

CLEVELAND | SANDUSKY | SHEFFIELD VILLAGE 800.369.6375 | barneswendling.com

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

| Α | For the 20 | 023 calendar year, or tax year beginning $$ | JUN 30, 2024 | | | |
|---------------|-------------------|---|-------------------------------|--------------------------------|--|--|
| В | Check if | C Name of organization | D Employer identif | fication number | | |
| | applicable: | | | | | |
| | Address change | AMERICAVIEW | | | | |
| | Name change | Doing business as | 77-06028 | 301 | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | uite E Telephone numb | er | | |
| | Final return/ | 250 WEST 100 NORTH | · · | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 1,308,050. | | |
| | Amended return | LOGAN, UT 84321 | H(a) Is this a group | | | |
| | Applica- tion | F Name and address of principal officer: REBECCA DODGE | for subordinate | | | |
| | pending | 404 HELEN GREATHOUSE CIR, MIDLAND, TX 7090 | | | | |
| T | Tax-exem | ot status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 If "No," attach | a list. See instructions | | |
| | Website: | WWW.AMERICAVIEW.ORG | H(c) Group exempti | on number | | |
| K | Form of org | panization: X Corporation Trust Association Other L | | M State of legal domicile: VA | | |
| | | ummary | | | | |
| | 1 Bri | efly describe the organization's mission or most significant activities: AMERICAV | IEW EMPOWERS | EARTH | | |
| Governance | l oi | SSERVATION EDUCATION. | | | | |
| eu. | 2 Ch | eck this box if the organization discontinued its operations or disposed of n | nore than 25% of its net as | ssets. | | |
| Ş. | 3 Nu | mber of voting members of the governing body (Part VI, line 1a) | 3 | 9 | | |
| | | mber of independent voting members of the governing body (Part VI, line 1b) | | 6 | | |
| oč V | 5 To | tal number of individuals employed in calendar year 2023 (Part V, line 2a) | | 0 | | |
| i‡ie | 6 To | al number of volunteers (estimate if necessary) | | 7 | | |
| Activities & | 7 a To | al unrelated business revenue from Part VIII, column (C), line 12 | | | | |
| _ ⋖ | b Ne | t unrelated business taxable income from Form 990-T, Part I, line 11 | | 0. | | |
| Revenue | | | Prior Year | Current Year | | |
| | 8 Co | ntributions and grants (Part VIII, line 1h) | 1,467,953. | 1,308,050. | | |
| | 9 Pro | ogram service revenue (Part VIII, line 2g) | 0. | 0. | | |
| eVe | 10 Inv | estment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. | | |
| ď | 11 Otl | ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | | | |
| | 1 | tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,467,953. | 1,308,050. | | |
| | | ants and similar amounts paid (Part IX, column (A), lines 1-3) | 993,776. | 792,278. | | |
| | 14 Be | nefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | |
| v. | 15 Sa | aries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | | | |
| Expenses | 16a Pro | ofessional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | |
| ē | b To | tal fundraising expenses (Part IX, column (D), line 25) 42,679. | | | | |
| ũ | 17 Otl | ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 491,997. | 506,039. | | |
| | | tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,485,773. | | | |
| | 19 Re | venue less expenses. Subtract line 18 from line 12 | -17,820. | 9,733. | | |
| Net Assets or | 4 | | Beginning of Current Year | End of Year | | |
| sets | 20 To | al assets (Part X, line 16) | 359,034. | 430,055. | | |
| Ass | 21 To | al liabilities (Part X, line 26) | 315,852. | 377,140. | | |
| <u>R</u> | 22 Ne | t assets or fund balances. Subtract line 21 from line 20 | 43,182. | 52,915. | | |
| P | art II | Signature Block | | | | |
| Und | der penaltie | s of perjury, I declare that I have examined this return, including accompanying schedules and sta | tements, and to the best of m | ny knowledge and belief, it is | | |
| true | e, correct, a | <u>nd complete. Declaration of pre</u> parer (other than officer) is based on all information of which prep | arer has any knowledge. | | | |
| | | | | | | |
| | | Barnesu | Date | | | |
| С | LIENT | COPY Wendling TREASURER | | | | |
| | | BUILDING AND MAINTAINING | In-t- | DTIN | | |
| | | YOUR NET WORTH Preparer's signature | Date Check | PTIN | | |
| | | MACHER, C | 10/24/24 self-empl | | | |
| | | m's name BARNES WENDLING CPAS INC. | Firm's EIN | 34-1463411 | | |
| Use | Only Fi | m's address 5050 WATERFORD DRIVE | , | 140\ 024 2252 | | |
| _ | | SHEFFIELD VILLAGE, OH 44035 | Phone no. (4 | 140) 934-3850 | | |
| Ма | y the IRS | discuss this return with the preparer shown above? See instructions | | X Yes No | | |

| | 1 990 (2023) AMERICAVIEW | 77-0602801 | Page 2 |
|-----|--|--------------------------|--------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | Х |
| 1 | Briefly describe the organization's mission: AMERICAVIEW ADVANCES EARTH OBSERVATION EDUCATION THROUGH | | |
| | REMOTE-SENSING SCIENCE, APPLIED RESEARCH, WORKFORCE DEVE | LOPMENT, | |
| | TECHNOLOGY TRANSFER, AND COMMUNITY OUTREACH. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | s X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | s X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | s, the total expenses, a | and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$1,093,045. including grants of \$ | ue \$ | |
| | SEE SCHEDULE O | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 41: | | | |
| 4b | (Code:) (Expenses \$) (Reven | ue \$ | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reven | ue \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 1,093,045. | | |

2023.04030 AMERICAVIEW

17031024 758268 1032.001

77-0602801 Page **3**

Form 990 (2023) AMERICAVIEW Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | 1 |
| 8 | , , | | | x |
| • | Schedule D, Part III | 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? | | | 3,7 |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 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 | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| 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? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | Х | |
| h | , , , , , , , , , , , , , , , , , , , | IZa | 21 | <u> </u> |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 106 | | x |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | - |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | _V |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | l |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | | | | - |

332003 12-21-23

| Form 990 (2 | | 77-0602801 | Pi | age ' |
|-------------|--|-------------|----|-------|
| Part IV | Checklist of Required Schedules | (continued) | | |
| | | | | |

| | | | Yes | No |
|-----|--|----------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 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? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | ., |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | Х |
| | "Yes," complete Schedule L, Part IV | 28a | Х | |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f | 28c | | х |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | <u> </u> | | |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | 37 | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| Га | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u> </u> |
| _ | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| C | (gambling) winnings to prize winners? | 10 | Х | |

| 1 01111 330 | (2020) IIIIIII SIIV IIIV | 77 0002002 | 1 6 |
|-------------|---|------------|-----|
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| 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? | 7с | | Х |
| 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? | 7 g | | |
| 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? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 4 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 4 | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | 4 | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | _ | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 128 | 1 | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 4 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 138 | 1 | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | 4 | | |
| С | Enter the amount of reserves on hand | | | 177 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 148 | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14k |) | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | ,, |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | 77 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

332005 12-21-23

Form 990 (2023) AMERICAVIEW 77-0602801 Page 6

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|------------|---------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | 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 | Enter the number of voting members included on line 1a, above, who are independent 1b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | Х | |
| 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 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | _ <u> </u> | | |
| | more members of the governing body? | 7a | х | |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | х | |
| h | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| 5 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | This Section B requests information about policies not required by the internal nevenue code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 100 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | |
| ~ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| _ | on Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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 | х | |
| | Other officers or key employees of the organization | 15b | | Х |
| _ | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| 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 | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | • | | |
| | X Own website X 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 | l financ | cial | |
| | 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 | | | |
| • | REBECCA DODGE - (435)797-0653 | | | |
| | 404 HELEN GREATHOUSE CIR, MIDLAND, TX 70907 | | | |

Form 990 (2023) AMERICAVIEW 77-0602801 Page 7

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

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

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

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

| Check this box if neither the organization | on nor any related | orga | niza | tion | con | nper | sate | ed any current officer, d | irector, or trustee. | . |
|--|------------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|--------|---------------------------|----------------------------------|-----------------------|
| (A) | (B) | | | _ ((| C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos heck | |) than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pei | rson i | is botl or/trus | n an | compensation | compensation | amount of |
| | week | | | | 110010 | 1744 43 | 100) | from | from related | other |
| | (list any hours for | lirecto | | | | L | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or (| stee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al tru | | yee | nd mc | | 1099-NEC) | , | and related |
| | below | Individual trustee or director | Institutional trustee | ia. | Key employee | Highest compensated employee | Jer . | | | organizations |
| | line) | lh dị | Insti | Officer | Key | High | Former | | | |
| (1) CHRISTOPHER MCGINTY | 10.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | <u> </u> | | Х | | | | 17,790. | 0. | 0. |
| (2) REBECCA DODGE | 3.00 | 1 | | | | | | | _ | |
| TREASURER | | Х | | Х | | _ | | 0. | 0. | 0. |
| (3) LINDI QUACKENBUSH | 3.00 | 1 | | | | | | | _ | |
| CHAIR | | Х | | Х | | _ | | 0. | 0. | 0. |
| (4) JOHN MCGEE | 3.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) RODNEY BRENT YANTIS | 3.00 | l | | | | | | | | |
| DIRECTOR | | Х | | | | <u> </u> | | 0. | 0. | 0. |
| (6) BRADLEY SHELLITO | 3.00 | ļ | | | | | | | | |
| VICE-CHAIR | 4 00 | Х | _ | Х | | ┝ | | 0. | 0. | 0. |
| (7) ROBIN MCNEELY | 4.00 | ∤ | | | | | | | | |
| SECRETARY | 2 00 | Х | | Х | | _ | | 0. | 0. | 0. |
| (8) NANCY FRENCH | 3.00 | ٠,, | | | | | | | _ | |
| DIRECTOR | 2 00 | Х | | | | ┢ | | 0. | 0. | 0. |
| (9) RUSSELL G. CONGALTON | 3.00 | | | | | | | | _ | _ |
| DIRECTOR | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (10) DONNA DELPARTE DIRECTOR | 3.00 | х | | | | | | 0. | 0. | 0. |
| DIRECTOR | | Α | | | | \vdash | | · · | 0. | · · |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | \vdash | | | | |
| | | 1 | | | | | | | | |
| | | | | | | \vdash | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | \vdash | | | | |
| | | 1 | | | | | | | | |
| - | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | L | I. | 000 |

Form 990 (2023) AMERICAVIEW 77-0602801 Page 8

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

(C) (D) (E) (F)

| | (A) Name and title | (B) Average hours per week | box, | not cl , unles | Pos heck i ss per | more son i | than o s both | an | (D) Reportable compensation from | (E) Reportable compensation from related | . | an | (F) timate nount other | |
|---------|---|--|--------------------------------|-----------------------|-------------------------|---------------|------------------------------|--------|---|--|--------|-------------------|---------------------------------------|----------------|
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISO 1099-NEC) | | com fr orga | pensa om the anizat d relate | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | • | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b Sub | total | | | | | | | | 17,790. | | 0. | | | 0. |
| c Tota | total al from continuation sheets to Part VII al (add lines 1b and 1c) | , Section A | | | | | | | 17,790. | | 0. | | | 0. |
| | ll number of individuals (including but ne pensation from the organization | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | T | | 0 |
| | the organization list any former officer, | | | | | | | | | | | 3 | Yes | No X |
| 4 For a | 1a? If "Yes," complete Schedule J for so any individual listed on line 1a, is the su related organizations greater than \$150 | m of reportabl | е со | mpe | ensa | tion | and | oth | er compensation from t | he organization | | 4 | | X |
| 5 Did a | any person listed on line 1a receive or a lered to the organization? <i>If</i> "Yes." com | ccrue compen | satio | on fr | om | any | unre | elate | ed organization or individ | dual for services | | 5 | | Х |
| 1 Com | 3. Independent Contractors nplete this table for your five highest contractors. | | | | | | | | | | ensati | ion fro | om | |
| trie C | organization. Report compensation for t (A) Name and business | | | ONE | | itri C | or wii | LITIII | (B) Description of s | | Co | (C omper |) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Il number of independent contractors (ir 0,000 of compensation from the organiz | · · | ot lin | nited | d to | thos | | ted | above) who received mo | ore than | | | | |
| Ψίος | 5,555 5. Germanication from the organiz | | | | | | | | | | | Form ⁹ | 990 (| 2023) |

332008 12-21-23

Page 9 77-0602801

AMERICAVIEW

Form 990 (2023) AMERICA
Part VIII Statement of Revenue

| | | Check if Schedule O | contains a | response o | or note to any lin | e in this Part VIII | | | |
|--|----------|---------------------------------|--------------|-------------|--------------------|---------------------|------------------------------------|----------------------------|---------------------------------|
| | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | | | lunction revenue | business revenue | sections 512 - 514 |
| တ္ တ | 1 a | Federated campaigns | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b . | | | 1b | | | | | |
| 2 5 | C | | | 1c | | | | | |
| Æ, | | Related organizations | | 1d | | | | | |
| ية | | | | | 300,495. | | | | |
| Sir | e | | | | 300, 433. | | | | |
| utic er | т | All other contributions, gifts, | - | | 7,555. | | | | |
| 章된 | | similar amounts not included | ••• | 1f | 1,333. | | | | |
| on od | g | | lines 1a-1f | 1g \$ | | 1 200 050 | | | |
| O g | h | Total. Add lines 1a-1f | | | | 1,308,050. | | | |
| | | | | | Business Code | | | | |
| Ce | 2 a | | | | | | | | |
| ēΣ | b | | | | | | | | |
| Se | С | | | | | | | | |
| an eve | d | | | | | | | | |
| Program Service Revenue | е | | | | | | | | |
| Ą. | f | All other program service | revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | | |
| | 3 | Investment income (includ | ling divide | nds, intere | st, and | | | | |
| | | other similar amounts) | | | | | | | |
| | 4 | Income from investment o | | | | | | | |
| | 5 | Royalties | | | | | | | |
| | | , | | i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | ., | | | | | |
| | o u h | Less: rental expenses | 6b | | | | | | |
| | 0 | Rental income or (loss) | 6c | | | | | | |
| | ٦ | Net rental income or (loss) | | | | | | | |
| | | Gross amount from sales of | | Securities | (ii) Other | | | | |
| | / a | | | becurries . | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | |
| | р | Less: cost or other basis | | | | | | | |
| ng | | and sales expenses | 7b | | | | | | |
| Revenue | | Gain or (loss) | 7c | | | | | | |
| æ | | Net gain or (loss) | | | I | | | | |
| ther | 8 a | Gross income from fundraising | ng events (i | not | | | | | |
| δ | | including \$ | | | | | | | |
| | | contributions reported on | | I . | | | | | |
| | | Part IV, line 18 | | | | | | | |
| | b | Less: direct expenses | | 8b | | | | | |
| | | Net income or (loss) from | | | | | | | |
| | 9 a | Gross income from gamin | g activities | s. See | | | | | |
| | | Part IV, line 19 | | 9a | | | | | |
| | b | Less: direct expenses | | 9b | | | | | |
| | С | Net income or (loss) from | gaming ac | ctivities | | | | | |
| | 10 a | Gross sales of inventory, le | ess return | s | | | | | |
| | | and allowances | | 10a | | | | | |
| | b | Less: cost of goods sold | | I . | | | | | |
| | | Net income or (loss) from | | | | | | | |
| \Box | | , , , , | | <u>,</u> | Business Code | | | | |
| Snc | 11 a | | | | | | | | |
| ne | b | | | | | | | | |
| Miscellaneous Revenue | c | | | | | | | | |
| ŠČ | | All other revenue | | | | | | | |
| Σ | | Total. Add lines 11a-11d | | | | | | | |
| | 12 | Total revenue. See instruction | ns | | | 1,308,050. | 0. | 0. | 0. |

332009 12-21-23

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 792,278. 792,278. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 8,500. 8,480. 20. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 44,600. 24,300. 299. 20,001. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,013. 903. 6,095. Office expenses 13 3,021. 2,417. 603. Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 30,679. 1,996. 28,678. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 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.) 343,818. 140,049. 22,627. 181,142. CONTRACT LABOR AND CONS EDUCATION AND OUTREACH 68,408. 63,327. 5,071. С d All other expenses 1,298,317. 1,093,045. 162,593. 42,679. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

77-0602801 Page **11** Form 990 (2023)
Part X | Balance Sheet AMERICAVIEW

| Pai | rt X | Balance Sheet | | | |
|-----------------------------|------|--|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part | < | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 41,814. | 1 | 33,851. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | 395,336 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 359 | 6 | | |
| | | 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 | |
| Ø | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 1 969 | 9 | 868 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 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) | | 16 | 430,055 |
| | 17 | Accounts payable and accrued expenses | 21 5 0 5 0 | 17 | 377,140. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 359 | 6 | | |
| lige | | controlled entity or family member of any of these persons | | 22 | |
| Ë | 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 | | 26 | 377,140. |
| | | Organizations that follow FASB ASC 958, check here | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | |
| and | 27 | Net assets without donor restrictions | 43,182. | 27 | 52,915. |
| Bal | 28 | Net assets with donor restrictions | | 28 | |
| nd | | Organizations that do not follow FASB ASC 958, check here | | | |
| Fu | | and complete lines 29 through 33. | | | |
| o or | 29 | Capital stock or trust principal, or current funds | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | 32 | 52,915. |
| _ | 33 | Total liabilities and net assets/fund balances | | 33 | 430,055. |

Form 990 (2023) AMERICAVIEW 77-0602801 Page 12

| Pa | rt XI Reconciliation of Net Assets | | | | |
|-----|---|----------|------|-------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,30 | 3,0 | <u>50.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,29 | 3,3 | <u> 17.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 7,7 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4: | 3,1 | 82. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 52 | 2,9 | 15. |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis 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 oversight of the | - | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | |
| | | | Form | 990 (| (2023) |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

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

Inspection

OMB No. 1545-0047

AMERICAVIEW 77-0602801 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990) 2023 AMERICAVIEW 77-0602801 Page 2

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|------------------------|----------------------|------------------------|------------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | | • • | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1232024. | 1122484. | 1378867. | 1462116. | 1300495. | 6495986. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1232024. | 1122484. | 1378867. | 1462116. | 1300495. | 6495986. |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 6495986. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 1232024. | 1122484. | 1378867. | 1462116. | 1300495. | 6495986. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | 6,059. | 5,837. | 7,555. | 19,451. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6515437. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | st, second, third, t | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | p here | | | | | |
| Sec | ction C. Computation of Publi | ic Support Per | centage | | | | |
| 14 | Public support percentage for 2023 (I | line 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | 99.70 % |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | 99.80 % |
| 16a | 33 1/3% support test - 2023. If the | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this box | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2022. If the | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | lifies as a publicly s | upported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | t - 2023. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop her | re. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | est. The organizatio | n qualifies as a pu | blicly supported or | rganization | | |
| b | 10% -facts-and-circumstances test | t - 2022. If the org | anization did not d | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | he facts-and-circum | stances test, ched | ck this box and st | t op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circ | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | on did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | |
| | | | | | | Schedule A | (Form 990) 2023 |

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|----------------------|-----------------------|----------------------|----------------------|-----------------------|-----------|
| Cale | ndar 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 per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| r | 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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | | (a) 2010 | (b) 2020 | (a) 2021 | (4) 2022 | (2) 2022 | (f) Total |
| | ndar year (or fiscal year beginning in) Amounts from line 6 | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | 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 (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organization | on, |
| | | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2023 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | <u>%</u> |
| | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| 18 | | | | | | 18 | <u>%</u> |
| 19a | 33 1/3% support tests - 2023. If the | | | | | | 7 is not |
| - | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2022. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | лт ини пот спеск а | DUX UITIIIIE 14, 19 | a, OF TYD, CHECK TO | iis dux aiiu see ins | แนบแบที่ | |

332023 12-21-23

Schedule A (Form 990) 2023 AMERICAVIEW 77-0602801 Page 4

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 | | |
| 0- | | |
| 3a | | |
| | | |
| 3b | | |
| | | |
| 3c | | |
| 4a | | |
| | | |
| | | |
| 4b | | |
| | | |
| | | |
| 4c | | |
| | | |
| | | |
| | | |
| 5a | | |
| | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| _ | | |
| 6 | | |
| | | |
| 7 | | |
| | | |
| 8 | | |
| | | |
| 9a | | |
| | | |
| 9b | | |
| 90 | | |
| 9c | | |
| | | |
| 10a | | |
| | | |
| 10b | | |

332024 12-21-23

| Pai | TIV Supporting Organizations (continued) | | | |
|--------|--|---------------|---------------|----|
| | | _ | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 1a | | |
| | | 1b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| 800 | <u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations | 1c | | |
| Sec | tion B. Type i Supporting Organizations | $\overline{}$ | ,, | |
| | | | Yes | No |
| 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 | 1 | | |
| 2 | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, | | | |
| | | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | ' | |
| | | | Yes | No |
| 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). | 1 | | |
| Sec | tion 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 | | | |
| | 7 | 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 | | | |
| _ | and organization maintained a close and commission many relationship man and capported organization (o). | 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 | | | |
| Sec | supported organizations played in this regard. 3 tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc | ctions | 3) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | 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. | 2a | | |
| 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 | | | |
| | and the state of the significant | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | The second details in | la | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | Bb | | |

| AMER | TC | עעי | TFW |
|-----------------|-----|---------|-----------|
| 471.1711 | _ \ | - Z Z V | T T 7 7 7 |

| Sche | dule A (Form 990) 2023 AMERICAVIEW | | • | 77-0602801 Page 6 |
|------|--|-----------------|----------------------------------|--------------------------------|
| | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi | | , ago c |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete S | Sections A through E. | |
| 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-functional | ally integrated | d Type III supporting orga | anization (see |
| | instructions). | | | |

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMERICAVIEW

Employer identification number

77-0602801

| Organization type (check one): | | | | | | |
|--------------------------------|---|---|--|--|--|--|
| Filers of: | | Section: | | | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 501(c)(3) taxable private foundation | | | | |
| Note: Or | nly a section 501(c)(7 | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| General | Rule | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special | Rules | | | | | |
| X | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ | | | | | |
| answer " | 'No" on Part IV, line | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990). | | | | |

Schedule B (Form 990) (2023)

Name of organization Employer identification number

AMERICAVIEW 77-0602801

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | U.S. GEOLOGICAL SURVEY 12201 SUNRISE VALLEY DRIVE RESTON, VA 20192 | \$\$. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NO. | Maine, address, and ZIF + 4 | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Complete Part II for noncash contributions. |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140. | Humo, add 655, and £if T T | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023) Page

Name of organization Employer identification number

AMERICAVIEW 77-0602801

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|------------------------------|---|---|----------------------|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** AMERICAVIEW 77-0602801 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

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 **Employer identification number AMERICAVIEW** 77-0602801 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

| | <u>AMERICAVI</u> | | | | 602801 Page 2 |
|--|---------------------------------------|--|-------------------------|--|-----------------------------|
| - | anization is e | xempt under section | 1 501(c)(3) and file | ed Form 5768 (ele | ction under |
| section 501(h)). | | | | | |
| A Check if the filing organiza | tion belongs to an | affiliated group (and list in | Part IV each affiliated | group member's name | e, address, EIN, |
| expenses, and shar | e of excess lobby | ing expenditures). | | | |
| B Check if the filing organiza | tion checked box | A and "limited control" pro | visions apply. | | |
| | ts on Lobbying E ditures" means ar | xpenditures nounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | uence public opini | on (grassroots lobbying) | | | |
| b Total lobbying expenditures to influ | uence a legislative | body (direct lobbying) | | 11,197. | |
| c Total lobbying expenditures (add li | nes 1a and 1b) | | | 11,197. 1,287,121. | |
| d Other exempt purpose expenditure | | | | | |
| e Total exempt purpose expenditure | | | | 1,298,318. | |
| f _Lobbying nontaxable amount. Ente | er the amount from | the following table in both | n columns. | 204,832. | |
| If the amount on line 1e, column (a) o | | lobbying nontaxable am | | | |
| not over \$500,000, | 20% | of the amount on line 1e. | | | |
| over \$500,000 but not over \$1,000 | ,000, \$10 | 0,000 plus 15% of the exce | ess over \$500,000. | | |
| over \$1,000,000 but not over \$1,50 | | 5,000 plus 10% of the exce | | | |
| over \$1,500,000 but not over \$17,000 but not over \$ | 000,000, \$22 | 5,000 plus 5% of the exces | ss over \$1,500,000. | | |
| over \$17,000,000, | \$1,0 | 000,000. | | | |
| g Grassroots nontaxable amount (en | ter 25% of line 1f) | | | 51,208. | |
| h Subtract line 1g from line 1a. If zer | o or less, enter -0- | | | 0. | |
| i Subtract line 1f from line 1c. If zero | or less, enter -0- | | | 0. | |
| j If there is an amount other than ze | ro on either line 1h | or line 1i, did the organiza | ation file Form 4720 | | |
| reporting section 4911 tax for this | year? | | | | Yes No |
| (Some organizations the | nat made a sectio | Averaging Period Under on 501(h) election do not l parate instructions for lir | nave to complete all o | of the five columns be | elow. |
| | Lobbying E | xpenditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | | 213,912. | 223,577. | 204,832. | 642,321. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 963,482. |
| a. Takal labby in a superadik was | | 15 /29 | 24 361 | 11 197 | 50 987 |

Schedule C (Form 990) 2023

160,580.

240,870.

51,208.

53,478.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

55,894.

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

| 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 Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | ction | No |
|--|----------|--------------|----|
| local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 1 2 3 | Yes | No |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 2 | | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 2 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | 3 | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), | | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes." | | III-A, IIII€ | |
| 1 Dues, assessments and similar amounts from members | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | |
| expenses for which the section 527(f) tax was paid). | 20 | | |
| a Current year | 2a 2b | | |
| b Carryover from last year | 2c | | |
| c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | - | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | | | |
| expenditures next year? | 4 | | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | | |
| Part IV Supplemental Information | | ı | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A | ines 1 a | and 2 (see | |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAVIEW

Employer identification number 77-0602801

| organization answered "Yes" on Form 990, Part IV, line 6. | |
|---|--------------------------------|
| | and other accounts |
| | and other accounts |
| 1 Total number at end of year | |
| 2 Aggregate value of contributions to (during year) | |
| 3 Aggregate value of grants from (during year) | |
| 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| are the organization's property, subject to the organization's exclusive legal control? | Yes No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only | L 165 L 140 |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring | |
| impermissible private benefit? | Yes No |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). | |
| Preservation of land for public use (for example, recreation or education) Preservation of a historically imp | portant land area |
| Protection of natural habitat Preservation of a certified histori | ric structure |
| Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation | |
| day of the tax year. | eld at the End of the Tax Year |
| a Total number of conservation easements 2a | |
| b Total acreage restricted by conservation easements 2b | |
| c Number of conservation easements on a certified historic structure included on line 2a 2c | |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not | |
| on a historic structure listed in the National Register | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri | iring the tax |
| year | |
| Number of states where property subject to conservation easement is located | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | Yes No |
| violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement | — |
| Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical | onto during the your |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di | during the year |
| | |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) | |
| and section 170(h)(4)(B)(ii)? | Yes No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and | |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe | es the |
| organization's accounting for conservation easements. | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A | Assets. |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet | |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ | blic |
| service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor | |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public | c service, |
| provide the following amounts relating to these items. | |
| (i) Revenue included on Form 990, Part VIII, line 1 | |
| | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | |
| the following amounts required to be reported under FASB ASC 958 relating to these items: | |
| a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X | |
| | chedule D (Form 990) 2023 |

| _ | dule D (Form 990) 2023 AMERICA | | | | | 0.1 | <u> </u> | 77-06 | | | age 2 | |
|--------|--|------------------------|-------------------|---------------|-----------------------|------------|-----------|---|------------------|---------|-------|--|
| Pai | rt III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, o | r Othe | r Simi | lar Asset | S (conti | nued) | | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check | any of the | following that | t make s | ignifica | nt use of its | | | | |
| | collection items (check all that apply). | | | | | | | | | | | |
| а | a Public exhibition d Loan or exchange program | | | | | | | | | | | |
| b | b Scholarly research e Other | | | | | | | | | | | |
| С | | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | ey further th | ne organizatio | on's exe | mpt pur | pose in Part | XIII. | | | |
| 5 | During the year, did the organization solicit or | | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | • | | | _ | Yes | | No | |
| Pai | rt IV Escrow and Custodial Arrang | | | | | | | | | | | |
| | reported an amount on Form 990, Par | | | 5 | | | | , | , | | | |
| 1a | Is the organization an agent, trustee, custodia | an, or other intermed | diary for o | contribution | ns or other as | sets not | include | ed | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No | |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | | _ 100 | | | |
| D | ii res, explain the arrangement iii art xiii e | and complete the lo | nowing to | abic. | | | | | Amoun | t | | |
| _ | Poginning balance | | | | | | 1 | | 7 | | | |
| C | Beginning balance | | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | | |
| e • | Distributions during the year | | | | | | | | | | | |
| 1 | Ending balance | | | | | | | <u>r </u> | 7 ٧ | | 7 N. | |
| | Did the organization include an amount on Fo | | | | | | • | ∟ | Yes | | ∐ No | |
| | If "Yes," explain the arrangement in Part XIII. T V Endowment Funds Complete if | | | | | | | | | | | |
| ı aı | Endowment i and Complete ii | | | | (c) Two yea | | | ee years back | (e) Fou | r voore | hack | |
| | | (a) Current year | (5) F | rior year | (C) Two yea | 15 Dack | (u) 11111 | ce years back | (e) 1 0u | i years | Dack | |
| 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 curr | ent year end balance | e (line 1g | ı, column (a | i)) held as: | | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | | |
| С | Term endowment | % | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | ation that | are held a | nd administe | red for th | пе | | | | | |
| | organization by: | | | | | | | | | Yes | No | |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | | |
| | (ii) Related organizations? | | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | | |
| Pai | rt VI Land, Buildings, and Equipm | ent | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV | , line 11a. S | See Form 990 |), Part X, | line 10 | | | | | |
| | Description of property | (a) Cost or o | | | t or other (other) | , | ccumu | | (d) Boo | k valu | е | |
| 1a | Land | | | | | | | | | | | |
| | Buildings | | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | | |
| d | Equipment | | | | | | | | | | | |
| | 0.1 | | | | | | | | | | | |
| | | | V Em : 33 | 2/ | (D)) | l | | + | | | 0. | |
| rota | I. Add lines 1a through 1e. (Column (d) must e | quai Form 990, Part | <u>х, iine 10</u> | oc, column | (R)) | | | | | | ٠. | |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 AMERICAVIEW | | 77 | -0602801 Page |
|--|----------------------------|---|------------------------|
| Part VII Investments - Other Securities | 5 000 B 1 B 1 B 1 B | 441.0.5.000.0.17.15.40 | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" of | | 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)) | | |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" of | 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. | (P)) | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide t | . ,, | | hat reports the |
| , i.e. ae. a poolione. iii at /iii, provide i | | gaa ar lorar otator florito t | |

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 Schedule D (Form 990) 2023

| | edule D (Form 990) 2023 AMERICAVIEW | | | 602801 Page 4 |
|------|--|--------------------------------|------------------------|--------------------|
| Pai | rt XI Reconciliation of Revenue per Audited Financial Sta | atements With Revenu | e per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,308,050. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | | | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,308,050. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 | <u>2.)</u> | 5 | 1,308,050. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | tatements With Expen | ses per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,298,317. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,298,317. |
| 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.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line | 18.) | 5 | 1,298,317. |
| Pa | rt XIII Supplemental Information | , | | |
| Prov | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F | Part V, line 4; Part X | , line 2; Part XI, |
| ines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | any additional information. | | |
| | | | | |
| | | | | |
| PAI | RT X, LINE 2: | | | |

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION EVALUATES AT EACH STATEMENT OF FINANCIAL POSITION DATE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, TO DETERMINE THE NEED TO RECORD LIABILITIES FOR TAXES, PENALTIES, AND INTEREST. THE ORGANIZATION'S POLICY IS TO RECORD INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE. AS OF JUNE 30, 2024 AND 2023, THE ORGANIZATION HAS NO ACCRUED TAXES, INTEREST, OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization AMERICAVI | тw | | | | | | Employer identification number $77-0602801$ |
|--|------------------------|------------------------------------|----------------------------|----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants a | | | | | | | 77-0002001 |
| Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro | stance? | | | | | | |
| Part II Grants and Other Assistance to recipient that received more than | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AUBURN UNIVERSITY 208 M WHITE SMITH HALL AUBURN UNIVERSITY, AL 36849 | 63-6000724 | | 19,652. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| UNIVERSITY OF ALASKA PO BOX 757880 FAIRBANKS, AK 99775 | 92-6000147 | | 32,969. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| UNIVERSITY OF ARKANSAS 1125 W MAPLE FAYETTEVILLE, AR 72701 | 71-6003252 | | 12,693. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| UNIVERSITY OF CALIFORNIA PO BOX 741816 LOS ANGELES, CA 90074 | 94-6036494 | | 21,537. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| COLORADO STATE UNIVERSITY 601 SOUTH HOWES STREET FORT COLLINS, CO 80523 | 84-6000545 | | 29,357. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| UNIVERSITY OF CONNECTICUT 438 WHITNEY RE EXT, UNIT 1133 STORRS, CT 06269 2 Enter total number of section 501(c)(3) a | 06-0772160 | anizations listed in th | 12,834. ne line 1 table | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| 3 Enter total number of other organization | s listed in the line 1 | table | | | | | |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | | |
|--|-----------------|-------------------------------|--------------------------|----------------------------------|--|---|------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| UNIVERSITY OF DELAWARE 30 LOVETT AVENUE NEWARK, DE 19716 | 51-6000297 | | 28,148. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| UNIVERSITY OF WEST GEORGIA 1601 MAPLE STREET CARROLLTON, GA 30118 | 58-6002055 | | 23,783. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822 | 99-6000354 | | 32,930. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| IDAHO STATE UNIVERSTIY BOX 8219 POCATELLO, ID 83209 | 82-6000924 | | 27,361. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| PURDUE UNIVERSITY 155 S GRANT ST, YOUNG HALL WEST LAFAYETTE, IN 47907 | 35-6002041 | | 18,806. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| IOWA STATE UNIVERSITY 515 MORRILL ROAD AMES, IA 50011 | 42-6004224 | | 27,840. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| MURRAY STATE UNIVERSITY 200 SPARKS HALL MURRAY, KY 42071 | 61-1005783 | | 17,414. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| UNIVERSITY OF LOUISIANA 104 E UNIVERSITY CIRCLE LAFAYETTE, LA 70504 | 72-6000820 | | 23,952. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| TOWSON UNIVERSITY 8000 YORK ROAD TOWSON, MD 21252 | 52-6002033 | | 12,346. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | | |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|---|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON, MI 49931 | 38-6005955 | | 26,291. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| UNIVERSITY OF MINNESOTA 200 OAK STREET SE, SUITE 450 MINNEAPOLIS, MN 68583 | 41-6007513 | | 5,985. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| THE UNIVERSITY OF MISSISSIPPI 113 FALKNER, PO BOX 1848 UNIVERSITY, MS 38677 | 64-6001159 | | 7,736. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| SAINT LOUIS UNIVERSITY 3545 LINDELL BLVD, 3RD FL ST. LOUIS, MO 63103 | 43-0654872 | | 14,429. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| MONTANA STATE UNIVERSITY PO BOX 172470 BOZEMAN, MT 59717 | 81-6010045 | | 16,823. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| UNIVERSITY OF NEBRASKA 2200 VINE STREET LINCOLN, NE 68583 | 47-0049123 | | 34,733. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE RD, ROOM 109 DURHAM, NH 03824 | 02-6000937 | | 23,435. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| NEW MEXICO STATE UNIVERSITY BOX 30001 LAS CRUCES, NM 88003 | 85-6000401 | | 22,401. | 0. | | | GENERAL USE - ANNUAL WORK PLAN | |
| RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201 | 14-1368361 | | 17,262. | 0. | | | GENERAL USE - ANNUAL WORK | |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | |
|--|-----------------|-------------------------------|--------------------------|----------------------------------|--|---|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, STOP 7306 GRAND FORKS, ND 58202 | 45-6002491 | | 27,083. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| BOWLING GREEN STATE UNIVERSITY 1851 N RESEARCH DRIVE BOWLING GREEN, OH 43403 | 34-6402018 | | 19,861. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| OKLAHOMA STATE UNIVERSITY 401 WHITEHURST STILLWATER, OK 74074 | 73-1383996 | | 20,943. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING CORVALLIS, OR 97331 | 61-1730890 | | 16,531. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| PENNSYLVANIA WESTERN UNIVERSITY 250 UNIVERSITY AVE CALIFORNIA, PA 15419 | 25-1508140 | | 10,984. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE RD, 3RD FLOOR KINGSTON, RI 02881 | 22-3011455 | | 21,005. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| SOUTH DAKOTA STATE UNIVERSITY MORRILL HALL 323, BOX 2201 BROOKINGS, SD 57007 | 46-6000364 | | 13,775. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| MIDWESTERN STATE UNIVERSITY 3410 TAFT BLVD WITCHITA FALLS, TX 76308 | 75-6001738 | | 23,687. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |
| UTAH STATE UNIVERSITY 2400 OLD MAIN HILL LOGAN, UT 84322 | 87-6000528 | | 24,189. | 0. | | | GENERAL USE - ANNUAL WORK PLAN |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | | |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| UNIVERSITY OF VERMONT | | | | | | | | |
| 85 S PROSPECT STREET | | | | | | | GENERAL USE - ANNUAL WORK | |
| BURLINGTON, VT 05045 | 03-0179440 | | 19,536. | 0. | | | PLAN | |
| , | | | , | | | | | |
| VIRGINIA POLYTECHNIC INSTITUTE | | | | | | | | |
| 300 TURNER ST, SUITE 4200 | | | | | | | GENERAL USE - ANNUAL WORK | |
| BLACKSBURG, VA 24061 | 54-6001805 | | 20,828. | 0. | | | PLAN | |
| MAN DEGENDAN GODDODAMION | | | | | | | | |
| WVU RESEARCH CORPORATION PO BOX 6002 | | | | | | | GENERAL USE - ANNUAL WORK | |
| MORGANTOWN, WV 26506 | 55-0665758 | | 21,349. | 0. | | | PLAN | |
| 101011110111, 11 2000 | 33 0003730 | | 21,515. | , | | | | |
| UNIVERSITY OF WISCONSIN SYSTEM | | | | | | | | |
| 21 N PARK ST, SUITE 6301 | | | | | | | GENERAL USE - ANNUAL WORK | |
| MADISON, WI 53715 | 39-6006492 | | 14,177. | 0. | | | PLAN | |
| | | | | | | | | |
| UNIVERSITY OF WYOMING | | | | | | | | |
| 1000 E UNIVERSITY AVE | | | | | | | GENERAL USE - ANNUAL WORK | |
| LARAMIE, WY 82071 | 83-6000331 | | 12,722. | 0. | | | PLAN | |
| THE UNIVERSITY OF TENNESSEE | | | | | | | | |
| 2240 SUTHERLAND AVENUE, SUITE 2 | | | | | | | GENERAL USE - ANNUAL WORK | |
| KNOXVILLE, TN 37919 | 62-6001636 | | 6,626. | 0. | | | PLAN | |
| • | | | , | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | - | |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | | | | |
|---|---|--------------------------|---------------------------------------|--|---------------------------------------|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | | | | | | | |
| ADDITIONAL SUPPLEMENTAL INFORMATION | N | | | | | | | | | | | |
| AMERICAVIEW IS THE RECIPIENT OF A | COMPETITI | VE GRANT F | ROM THE U. | S. | | | | | | | | |
| DEPARTMENT OF THE INTERIOR VIA THE | U.S. GEO | LOGICAL SU | JRVEY (USGS |) | | | | | | | | |
| PROGRAM, AWARDED FOR FIVE GRANT PE | RIODS. IN | THIS TAX | YEAR, THE | BULK OF | | | | | | | | |
| · | | | | | | | | | | | | |
| THE FUNDS GRANTED TO AMERICAVIEW WERE DISTRIBUTED TO 41 MEMBERS, ALL OF | | | | | | | | | | | | |
| | WHICH ARE EDUCATIONAL INSTITUTIONS THAT ARE TAX-EXEMPT UNDER SECTION | | | | | | | | | | | |
| 501(C)(3) OF THE INTERNAL REVENUE | | | | | | | | | | | | |
| COMPLETE ANNUAL WORK PLANS THAT AR | COMPLETE ANNUAL WORK PLANS THAT ARE APPROVED BY THE AMERICAVIEW BOARD | | | | | | | | | | | |
| OF DIRECTORS AFTER RECEIVING ANONYMOUS REVIEWS BY OTHER (PEER) MEMBERS, | | | | | | | | | | | | |

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Internal Revenue Service | Go to ww | /w.irs.gov/Form | 1990 f | or insti | ructions and the lat | est information. | | | In | spect | ion | |
|-------------------------------|-------------------|---|------------------------|-----------|--------------------------------|--------------------------------|------------------------|-----------------|---------------------------|------------|-------|---------|
| Name of the organization | | | | | | | Emp | oloyer | ident | ificati | on nu | ımber |
| | MERICAVI | | | | | | | | 028 | 01 | | |
| Part I Excess Benef | it Transacti | ons (section 50 | 01(c)(3 | 3), secti | on 501(c)(4), and sec | ction 501(c)(29) orgar | nizatio | ns on | ly) | | | |
| Complete if the or | ganization ansv | vered "Yes" on I | Form 9 | 990, Pa | rt IV, line 25a or 25b | ; or Form 990-EZ, Pa | ırt V, Ii | ine 40 | b. | | | |
| 1 (a) Name of disqualified pe | (b) F | Relationship bet | | | ified | (c) Description of transaction | | | (d) Corrected | | | ected? |
| | | person and organization | | | (c) Description of transaction | | | "" | | Y | es | No |
| <u>(1)</u> | | | | | | | | | | | | |
| (2) | | | | | | | | | | + | _ | |
| (3) | | | | | | | | | | | _ | |
| (4) | | | | | | | | | | + | _ | |
| (5) | | | | | | | | | | + | - | |
| (6) | | | | | | | | | | | | |
| 2 Enter the amount of tax in | • | • | • | | • | , | | Φ | | | | |
| | | | | | | | | | | | | |
| 3 Enter the amount of tax, if | arry, on line 2, | above, reimburs | ea by | trie org | janization | | | Ф | | | | |
| Part II Loans to and | or From Int | erested Pers | sons | | | | | | | | | |
| | | | | 000.E7 | Part V line 38a or l | Form 990, Part IV, lin | o 26. | or if th | ne oraș | nizati | on | |
| reported an amou | J | | | | Tart v, line Joa, or i | 1 OIIII 990, 1 AIL IV, IIII | 6 20, | 01 11 11 | ie orga | ııızatı | OH | |
| | (b) Relationship | (c) Purpose | | oan to or | (e) Original | (f) Balance due | (a) |) In | (h) Ap | proved | (i) V | Vritten |
| ` ' | with organization | | from the organization? | | principal amount | (1) | default? | | by board or agreemen | | | |
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | _ |
| (8) | | | _ | | | | | | | | | _ |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total Grants or Ass | iotopoo Bon | ofiting Into | | d Dag | <u>\$</u> | | | | | | | |
| | | _ | | | | | | | | | | |
| Complete if the or | | | | | · · | (n = | | | | | | |
| (a) Name of interested person | | (b) Relationship between interested person and the organization | | | (c) Amount of assistance | | (d) Type of assistance | | (e) Purpose of assistance | | | |
| | | | | | 0.00,010,100 | | assistantos | | | 2333121100 | | |
| (1) | | - | | | | | | \dashv | | | | |
| <u>(1)</u> <u>(2)</u> | | | | | | | | \dashv | | | | |
| (3) | | | | | | | | \dashv | | | | |
| (4) | | | | | | | | \dashv | | | | |
| (5) | | | | | | | | \dashv | | | | |
| (6) | | | | | | | | $\neg \uparrow$ | | | | |

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

Schedule L (Form 990) 2023

(7) (8) (9) (10)

| Part IV Business Transactions Invol | ving Interested Persons d "Yes" on Form 990, Part IV, line 28a, 28 | 2h or 20a | | | |
|---|---|---|--------------------|--------------------------|----------|
| (a) Name of interested person | (b) Relationship between interested | (c) Amount of | (d) Description of | (e) Sha | aring of |
| (a) Name of interested person | person and the organization | transaction | transaction | organization's revenues? | |
| (1)JEANIE CONGALTON | SPOUSE OF BOARD MEM | 95 960 | CONSULTANT | Yes | No X |
| (2) | DI CODE CI BOMED MEM | 23,200. | CONDULTANT | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | + | |
| (7) (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Part V Supplemental Information Provide additional information for response. | oonses to questions on Schedule L. See i | nstructions. | | | |
| SCH L, PART IV, BUSINESS | FRANSACTIONS INVOLVIN | G INTERESTE | ED PERSONS: | | |
| (A) NAME OF PERSON: JEANII | | <u> </u> | | | |
| | | 000000000000000000000000000000000000000 | | | |
| (B) RELATIONSHIP BETWEEN | INTERESTED PERSON AND | ORGANIZATI | LON: | | |
| SPOUSE OF BOARD MEMBER | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAVIEW

Employer identification number 77-0602801

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AMERICAVIEW (WWW.AMERICAVIEW.ORG) IS A NATIONWIDE NETWORK THAT FOCUSES ON SATELLITE REMOTE SENSING DATA AND TECHNOLOGIES IN SUPPORT OF APPLIED K-18 EDUCATION, WORKFORCE DEVELOPMENT, AND TECHNOLOGY RESEARCH, TRANSFER. AMERICAVIEW'S VISION IS TO EMPOWER AND ADVANCE EARTH OBSERVATION SCIENCE EDUCATION IN EVERY PARTICIPATING STATE, SUCH THAT THE ORGANIZATION CONTINUES TO EXPAND ITS INFLUENCE THROUGH LOCAL AND STATE-LEVEL CONSORTIA AND MEMBERS. IN THE CURRENT TAX YEAR, AMERICAVIEW AWARDED SUB-AWARD FUNDING TO $41 ext{-MEMBER}$ UNIVERSITIES. EACH STATE MEMBER HAS ESTABLISHED IN-STATE CONSORTIA, TOTALING MORE THAN 300 UNIVERSITIES, NON-PROFIT ORGANIZATIONS, AND STATE AND LOCAL GOVERNMENT AGENCIES ACROSS THE UNITED STATES. AMERICAVIEW STATE MEMBERS HAVE LEVERAGED EXISTING EDUCATION AND OUTREACH PROGRAMS TO DEVELOP NEW PROGRAMS FOR K-18 STUDENTS INCLUDING INTRODUCTORY SCIENCE, TECHNOLOGY AND MATHEMATICS (STEM) EDUCATION THROUGH ADVANCED ART, ENGINEERING, REMOTE SENSING AND GEOSPATIAL RESEARCH AND TECHNOLOGY EDUCATION. MEMBERS HAVE EXPANDED THE USE AND UNDERSTANDING OF REMOTE SENSING DATA AND TECHNOLOGY AT THE COLLEGIATE LEVEL AND FACILITATED LONG-TERM WORKFORCE DEVELOPMENT

AMERICAVIEW USES MULTIPLE METHODS CONDUCTING NATIONAL OUTREACH EFFORTS

TO HIGHLIGHT THE BENEFICIAL USES OF USING REMOTELY SENSED DATA IN A

WIDE RANGE OF CIVILIAN APPLICATIONS INCLUDING AGRICULTURAL PRODUCTION,

DISASTER RESPONSE, NATURAL RESOURCE MANAGEMENT, AND EDUCATION.

AS PART OF ITS FOUNDING MISSION, AMERICAVIEW, IN COOPERATION WITH

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization

AMERICAVIEW

Employer identification number
77-0602801

PUBLIC DATA PROVIDERS, CONTINUES TO INCREASE ACCESS TO PUBLIC REMOTE

SENSING IMAGERY BY MAKING DATA AVAILABLE IN STANDARD READY-TO-USE

FORMATS TO PUBLIC AGENCIES, EDUCATIONAL INSTITUTIONS, COMMERCIAL

ENTITIES, AND THE PUBLIC.

FORM 990, PART VI, SECTION A, LINE 2:

THE ORGANIZATION HAS AUTHORIZED RESEARCH GRANTS TO INSTITUTIONS WHERE SOME
MEMBERS OF THE AMERICAVIEW BOARD OF DIRECTORS AND/OR STAFF ARE EMPLOYED AND
MAY DIRECTLY RECEIVE COMPENSATION FROM THE SUB-AWARD OR REIMBURSED BY
AMERICAVIEW FOR APPROVED BUSINESS RELATED EXPENSES. IN ACCORDANCE WITH THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY, THESE RELATIONSHIPS ARE
DISCLOSED TO ALL PERSONS CHARGED WITH RESPONSIBILITY FOR APPROVING THE
TRANSACTIONS AND THE DIRECTOR OR OFFICER MUST RECUSE THEMSELVES FROM
PARTICIPATION IN DISCUSSION, APPROVALS, OR VOTES ON SUCH TRANSACTIONS.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN AMERICAVIEW COMPRISES ACADEMIC INSTITUTIONS THAT ARE PART OF
A STATE NETWORK THAT CONSISTS OF ACADEMIC INSTITUTIONS, GOVERNMENT
AGENCIES, NONPROFIT INSTITUTIONS, OR OTHER PUBLIC/PRIVATE SECTOR
ORGANIZATIONS THAT WOULD FURTHER THE PURPOSES OF THE STATEVIEW AND
AMERICAVIEW. THE ORGANIZATION LIMITS THE NUMBER OF MEMBERS SUCH THAT THERE
MAY ONLY BE ONE MEMBER FOR EACH STATE OR TERRITORY IN THE UNITED STATES.
CLASSES OF MEMBERSHIP - FULL MEMBERS AND ASSOCIATE MEMBERS: ASSOCIATE
MEMBERSHIP IS GRANTED TO ELIGIBLE APPLICANTS WHEN THE NUMBER OF APPLICANTS
EXCEEDS AMERICAVIEW'S FUNDING AVAILABILITY FOR FULL MEMBERSHIP. ASSOCIATE
MEMBERS RETAIN ALL OTHER RIGHTS AND PRIVILEGES OF FULL MEMBERS AND WILL
BECOME FULL MEMBERS AS FUNDS BECOME AVAILABLE. MEMBERSHIP REQUIREMENTS: 1)
EACH MEMBER MUST SELECT A MEMBERSHIP REPRESENTATIVE OR AN ALTERNATE TO

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization

AMERICAVIEW

Employer identification number 77-0602801

ATTEND ANY ANNUAL OR SPECIAL MEETING OF THE MEETING OF THE MEMBERS, 2) EACH MEMBER MUST SUBMIT A WRITTEN PLAN ANNUALLY AND AN ANNUAL REVIEW DOCUMENT ACCORDING TO PROCEDURES.

FORM 990, PART VI, SECTION A, LINE 7A:

AN ANNUAL MEETING OF THE MEMBERS SHALL BE HELD FOR THE ELECTION OF

DIRECTORS WHEN DESIGNATED BY RESOLUTION OF THE BOARD OF DIRECTORS. THE

NUMBER OF DIRECTORS MUST BE NO FEWER THAN THREE AND NO MORE THAN NINE AND

IS FIXED AT A MEETING OF THE MEMBERS CALLED FOR THE PURPOSE OF ELECTING

DIRECTORS. A DIRECTOR WILL BE ELECTED BY AN AFFIRMATIVE VOTE OF AT LEAST A

MAJORITY OF THE MEMBERS PRESENT AT THE MEETING OR BY AT LEAST A MAJORITY

VOTE OF THE BOARD OF DIRECTORS THEN IN OFFICE. AFTER EACH MEETING OF THE

MEMBERS, THE NEWLY ELECTED BOARD OF DIRECTORS, IF A QUORUM IS PRESENT, WILL

HOLD A MEETING OF THE BOARD OF DIRECTORS FOR THE PURPOSE OF ELECTING

OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE BOOKKEEPER, AND THE FISCAL MANAGER. IT IS THEN REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AMERICAVIEW HAS AUTHORIZED RESEARCH GRANTS (SUB-AWARDS) TO INSTITUTIONS

WHERE SOME MEMBERS OF THE AMERICAVIEW BOARD OF DIRECTORS AND/OR STAFF ARE

EMPLOYED AND MAY DIRECTLY RECEIVE COMPENSATION FROM THE SUB-AWARD OR

REIMBURSED BY AMERICAVIEW FOR APPROVED BUSINESS-RELATED EXPENSES.

FORM 990, PART VI, SECTION B, LINE 15A:

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 77-0602801 **AMERICAVIEW** THE BOARD OF DIRECTORS APPROVE THE 1099 COMPENSATION WHEN THEY APPROVE THE ANNUAL BUDGETS. THE BOARD OF DIRECTORS ALSO APPROVES THE STAFF HOURLY RATES. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC. IF REQUESTS FOR COPIES OF THESE DOCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM AVAILABLE TO THE REQUESTOR. FORM 990, PART XII, LINE 2C: NO CHANGES WERE MADE IN THE ORGANIZATION'S PROCEDURES TO REVIEW AND APPROVE THE AUDIT.