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 Inspection

ΑI	For the 2	2022 calendar year, or tax year beginning $$ JUL 1 , 2022 $$ and e	nding J	UN 30, 2023	
В	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address change	AMERICAVIEW			
	Name change	Doing business as		77-06028	01
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 250 WEST 100 NORTH	Room/suite	E Telephone number (435)797	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,467,953.
	Amended			H(a) Is this a group re	
	Applica-	F Name and address of principal officer:REBECCA DODGE		for subordinates	
	pending	404 HELEN GREATHOUSE CIRCLE, MIDLAND, T	x 70	H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or			list. See instructions
	Website:			H(c) Group exemption	
K	Form of o	rganization: X Corporation Trust Association Other	L Year o		1 State of legal domicile: VA
		Summary		'	Ü
	1 Bi	riefly describe the organization's mission or most significant activities: AMERI	CAVIE	W EMPOWERS	EARTH
Activities & Governance	0	BSERVATION EDUCATION.			
rns	2 CI	heck this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
OVe	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	9
<u>م</u>	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			8
es 8		otal number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Ϋ́		otal number of volunteers (estimate if necessary)			9
∕cti		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_		et unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8 C	ontributions and grants (Part VIII, line 1h)		1,384,926.	1,467,953.
enn	1	rogram service revenue (Part VIII, line 2g)		0.	0.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,384,926.	1,467,953.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		978,700.	993,776.
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,826.	0.
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
жbе	b To	otal fundraising expenses (Part IX, column (D), line 25) 51,80	9.		
Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		405,597.	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,389,123.	
	19 R	evenue less expenses. Subtract line 18 from line 12		-4,197.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20 To	otal assets (Part X, line 16)		411,795.	359,034.
at As	21 To	otal liabilities (Part X, line 26)		350,794.	315,852.
	22 N	et assets or fund balances. Subtract line 21 from line 20		61,001.	43,182.
		Signature Block			
	-	es of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of whice	cn preparer	nas any knowledge.	
				I Date	
		Barnes		Duto	
Cl	LIENT	COPY Barnes TREASURER TREASURER			
		BUILDING AND MAINTAINING YOUR NET WORTH Preparer's signature	D	Date Check	II PTIN
		YOUR NET WORTH NMACHER, C	1	1/07/23 if self-employe	
Pre	parer F	irm's name BARNES WENDLING CPAS INC.		Firm's EIN 3	4-1463411
	-	irm's address 5050 WATERFORD DRIVE		THIN SEIN S	
	, l,	SHEFFIELD VILLAGE, OH 44035		Phone no. (4	40) 934-3850
Ma	v the IRS	6 discuss this return with the preparer shown above? See instructions		1	X Yes No
	,	1 - Francis and the see mendements amount			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AMERICAVIEW ADVANCES EARTH OBSERVATION EDUCATION THROUGH
	REMOTE-SENSING SCIENCE, APPLIED RESEARCH, WORKFORCE DEVELOPMENT,
	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?
	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 X No
3	
	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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,302,309 • including grants of \$ 993,776 •) (Revenue \$)
	AMERICAVIEW (WWW.AMERICAVIEW.ORG) IS A NATIONWIDE NETWORK THAT FOCUSES
	ON SATELLITE REMOTE SENSING DATA AND TECHNOLOGIES IN SUPPORT OF APPLIED
	RESEARCH, K-18 EDUCATION, WORKFORCE DEVELOPMENT, AND TECHNOLOGY
	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 39-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
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	7,
4d	Other program services (Describe on Schedule O.)
-r u	
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,302,309.
4e	Total program service expenses 1,302,309. Form 990 (2022)
	Form 990 (2022)

Form 990 (2022)

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	х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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		х
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		X
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		X
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 Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	4.415		X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- V
40	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,"	10		 ^
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	X	

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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			7.7
0.4	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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AMERICAVIEW

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
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 A	, ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	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				37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
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		_		х
	to file Form 8282?		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		_
g h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organization file of the organization file organization file organization file of the organization file organization fi		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
Ū	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	D. I		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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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	13b			
	Enter the amount of reserves on hand	13c	44-		X
			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the examination subject to the section 4960 tax on payment(s) of more than \$1,000,000 in regular		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15		Х
	excess parachute payment(s) during the year?		13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	:	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
- *	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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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.

	· · · · · · · · · · · · · · · · · · ·				Λ
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>		
	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	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other		l	
	officer, director, trustee, or key employee?		. 2	X	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?			_	X
4	Did the organization make any significant changes to its governing documents since the prior Form				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	. 5	ļ	Х
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	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 boo	dy before filing the form?	11a	X	
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			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
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 approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			
	The organization's CEO, Executive Director, or top management official			Х	
b	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 arrange	ement with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization'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, a	and 990-T (section 501(c)	(3)s only	/) avail	able
	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	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest policy,	and fina	ncial	
	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 be	ooks and records			
	REBECCA DODGE - (435)797-0653				
	404 HELEN GREATHOUSE CIRCLE MIDLAND TX 70907				

Form 990 (2022) 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.
- 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.

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

- 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.

(A)	(B)	l	411120		C)	про	iout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_					Ĺ	. from the	from related organizations	other compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	istee c	trustee		a)	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	st com yee	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTOPHER MCGINTY	10.00									
EXECUTIVE DIRECTOR		Х						17,900.	0.	0.
(2) DR. REBECCA DODGE	3.00			l				2 500	•	
TREASURER		Х		Х				3,500.	0.	0.
(3) DR. LINDI QUACKENBUSH	3.00								0	•
VICE CHAIR	2 00	Х		Х				0.	0.	0.
(4) DR. JOHN MCGEE	3.00	X		x				0.	0.	0.
CHAIR (5) MARY O'NEILL	3.00	^		^	\vdash			0.	0.	0.
DIRECTOR	3.00	X						0.	0.	0.
(6) R. BRENT YANTIS	3.00	22	_	\vdash		\vdash		0.	0.	
DIRECTOR	3.00	x						0.	0.	0.
(7) DR. BRADLEY SHELLITO	3.00									
DIRECTOR		Х						0.	0.	0.
(8) ROBIN MCNEELY	4.00									
SECRETARY		Х		Х				0.	0.	0.
(9) NANCY FRENCH	3.00									
DIRECTOR		Х						0.	0.	0.
(10) JOE KNIGHT	3.00									
DIRECTOR		Х						0.	0.	0.
		_		_		_				
		-								
			\vdash	\vdash		\vdash				
		1								
		_		\vdash	_					

Form 990 (2022) AMERICAVIEW 77-0602801 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B) Average hours per		not c	Pos heck	c) ition) than	one	(D) Reportable	(E) Reportable			(F)	
		week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated supply so employee		compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s	com fr org	other oensa om the anizati d relate	tion e ion ed
			=	=	0	×	E H	ш.						
	Subtotal Total from continuation sheets to Part V								21,400.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								21,400. eceived more than \$100),000 of reportabl	0. e			0.
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	•	-								pens	ation f	rom	
	the organization. Report compensation for (A) Name and business					vith	or w	ithir	n the organization's tax y (B) Description of s			(C		2
	Name and business	address	INC	ONE	-				Description of s	el vices		ompei	isatioi	
								\dashv						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se lis	tec	d above) who received m	nore than				
	Too,000 of compensation from the organi	<u> </u>										Form !	990 (°	2022)

232008 12-13-22

Form 990 (2022)

AMERICAVIEW

Pai	rt V	7111	Statement of Re	vei	nue							
			Check if Schedule O	cont	tains	a respor	nse	or note to any lir	ne in this Part VIII			
						·			(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (control All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ribut gran abo	tions) its, an ve	1b 1c 1d 1e 1f 1g \$		412,172. 55,781.	1,467,953.			
-		<u>'''</u>	Total: Add lines 1a-11					Business Code				
Program Service Revenue	2	b c d e					_ _ _	Business oode				
۳ ۱			All other program service									
	3	other similar amounts)						est, and				
	4		Income from investment of			-						
	5		Royalties			(i) Real		(ii) Personal				
		b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c								
			Net rental income or (loss)								
	7		Gross amount from sales of assets other than inventory Less: cost or other basis	7a	H	Securitie	es	(ii) Other				
Revenue		С	and sales expenses Gain or (loss) Net gain or (loss)	7b 7c								
Other	8	а	Gross income from fundraising including \$ contributions reported on Part IV, line 18	line	1c).	_ of See	8a					
		b	Less: direct expenses				8b					
			Net income or (loss) from				ts					
			Gross income from gamin Part IV, line 19				9a 9b					
			Less: direct expenses Net income or (loss) from									
	10	а	Gross sales of inventory, and allowances	less	retur	ns	10a					
			Less: cost of goods sold				10b					
\dashv		С	Net income or (loss) from	sale	s ot i	nventor	y	Business Code				
snc	11	a						Dualitess Code				
Miscellaneous Revenue		a b					_					
sells eve		C					_					
Aisc			All other revenue				_					
2			Total Add lines 11a-11d									

12 To

Form **990** (2022)

1,467,953.

Total revenue. See instructions

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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).

	Chack if Schodula O contains a respon	es or note to any line in	thic Dart IV	, , ,	
- Do /	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
70,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	993,776.	993,776.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3					
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	11,250.		11,151.	99.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	35,000.			35,000.
12	Advertising and promotion				<u> </u>
13	Office expenses	7,197.	746.	6,395.	56.
14		14,925.	11,940.	2,959.	26.
	Information technology	11/525	11/5100	2/3331	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	29,462.	26,948.	2 401	23.
19	Conferences, conventions, and meetings	49,404.	40,940.	2,491.	43.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	000 -00	4.60 0.50	100 170	4.6.0.5.
а	CONTRACT LABOR AND CONS	292,796.	168,073.	108,659.	16,064.
b	EDUCATION AND OUTREACH	101,367.	100,826.		541.
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	1,485,773.	1,302,309.	131,655.	51,809.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
23201) 12-13-22				Form 990 (2022)

77-0602801 Page **11** Form 990 (2022)
Part X Balance Sheet **AMERICAVIEW**

Part	ιΛ	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			97,630.	1	41,814
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			307,998.	3	316,352
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, se	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of	these pe	ersons		5	
	6	Loans and other receivables from other disc	qualified	persons (as defined			
		under section 4958(f)(1)), and persons descri	section 4958(c)(3)(B)		6		
SIS	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			5,842.	9	868
	10a	Land, buildings, and equipment: cost or other	ier				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li	325.	12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must	equal lin	e 33)	411,795.	16	359,034
	17	Accounts payable and accrued expenses \hdots		305,909.	17	315,852	
	18	Grants payable				18	
	19	Deferred revenue		44,885.	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	lete Part	IV of Schedule D		21	
es	22	Loans and other payables to any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, se	ubstanti	al contributor, or 35%			
Liabilities		controlled entity or family member of any of				22	
- :	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unre		F		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on l	lines 17-	24). Complete Part X			
		of Schedule D			250 704	25	215 050
-	26	Total liabilities. Add lines 17 through 25			350,794.	26	315,852
တ္က		Organizations that follow FASB ASC 958,	check I	nere X			
2		and complete lines 27, 28, 32, and 33.			61 001		12 102
	27	Net assets without donor restrictions			61,001.	27	43,182
ם	28	Net assets with donor restrictions				28	
두		Organizations that do not follow FASB AS	SC 958,	check here			
5		and complete lines 29 through 33.					
SIS	29	Capital stock or trust principal, or current fur				29	
SS	30	Paid-in or capital surplus, or land, building, or		F		30	
K I	31	Retained earnings, endowment, accumulate			61 001	31	12 100
	32	Total net assets or fund balances			61,001.	32	43,182
	33	Total liabilities and net assets/fund balances	s		411,795.	33	359,034

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		.,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,48		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	1,0	01.
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			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	3,1	82.
Pa	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 Schedul	e O.			
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	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 Sci	nedule O.			
3a	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 audit or audits?	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAVIEW

Employer identification number 77 – 0602801

			<u> </u>					7 0002001
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·					,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a d	overnmental unit descri	ned in
•		section 170(b)(1)(A)(iv). (C		mage of animalous your	a. o. opo.a.			
6		A federal, state, or local go	•	montal unit described in	saction 1	70(h)(1)(A)	(v)	
	X		•				• •	nublic described in
'	21	An organization that norma		antial part of its support i	rom a gov	remmema	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		(4)(A)(-1) (Olata D				
8	H	A community trust describe						
9	Ш	An agricultural research org						
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11	\square	An organization organized a	and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.	
а			anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management o						
		organization(s). You mus						
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio	-					,
d		Type III non-functionally		•				ization(s)
		that is not functionally int						* *
		requirement (see instruct	-		•		•	
е		Check this box if the orga	•	-				
·		functionally integrated, or					2 1 ypc 1, 1 ypc 11, 1 ypc 111	
f	Ente	er the number of supported of		many integrated support	ing organi	zation.		
,		ride the following information		ad organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	ing document?	support (see instructions)	support (see instructions)
				above (see instructions))				
						-		
Tota	al						I	1

Pa	rt II Support Schedule for	•					•
	(Complete only if you checke			-	n failed to qualify	under Part III. If the	organization
Sar	fails to qualify under the tests	s listed below, plea	ise complete Part	III. <i>j</i>			
		(=) 0010	(h) 0010	(a) 0000	(4) 0004	(-) 0000	(f) Tatal
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	652,420.	1232024.	1122484.	1378867.	1462116.	5847911.
2	Tax revenues levied for the organ-	03271201	1232321	11221010	1370007	11021101	301/3111
_	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	652,420.	1232024.	1122484.	1378867.	1462116.	5847911.
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.						5847911.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	652,420.	1232024.	1122484.	1378867.	1462116.	5847911.
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				6,059.	5,837.	11,896.
44	assets (Explain in Part VI.)				0,055.	3,037.	5859807.
	Total support. Add lines 7 through 10	ata (aga inaturati	ana)			10	3033007.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the						
13	organization, check this box and stor						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		14	99.80 %
15							99.88 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	-		
	more, and if the organization meets the						

Schedule A (Form 990) 2022

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
•	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						
Ŭ	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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
k	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.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(3.) = 3 : 3	(5) 25 15	(0, 2020	(0,) = 0 = 1	(5) = 5 = =	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	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.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (ine 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	-			
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

Schedule A (Form 990) 2022

AMERICAVIEW

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
- OD		
3с		
4a		
- Iu		
4-		
4b		
_		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
10a		
iua		
10b		

Par	t IV 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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		_		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
S00	supported organizations played in this regard. 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 yea(see instructions).	1		
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 line 3 below.</i>		1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	structioi		
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			
	these activities but for the organization's involvement.	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			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

1032-001

Schedule A (Form 990) 2022

AMERICAVIEW

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e 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 integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

		()(0) 0 0			<u> </u>
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Dort VI	1 0				- 42											- rage c
Part VI	Part IV	, Sed Part n D, I	ction A, I IV, Secti lines 5, 6	ines 1, 2 on D, Iir	2, 3b, 3c, ies 2 and	4b, 4c, 5 3; Part I	a, 6, 9a, 9 V, Section	9b, 9c, 11 n E, lines 1	a, 11b, a 1c, 2a, 2	and 110 2b, 3a, a	I, line 10; P c; Part IV, S and 3b; Par ete this par	ection t V, lin	B, lines a 1; Part '	1 and 2; V, Sectio	Part IV, S on B, line	ection C,
SCHED	ULE A	١,	PART	II,	LINE	I 10,	EXPI	ANAT	ION	FOR	OTHER	IN	COME:			
CONFE	RENCE	R	EGIS'	TRAT	IONS											
2021	AMOUN	IT:	\$	6,0	59.											
2022	AMOUN	IT:	\$	5,8	37.											

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	s 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	
	n 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	
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$\$
answer "No" on Part IV, line	nat 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 g requirements of Schedule B (Form 990).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

AMERI	CAVIEW	7:	7-0602801
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal 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	\$1,412,172.	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATIONAL GEOGRAPHIC SOCIETY 1145 17TH STREET NW WASHINGTON, DC 20036	\$ 44,885.	Person X Payroll
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

AMERICAVIEW

77-0602801

	Noncash Property (see instructions). Use duplicate copies of P	art 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) (2022)

Name of organization **Employer identification number** 77-0602801 **AMERICAVIEW** 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. 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) organiza	tions: Complete Part III.				
Nan	ne of organization			E	Employer identification nun	nber
	AMERICA				77-0602801	
Pa	art I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 52	27 organization.	
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures				
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c)((3).		
	Enter the amount of any excise tax	· · · · · · · · · · · · · · · · · · ·	. , ,	•	\$	
	Enter the amount of any excise tax					
	If the organization incurred a section					No
	a Was a correction made?					No
k	o If "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	ganization is exempt und	ler section 501(c),	except section 5	501(c)(3).	
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt funct	tion activities	\$	
2	Enter the amount of the filing organ		· ·			
	exempt function activities				\$	
3	Total exempt function expenditures		•			
	line 17b					
4	5 5					No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount pai comptly and directly delivered to	d from the filing organiz a separate political orga	zation's funds. Also en anization, such as a se	nter the amount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's contributions received	and ly ate

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022 **AMERICAVIEW** 77-0602801 Page 2

	, , ,						<u> </u>
Pa	rt II-A Complete if the org	ganizatio	on is exer	npt under sectio	n 5 <mark>01(c)(3) and fil</mark>	ed Form 5768 (el	ection under
	section 501(h)).						
A (Check if the filing organiza	tion belon	gs to an affi	iated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of exces	s lobbying	expenditures).			
3 (Check if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
	Limi	ts on Lobl	oying Expe	nditures		(a) Filing	(b) Affiliated group
				nts paid or incurred.))	organization's totals	totals
1a	Total lobbying expenditures to infl	uence pub	lic opinion (grassroots lobbying)			
b	Total lobbying expenditures to infl	uence a le	gislative boo	dy (direct lobbying)		24,361.	
С	Total lobbying expenditures (add I	ines 1a an	d 1b)			24,361.	
d	Other exempt purpose expenditur	es				1,461,412.	
е	Total exempt purpose expenditure	es (add line	s 1c and 1c	l)		1,485,773.	
f	Lobbying nontaxable amount. Ent	er the amo	unt from the	e following table in bot	h columns.	223,577.	
	If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,00		\$100,00	0 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,0	000.			
						F.F. 0.0.4	
_	Grassroots nontaxable amount (er		,			55,894.	
	Subtract line 1g from line 1a. If zer		• • • • • • • • • • • • • • • • • • • •			0.	
	Subtract line 1f from line 1c. If zero					0.	
j	If there is an amount other than ze		er line 1h or	line 1i, did the organiza	ation file Form 4720	Г	
	reporting section 4911 tax for this	year?				L	Yes No
	(0			raging Period Under	` '	. C. Alle Communication	-1
	(Some organizations t			on(n) election do not ate instructions for li	•	of the five columns b	elow.
				nditures During 4-Yea			
			yymg Expor	iaitai oo Bai iiig T Tot	71101499 . 0.104		
	Calendar year (or fiscal year beginning in)	(a) :	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount				213,912.	223,577.	437,489.
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						656,234.
					4 - 466	04.054	00 500
С	Total lobbying expenditures				15,429.	24,361.	39,790.
d	Grassroots nontaxable amount				53,478.	55,894.	109,372.

Schedule C (Form 990) 2022

164,058.

e Grassroots ceiling amount

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

f Grassroots lobbying expenditures

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)).

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b))
	e lobbying activity.				
	,	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).	. ,			
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?	Joiltical	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		3		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\: Dort II	A lines 1	and 2 (Soc	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), rari ii	-A, IIIIes I a	anu 2 (3ee	
	RT I-A, LINE 1:				
	(I I II, DIND I.				
ΔMI	ERICAVIEW CONTRACTED WITH A REGISTERED LOBBYIST AND	CONSI	II.TTNG	FTRM	
71111	MICAVILM CONTRACTED WITH A REGISTERED EODDITOT AND	CONDC	, 11110	TIM	
то	PROVIDE CONGRESSIONAL LEADERS INFORMATION ON THE P	OSITIV	E IMP	ACTS C	F
ינזיף	E NATIONAL AND STATE AMERICAVIEW PROGRAMS THAT SUPP		рОмоп	רי אוד	`
1111	. WILLOWYD WAD DIVIE WARVICWAIRM LUOGWWARD INVI 2016	OK1, F	TOMOT	п, м ит	,
EMI	POWER EARTH OBSERVATION EDUCATION. LOBBYING EFFORTS	INCLU	JDED T	HE	
ES	TABLISHMENT OF RELATIONSHIPS WITH KEY CONGRESSIONAL	MEMBE	ERS;		

Part IV Supplemental Information (continued)
CONDUCTING VIRTUAL MEETINGS WITH MEMBERS OF CONGRESSIONAL COMMITTEES
AND SUBCOMMITTEES; DEVELOPMENT OF EDUCATIONAL MATERIALS REGARDING THE
AMERICAVIEW AND STATEVIEW PROGRAM; AND THE DEVELOPMENT AND SUBMISSION
OF FUNDING APPROPRIATION REQUESTS.

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

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zene aanea iana	(2)
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		ed funds
J	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. I	
1	Purpose(s) of conservation easements held by the organizat		,
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) about	ve 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	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 98		
	of art, historical treasures, or other similar assets held for pu	· ·	·
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public 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 tre		I gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

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3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public exhibition b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asset	S (continu	ed)
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP If "Yes," explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance	3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following th	at make s	ignificant us	e of its		
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Perart VI Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c d doditions during the year 1d d learning balance 1d Additions during the year 1f Ending balance and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses 1c Administrative expensions 1g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment 5c Net investment earnings, gains, and losses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment 5c Term endowment funds not in the possession of the organization that are held and administered for the organization by: 1c In the endowment funds on the possession of the organization that are held and administered for the organization by: 1 Part VI Land, Buildings, are the related organizations is listed as required on Sc	а	Public exhibition	d		Loan or exc	hange progr	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization than a transparent in Part XIII and complete the following table: Call if I	b	Scholarly research	е		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If Yes, "explain the arrangement in Part XIII and complete the following table: Part V Endowment Fund F	С	Preservation for future generations									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If Yes, "explain the arrangement in Part XIII and complete the following table: Part V Endowment Fund F	4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizat	ion's exer	npt purpose	in Part	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	asures, or oth	ner similar	assets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1e		to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?			\square	Yes	☐ No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990, F	art IV, I	ine 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 tel 2 an Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 b Permanent endowment 96 c Term endowment 96 c Term endowment 97 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thoush not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations Describit on of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Cecapitation Description of property (a) Cost or other basis (investment) Description of property (b) Book value depreciation e Other Confidence Text All the intended uses of the organization sendowment funds.		reported an amount on Form 990, Par	t X, line 21.		_						
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It It It It It It It	1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other a	ssets not	included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It It It It It It It		on Form 990, Part X?							\square	Yes	☐ No
c Beginning balance	b										
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No ft "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization as seen provided on Part XIII Part V Endowment Funds. Complete if the organization as wered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization was wered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization as wered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in the passes back (e) Four years back (e) Four ye										Amount	
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No ft "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization as seen provided on Part XIII Part V Endowment Funds. Complete if the organization as wered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization was wered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization as wered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in the passes back (e) Four years back (e) Four ye	С	Beginning balance						1c			
e Distributions during the year f f Enling balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b f *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Tall Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Three ye											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided nor XIII	_										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Endowment (a) Current year (b) Prior year (c) Two years back (d) Three years back (a) Three years back (e) Four years back (a) Endowment (a) Current year (b) Prior year (c) Two years back (a) Three years back (e) Four years back (a) Three years back (e) Four years back (a) Endowment (c) Two years back (d) Three years back (a) Endowment (c) Two years back (d) Three years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Three years back (e) Four years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a									Yes	☐ No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back		_						•			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											
b Contributions		·	(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three year	s back	(e) Four y	ears back
b Contributions	1a	Beginning of year balance									_
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Term endowment y8 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part V1 Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: b Permanent endowment year endowment year endowment year endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other									$\neg \neg$		
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		Г							$\neg \neg$		
g End of year balance		-									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f								$\neg \neg$		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		Г									
Board designated or quasi-endowment	_		ent vear end halanc	e (line 1	a column (a)) held as:	L				
b Permanent endowment			one your one balanc	-	9, 001411111 (ajj Hold do.					
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment organization and 2c should equal 100%.			%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other	·		-								
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	32		•	ation the	at are held s	and administ	ered for th	16			
(i) Unrelated organizations (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	Ou	-	331011 OF THE OFGAINZ	ation the	at are ricid t	and administ	crea for ti	10		ΓY	es No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		· ·								-	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organizat										- ` '	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other	h	If "Ves" on line 33(ii) are the related organizations	tions listed as requi	red on S	Chedule R2	······································				- ` '	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other										30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				WITIETIL	iulius.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Equipment (f) Accumulated depreciation). Part I\	/. line 11a. S	See Form 99	0. Part X.	line 10.			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other							· · · · · · ·		\neg	(d) Book	value
1a Land b Buildings c Leasehold improvements d Equipment e Other		bescription of property					1 ' '			(u) Dook	value
b Buildings c Leasehold improvements d Equipment e Other	12	Land	<u> </u>		54010	(501101)	400	. 50,000			
c Leasehold improvements d Equipment e Other									_		
d Equipment							 		+		
e Other									+		
									+		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X. colur	nn (B) line i	10c.)	<u> </u>		+		0.

Schedule D (Form 990) 2022

77-0602801 Page 3 AMERICAVIEW Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-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, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7)(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5) (6)(7) (8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (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, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 AMERICAVIEW		77-0	0602801 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revo	enue per Return) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,467,953
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			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,467,953
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		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,467,953
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	1,485,773
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	1,485,773
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

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART X, 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, 2023 AND 2022, 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.

1,485,773

Schedule D (Form 990) 2022 AMERICAVIEW	77-0602801 Page 5
Schedule D (Form 990) 2022 AMERICAVIEW Part XIII Supplemental Information (continued)	

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

lame of the organization AMERICAVIEW	MΞ						Employer identification number $77-0602801$
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	tion
criteria used to award the grants or assistance?	istance?						□ Yes 💢 No
2 Describe in Part IV the organization's procedures for monitoring the	ocedures for monit		use of grant funds in the United States	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi: \$5,000. Part II can	zations and Domesti be duplicated if addit	c Governments. C ional space is need	omplete if the orga led.	ınization answered "Y	'es" on Form 990, Parl	. 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
UBURN UNIVERSITY 08 M WHITE SMITH HALL UBURN UNIVERSITY, AL 36849	63-6000724		28,600.	0.			GENERAL USE – ANNUAL WORK PLAN
NIVERSITY OF ALASKA O BOX 757880 AIRBANKS, AK 99775	92-6000147		33,797.	0.			GENERAL USE – ANNUAL WORK PLAN
NIVERSITY OF ARKANSAS 125 W MAPLE AYETTEVILLE, AR 72701	71-6003252		30,278.	.0			GENERAL USE – ANNUAL WORK PLAN
NIVERSITY OF CALIFORNIA O BOX 741816 OS ANGELES, CA 90074	94-6036494		21,440.	0.			GENERAL USE – ANNUAL WORK PLAN
OLORADO STATE UNIVERSITY 01 SOUTH HOLMES STREET 'ORT COLLINS, CO 80523	84-6000545		27,115.	0.			GENERAL USE – ANNUAL WORK PLAN
NIVERSITY OF CONNECTICUT 38 WHITNEY RE EXT, UNIT 1133 TORRS, CT 06269	06-0772160		34,698.	.0			GENERAL USE – ANNUAL WORK PLAN
 Enter total number of section 501(c)(3) and government organization Enter total number of other organizations listed in the line 1 table 	and government orgine 1	ganizations listed in th I table	s listed in the line 1 table				

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

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Schedule I (Form 990) 2022

Schedule I (Form 990) AMERICAVIEW
Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) AMERICAVIEW

(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	(n) Purpose of grant or assistance
UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BLDG NEWARK , DE 19716	51-6000297		33,699.	0.			GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF WEST GEORGIA 1601 MAPLE STREET CARROLLTON, GA 30118	58-6002055		24,075.	.0			GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	99-6000354		.8,719.	0.		•	GENERAL USE – ANNUAL WORK PLAN
IDAHO STATE UNIVERSTIY BOX 8219 POCATELLO, ID 83209	82-6000924		19,218.	0.			GENERAL USE – ANNUAL WORK PLAN
PURDUE UNIVERSITY 155 S GRANT ST, YOUNG HALL WEST LAFAYETTE, IN 47907	35-6002041		26,213.	0.		•	GENERAL USE – ANNUAL WORK PLAN
IOWA STATE UNIVERSITY 2221 WANDA DALEY DRIVE AMES, IA 50011	42-6004224		. 53,676.	0		-	GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF KANSAS 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117		40,618.	0.		•	GENERAL USE – ANNUAL WORK PLAN
MURRAY STATE UNIVERSITY 200 SPARKS HALL MURRAY, KY 42071	61-1005783		17,353.	0.		•	GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF LOUISIANA 635 CAJUNDOME BLVD LAFAYETTE, LA 70504	72-6000820		38,111.	.0			GENERAL USE - ANNUAL WORK PLAN
							Schedule I (Form 990)

Schedule I (Form 990)

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Schedule I (Form 990) AMERICAVIEW

Part III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part III.) AMERICAVIEW

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (e) Amount of (f) Method of ((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
TOWSON UNIVERSITY 8000 YORK ROAD TOWSON, MD 21252	52-6002033		12,590.	.0			GENERAL USE - ANNUAL WORK PLAN
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON, MI 49931	38-6005955		20,825.	,0			GENERAL USE - ANNUAL WORK PLAN
UNIVERSITY OF MINNESOTA 200 OAK STREET SE, SUITE 150 MINNEAPOLIS, MN 68583	41-6007513		28,320.	.0			GENERAL USE - ANNUAL WORK PLAN
THE UNIVERSITY OF MISSISSIPPI 113 FALKNER, PO BOX 1848 UNIVERSITY, MS 38677	64-6001159		26,157.	.0			GENERAL USE - ANNUAL WORK PLAN
SAINT LOUIS UNIVERSITY 3700 W PINE MALL FUSZ MEMORIA ST LOUIS, MO 63108	43-0654872		12,000.	.0			GENERAL USE – ANNUAL WORK PLAN
MONTANA STATE UNIVERSITY PO BOX 172470 BOZEMAN, MT 59717	81-6010045		24,616.	.0			GENERAL USE - ANNUAL WORK PLAN
UNIVERSITY OF NEBRASKA 2200 VINE STREET LINCOLN, NE 68583	47-0049123		15,327.	.0			GENERAL USE - ANNUAL WORK PLAN
UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE RD, ROOM 109 DURHAM, NH 03824	02-6000937		25,623.	,0			GENERAL USE - ANNUAL WORK PLAN
NEW MEXICO STATE UNIVERSITY BOX 30001 LAS CRUCES, NM 88003	85-6000401		19,993.	0			GENERAL USE - ANNUAL WORK PLAN
							Schedule I (Form 990)

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	tic Governments (Schedule I (Form 990), Part II.)
	istance to Domestic Organizations and Domestic
AMERICAVIEW	of Grants and Other Ass
dule I (Form 990)	II Continuation o
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(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
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361		30,588.	0.			GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, STOP 7306 GRAND FORKS, ND 58202	45-6002491		31,176.	0.			GENERAL USE – ANNUAL WORK PLAN
BOWLING GREEN STATE UNIVERSITY 1851 N RESEARCH DRIVE BOWLING GREEN, OH 43403	34-6402018		25,289.	0.			GENERAL USE – ANNUAL WORK PLAN
OKLAHOMA STATE UNIVERSITY 401 WHITEHURST STILLWATER, OK 74074	73-1383996		10,402.	.0			GENERAL USE – ANNUAL WORK PLAN
OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING CORVALLIS, OR 97331	61-1730890		23,891.	0.			GENERAL USE – ANNUAL WORK PLAN
CALIFORNIA UNIVERSITY OF PENNSYLVANIA - 250 UNIVERSITY AVE - CALIFORNIA, PA 15419	25-1508140		29,556.	0.		•	GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE RD, 3RD FLOOR KINGSTON, RI 02881	22-3011455		19,857.	0.			GENERAL USE – ANNUAL WORK PLAN
SOUTH DAKOTA STATE UNIVERSITY SAD 323, BOX 2201 BROOKINGS, SD 57007	46-6000364		29,455.	.0			GENERAL USE – ANNUAL WORK PLAN
MIDWESTERN STATE UNIVERSITY 3410 TAFT BLVD WITCHITA FALLS, TX 76308	75-6001738		. 22, 900.	0			GENERAL USE - ANNUAL WORK PLAN
							Schedule I (Form 990)

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(a) Name and address of organization or government	(a)	(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
UTAH STATE UNIVERSITY 2400 OLD MAIN HILL LOGAN, UT 84322	87-6000528		22,501.	.0			GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF VERMONT 217 WATERMAN BUILDING 85 BURLINGTON, VT 05045	03-0179440		24,399.	0.			GENERAL USE - ANNUAL WORK PLAN
VIRGINIA POLYTECHNIC INSTITUTE 300 TURNER ST, SUITE 4200 BLACKSBURG, VA 24061	54-6001805		.29,702.	0.			GENERAL USE – ANNUAL WORK PLAN
WVU RESEARCH CORPORATION PO BOX 6002 MORGANTOWN, WV 26506	55-0665758		23,887.	.0			GENERAL USE – ANNUAL WORK PLAN
UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK ST, SUITE 6401 MADISON, WI 53715	39-6006492		19,973.	0			GENERAL USE - ANNUAL WORK PLAN
UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE LARAMIE, WY 82071	83-6000331		37,139.	0.			GENERAL USE – ANNUAL WORK PLAN
							Schedule I (Form 990)

AMERICAVIEW Schedule I (Form 990) 2022

Page 2

77-0602801 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(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
Supplemental Information. Provide the information required in	I ired in Part I, line	2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
SUPPLEMENTAL INFORMATION	Ь				
THE RECIPIENT OF A (COMPETITI	COMPETITIVE GRANT	FROM THE U.	U.S.	
OF THE INTERIOR VIA THE	U.S. GEC	LOGICAL S	THE U.S. GEOLOGICAL SURVEY (USGS)	3)	
AWARDED FOR FIVE GRANT PEI	PERIODS. IN	IN THIS TAX YEAR,	YEAR, THE	BULK OF	
GRANTED TO AMERICAVIEW WI	WERE DISTR	DISTRIBUTED TO	39 MEMBERS,	S, ALL OF	
EDUCATIONAL INSTITUTIONS	THAT ARE		TAX-EXEMPT UNDER SI	SECTION	
THE INTERNAL REVENUE	CODE. MEMBERS	USE	THE FUNDS	TO	
COMPLETE ANNUAL WORK PLANS THAT ARI	ARE APPROVED BY		THE AMERICAVIEW BOARD	W BOARD	
AFTER RECEIVING ANONYMOUS		REVIEWS BY OT	BY OTHER (PEER) MEMBERS	MEMBERS,	
		39			Schedule I (Form 990) 2022

Part IV Supplemental Information
AND FOLLOWED BY APPROVAL FROM THE USGS. PROGRESS ON THESE WORK PLANS IS
MEASURED BY ANNUAL REPORTS THAT ARE SUBMITTED, REVIEWED BY THE
EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR, AND USED TO PREPARE THE GRANT
YEAR TECHNICAL REPORT TO USGS WHICH PERFORMS ADDITIONAL REVIEWS BEFORE
PUBLISHING. CONTINUED FINANCIAL SUB-AWARDS TO FULL MEMBERS ARE
DEPENDENT ON SATISFACTORY COMPLETION OF THE PRIOR YEAR'S WORK PLAN AND
APPROVAL OF NEXT YEAR'S WORK PLAN AND BUDGET. IN ALL TAX YEARS, ALL
FINANCIAL SUBAWARDS TO ELIGIBLE MEMBERS ARE MONITORED ANNUALLY VIA
SF270S OR SF425S SUBMITTED BY THE SUB-AWARDEE INSTITUTIONS.

13151107 758268 1032-001

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.

2022
Open to Public Inspection

Name of the organization

AMERICAVIEW

Employer identification number 77-0602801

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUTREACH PROGRAMS TO DEVELOP NEW PROGRAMS FOR K-18 STUDENTS INCLUDING

INTRODUCTORY SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATHEMATICS

(STEM) EDUCATION THROUGH ADVANCED 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 CONDUCTS 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. AMERICAVIEW USES MULTIPLE METHODS TO CONDUCT

NATIONAL OUTREACH. IN THE PAST FOUR YEARS, AMERICAVIEW GARNERED OVER

377,000 UNIQUE VISITS THROUGH THE WEBSITE AND SOCIAL MEDIA ACCOUNTS

COMBINED. IN 2022, AMERICAVIEW HELPED FOSTER COMMUNICATION BETWEEN THE

LOCAL AND FEDERAL LEVELS THROUGH THE COMPLETION OF 426 ACTIVITIES BY

STATE CONSORTIUM MEMBERS, REACHING OVER 8,600 STUDENTS AND CITIZENS

THAT WERE TRAINED AND EDUCATED ON THE SOCIETAL BENEFITS OF REMOTE

SENSING TECHNOLOGIES AND APPLICATIONS.

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

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.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization AMERICAVIEW Employer identification number 77-0602801

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
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:

Schedule O (Form 990) 2022 Page **2**

Name of the organization

AMERICAVIEW

Employer identification number 77-0602801

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:

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:

1032-001

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 77-0602801 **AMERICAVIEW** 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 XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 1. FORM 990, PART XII, LINE 2C: NO CHANGES WERE MADE IN THE ORGANIZATION'S PROCEDURES TO REVIEW AND APPROVE THE AUDIT.

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