allow my ceive from the IRS (a) a return or refund, and ctronic funds withdraw eral taxes owed on this easury Financial Agent stitutions involved in the esolve issues related to
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Under penalties of perj of entity) 2023 electronic return complete. I further dec intermediate service pr acknowledgement of re he date of any refund. direct debit) entry to the eturn, and the financia -888-353-4537 no lat processing of the elect he payment. I have se electronic funds withdo PIN: check one box o	jury, I declare that X I am an officer of the above entity or ☐ I am a person subject to tax w , (EIN) and that I have exa and accompanying schedules and statements, and, to the best of my knowledge and belief, the elare that the amount in Part I above is the amount shown on the copy of the electronic return. I rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rec ecceipt or reason for rejection of the transmission, (b) the reason for any delay in processing the If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elec he financial institution account indicated in the tax preparation software for payment of the fede al institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial inst tronic payment of taxes to receive confidential information necessary to answer inquiries and re elected a personal identification number (PIN) as my signature for the electronic return and, if ap rawal. MIX RLISS & SOLOMON, PLLC to enter my PIN 8 7 9 5 1	amined a copy of the ney are true, correct, ar I consent to allow my ceive from the IRS (a) a e return or refund, and ctronic funds withdraw eral taxes owed on this easury Financial Agent stitutions involved in the solve issues related to oplicable, the consent 1 as my signature
Under penalties of perj of entity) 2023 electronic return complete. I further dec intermediate service pr acknowledgement of re he date of any refund. direct debit) entry to the eturn, and the financia I-888-353-4537 no lat processing of the elect he payment. I have se electronic funds withde PIN: check one box o	jury, I declare that I am an officer of the above entity or I am a person subject to tax w , (EIN) and that I have exa and accompanying schedules and statements, and, to the best of my knowledge and belief, the lare that the amount in Part I above is the amount shown on the copy of the electronic return. I rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rec ecceipt or reason for rejection of the transmission, (b) the reason for any delay in processing the If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elec the financial institution account indicated in the tax preparation software for payment of the fede al institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial inst tronic payment of taxes to receive confidential information necessary to answer inquiries and re elected a personal identification number (PIN) as my signature for the electronic return and, if ap rawal.	amined a copy of the ney are true, correct, ar I consent to allow my ceive from the IRS (a) a e return or refund, and to ctronic funds withdraw eral taxes owed on this easury Financial Agent stitutions involved in the esolve issues related to oplicable, the consent for as my signature 1 as my signature 5 , but
Jnder penalties of perj of entity) 2023 electronic return complete. I further dec ntermediate service pr acknowledgement of r he date of any refund. direct debit) entry to tl eturn, and the financia I-888-353-4537 no lat processing of the elect he payment. I have se electronic funds withdu PIN: check one box o I authorize <u>COI</u> on the tax year 2 agency(ies) regul	iury, I declare that I am an officer of the above entity or I am a person subject to tax w ., (EIN) and accompanying schedules and statements, and, to the best of my knowledge and belief, the elare that the amount in Part I above is the amount shown on the copy of the electronic return. I rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receceipt or reason for rejection of the transmission, (b) the reason for any delay in processing the If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electhe financial institution account indicated in the tax preparation software for payment of the federal institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution payment of taxes to receive confidential information necessary to answer inquiries and reflected a personal identification number (PIN) as my signature for the electronic return and, if ap rawal. mly 8 7 9 5 1 ERO firm name 8 7 9 5 1	amined a copy of the ney are true, correct, ar I consent to allow my ceive from the IRS (a) a e return or refund, and of ctronic funds withdraw eral taxes owed on this easury Financial Agent stitutions involved in the esolve issues related to oplicable, the consent f 1 as my signature s, but ros is being filed with a st
Jnder penalties of perj of entity) 2023 electronic return complete. I further dec intermediate service pr acknowledgement of rr he date of any refund. direct debit) entry to th direct debit) entry to th eturn, and the financia I-888-353-4537 no lat processing of the elect he payment. I have se electronic funds withdu PIN: check one box o I authorize COI on the tax year 2 agency(ies) regul return's disclosur As an officer or p filed return. If I ha	iury, I declare that I am an officer of the above entity or I am a person subject to tax w , (EIN)	amined a copy of the ney are true, correct, ar I consent to allow my ceive from the IRS (a) a e return or refund, and of ctronic funds withdraw eral taxes owed on this easury Financial Agent stitutions involved in the esolve issues related to oplicable, the consent 1 as my signature s, but ros is being filed with a st O to enter my PIN on x year 2023 electronic
Jnder penalties of perj of entity) 2023 electronic return complete. I further dec intermediate service pr acknowledgement of r he date of any refund. direct debit) entry to til eturn, and the financia I-888-353-4537 no lat processing of the elect he payment. I have se electronic funds withd PIN: check one box o I authorize on the tax year 2 agency(ies) regul return's disclosur filed return. If I ha of the IRS Fed/St	iury, I declare that X I am an officer of the above entity or I am a person subject to tax w , (EIN) and that I have exa and accompanying schedules and statements, and, to the best of my knowledge and belief, the lare that the amount in Part I above is the amount shown on the copy of the electronic return. I rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receccipt or reason for rejection of the transmission, (b) the reason for any delay in processing the If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electhe financial institution account indicated in the tax preparation software for payment of the federal institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution number (PIN) as my signature for the electronic return and, if ap rawal. mly ERO firm name to enter my PIN 2023 electronically filed return. If I have indicated within this return that a copy of the return is lating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERC re consent screen. operand screen. beerson subject to tax with respect to the entity, I will enter my PIN as my signature on the tax ave indicated within this return is being filed with a state agency(ies) re tate program, I will enter my PIN on the return's disclosure consent screen.	amined a copy of the hey are true, correct, and consent to allow my ceive from the IRS (a) a e return or refund, and of ctronic funds withdraw eral taxes owed on this easury Financial Agent stitutions involved in the esolve issues related to oplicable, the consent as my signature a , but ros is being filed with a st O to enter my PIN on x year 2023 electronic egulating charities as p
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Jinder penalties of perjof entity) 2023 electronic return complete. I further dec intermediate service prise acknowledgement of ri- he date of any refund. direct debit) entry to til eturn, and the financia I-888-353-4537 no lat processing of the election he payment. I have se electronic funds withdie PIN: check one box o I authorize <u>COI</u> on the tax year 2 agency(ies) regul return's disclosur On the IRS Fed/Si Signature of officer or person Part III Certific FRO's EFIN/PIN. Enter humber (EFIN) followed am submitting this ret	iury, I declare that I am an officer of the above entity or I am a person subject to tax w , (EIN) and that I have exa and accompanying schedules and statements, and, to the best of my knowledge and belief, the lare that the amount in Part I above is the amount shown on the copy of the electronic return. I rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electer financial institution account indicated in the tax preparation software for payment of the feder al institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree er than 2 business days prior to the payment (PIN) as my signature for the electronic return and, if ap rawal.	amined a copy of the ney are true, correct, ar I consent to allow my ceive from the IRS (a) a e return or refund, and of ctronic funds withdraw eral taxes owed on this easury Financial Agent stitutions involved in the esolve issues related to oplicable, the consent f 1 as my signature s, but ros is being filed with a st O to enter my PIN on x year 2023 electronic egulating charities as p //2024
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