** PUBLIC DISCLOSURE COPY **

Form **990**

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.

2024

Inspection

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

Department of the Treasury Internal Revenue Service

A	For the	2024 calendar year, or tax year beginning and en	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
Ļ	Name change	Doing business as		94-31582	95
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 344 20th Street	Room/suite	E Telephone number (510) 84	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,101,207.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer:Joshua Klemm		for subordinates	
	pendin	same as C above		H(b) Are all subordinates in	ncluded? Yes No
T	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	n number
K	Form of	organization: X Corporation Trust Association Other	∟ Year (of formation: 1992 N	Natate of legal domicile: CA
P		Summary			
Φ		Briefly describe the organization's mission or most significant activities: Inter			
Activities & Governance		rivers and defends the rights of communit	ies t	hat depend	on them.
ern	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
Š				3	5
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots		4	5
es		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			6
Ξ		Total number of volunteers (estimate if necessary)			7
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
Revenue				Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		2,200,776.	1,094,752.
		Program service revenue (Part VIII, line 2g)		0.	5,000.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,689.	1,455.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		• •	0. 1,101,207.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,202,465.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		181,033.	125,465.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1,102,058.	1,180,720.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Sen	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 81,62	····	0.	
Ä	17	,		604,843.	765,657.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,887,934.	2,071,842.
		Revenue less expenses. Subtract line 18 from line 12		314,531.	
<u></u>		nevenue less expenses. Subtract line 10 non line 12		ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		2,770,022.	1,780,898.
ASS	21	Total liabilities (Part X, line 26)		121,562.	103,073.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,648,460.	1,677,825.
	art II	Signature Block		_, ,	
_		lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of whic			
		Of the		6/13/202	5
Sig	ın	Signature of officer		Date	
He		Joshua Klemm, Executive Director			
		Type or print name and title			
		Preparer's name Preparer's signature 4019	71	Date Check	PTIN
Pai	d	Preparer's name Yong Zhang, CPA Preparer's signature Youg Z	1 Green	6/12/25 self-employe	
Pre	parer	Firm's name Rogers & Company PLLC		Firm's EIN 5	8-2676261
Use	Only	Firm's address 8300 Boone Boulevard, Suite 600			
_		Vienna, VA 22182		Phone no. (7	03) 893-0300
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

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:
	International Rivers protects rivers and defends the rights of
	communities that depend on them.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	7 71 0
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$ 1,849,462. including grants of \$ 125,465.) (Revenue \$ 5,000.)
·u	(Code:) (Expenses \$ 1,849,462. including grants of \$ 125,465.) (Revenue \$ 5,000.) Programs - International Rivers works with river-dependent and
	dam-affected communities to ensure their voices are heard and their
	rights are respected. International Rivers helps to build
	well-resourced, active networks of civil society groups to advocate for
	healthy rivers. International Rivers undertakes independent,
	investigative research, generating robust data and evidence to inform
	policies and campaigns. International Rivers exposes and resists
	destructive projects, while also engaging with all relevant
	stakeholders, including industry and policymakers, to develop a vision
	and energy and water solutions that protect rivers and the communities
	that depend upon them.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	/ (Noticide)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,849,462.
	Form 990 (2024)

Form 990 (2024) International Rivers Network Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	21	
5	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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		х
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	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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		X
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	1 11	21	
	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	х	
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	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2024) International Rivers Network Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Б	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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			. v
	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	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	T		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	10	Х	

Form 990 (2024)

1024) International Rivers Network
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	•		l	
	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 Brazil, South Africa, Thai				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				\
	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 contribution				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	and provided to the payor			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi		7a		
	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		70		X
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Ditt.		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:	1			
а		I1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	/ ·······	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
	· · · · · · · · · · · · · · · · · · ·	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.				
D	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			
_		13c			
		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.		 		
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any acti	vities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	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	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion 2 is official (into cooling 2 is equation about points of into into into into into cooling cooling in the interest of the into into into into into into into into		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
800	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed CA, AK, CO, CT, FL, HI, IL, MD, MA	MT	MN	MV
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
18		js only	, avalli	auie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
40		- al el:	!_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	ia tinai	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Chance Cutrano - (510) 848-1155 344 20th Street, Oakland, CA 94612			
	344 20th Street, Oakland, CA 94612			

Form 990 (2024) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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) Name and title	(B) Average hours per	(C) Position (do not check more that box, unless person is bofficer and a director/tru				than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	irecto	Highest compensated Ltd. Single Singl	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Isabella Winkler	40.00			x				103,800.	0.	375.
Co-Executive Director (2) Joshua Klemm	40.00			Δ				103,800.	0.	3/3.
Co-Executive Director	0.25			Х				95,346.	0.	8,561.
(3) Anake Lekkoon	40.00			23				33,340.	•	0,301.
Finance Director	0.25	1		х				55,350.	0.	0.
(4) Melina Selverston	3.00									
Chair	0.25	Х		Х				0.	0.	0.
(5) Astrid Puentes Riano	3.00								_	_
Vice Chairperson		Х		Х				0.	0.	0.
(6) Sharon Khan	2.00	,,		,,						
Treasurer	2 00	Х		Х				0.	0.	0.
(7) Chance Cutrano Secretary	2.00 0.25	v		x				0.	0.	0.
(8) Evelyn Arce-Erickson	1.00			25					· ·	<u></u>
Director		х						0.	0.	0.
(9) Lisa Craig Gautier	1.00									
Director		Х						0.	0.	0.
(10) Donna House	1.00									
Director		Х						0.	0.	0.
		1								
						-				
		-								
			\vdash							
		1								

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
Par	T VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than on box, unless person is both a officer and a director/trusted			than is bot or/trus	one h an itee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensatio from relate organization (W-2/1099-MI) 1099-NEC	on d ns SC/	com fr org	(F) itimate nount of other pensa om the anizati d relate anization	of tion e ion ed	
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A							254,496. 0. 254,496. eceived more than \$100	0,000 of reportab	0 • 0 • 0 • ole		8,93	0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest contractors.	director, trust uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul	ee, l le co " co nsat e J f	key e	emplensa ensa ete S from uch	loye ation Sche any pers	ee, or n and edule y unr son	r hig	that received more than	the organization idual for services \$100,000 of cor				X X X
	(A) Name and business Total number of independent contractors (in			INC		tho	se lii	stec	(B) Description of s		C	compe	c) nsation	n
	\$100,000 of compensation from the organi					(0		•			_	000 /	

			Check if Schedule O	onts	aine a ree	nonse	or note to any lir	ne in this Part VIII			
-			Officer if Schedule O	JUITE	aii is a 165	porise	or note to any iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè excluded
									function revenue	business revenue	from tax under
10 10											sections 512 - 514
nts	1 :	a F	Federated campaigns		1a	1					
S a	- 1	b N	Membership dues		1b)					
S, (c F	Fundraising events		1c	:					
a ii		d F	Related organizations		10	ı					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr								
Ö			All other contributions, gifts,								
F E			similar amounts not included			11.	094,752.				
들턴			Noncash contributions included in			_	, , , , , ,				
ΣE		_	Total. Add lines 1a-1f	imes	1a-11 19	ΙΨ		1,094,752.			
- "			IOIAI. AUU IIIIES TA-TI				Business Code	1,031,132			
	_	т	Uononanium				900099	5,000.	5,000.		
<u>i</u>	2	a <u>r</u>	Honorarium				900099	3,000.	3,000.		
le ez	- 1	b _									
n S		c _									
ev ev		d _									
Program Service Revenue		е _									
<u> </u>	1	f /	All other program service	rever	nue						
		g 1	Total. Add lines 2a-2f					5,000.			
	3		nvestment income (includ								
								1,455.			1,455.
	4	I	ncome from investment of								
	5		Royalties		-	-					
	•	·	10 / 411100		(i) Re		(ii) Personal				
	6	. (Gross rents	6a	(7)		(.,,				
				6b							
			Less: rental expenses	-				1			
			Rental income or (loss)	6c							
			Net rental income or (loss))	/i) C		(::\ Others				
	7		Gross amount from sales of		(i) Secu	irities	(ii) Other				
		a	assets other than inventory	7a							
	ı		_ess: cost or other basis								
Jue		a	and sales expenses	7b							
Revenue	(c (Gain or (loss)	7с							
æ		d N	Net gain or (loss)			<u></u>					
her	8	a (Gross income from fundraisir	ng ev	ents (not						
₹		iı	ncluding \$		of						
		c	contributions reported on	line	1c). See						
			Part IV, line 18		•	8a					
			Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamin				<u> </u>				
	9		Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from	-	-	iles	 T				
	10		Gross sales of inventory, I								
			and allowances								
	ı	b L	Less: cost of goods sold			10b					
	(c 1	Net income or (loss) from	sales	s of inven	tory					
<u>s</u>							Business Code				
Miscellaneous Revenue	11 :	a _									
an	-	b _									
e G		c _									
ĕ≝		d A	All other revenue								
~			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					1.101.207.	5,000.	0.	1.455.

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).

3601	Charle if Sahadula Chartains a reason	-		implete column (A).	X
Do	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10 601	10 601		
	and domestic governments. See Part IV, line 21	18,681.	18,681.		
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	106 701	106 704		
	individuals. See Part IV, lines 15 and 16	106,784.	106,784.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	263,432.	237,636.	15,831.	9,965.
^	trustees, and key employees	203,432.	237,030.	13,031.	9,903.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	822,207.	738,867.	51,147.	32,193.
7 8	Other salaries and wages Pension plan accruals and contributions (include	022,207•	750,007	J1,11.	52,155
σ	section 401(k) and 403(b) employer contributions)				
0		56,556.	53,851.	2,676.	29.
9 10	Other employee benefits	38,525.	30,196.	4,804.	3,525.
10 11	Payroll taxes Fees for services (nonemployees):	50,525•	30,1300	3,003.	3,323.
	` ' ' '				
	Management	5,657.	5,657.		
	Legal	27,458.	3,037.	27,458.	
	Accounting	27, 450		27, 130.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	234,667.	222,580.	11,871.	216.
12	Advertising and promotion	140.	15.	125.	
13	Office expenses	32,870.	25,075.	6,499.	1,296.
14	Information technology	41,111.	35,837.	4,184.	1,090.
15	Royalties	,	,	•	<u> </u>
16	Occupancy	18,766.	18,112.	423.	231.
17	Travel	233,670.	230,373.	2,732.	565.
18	Payments of travel or entertainment expenses	,	,	•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	104,058.	101,641.	2,417.	
20	Interest	,		-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,977.	3,543.	9,323.	111.
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 0.)				
а	Dues, license, and othe	41,856.	9,094.	654.	32,108.
b	Equipment rental and ma	10,609.	9,852.	531.	226.
С	Staff training	1,818.	1,668.	81.	69.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,071,842.	1,849,462.	140,756.	81,624.
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)				
	0 10 10 04				Earm 990 (2024)

Pa	π λ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,276,363.	1	1,492,775
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	260,583
	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from any current or former officer, dir			
		trustee, key employee, creator or founder, substantial contributor,			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de			
		under section 4958(f)(1)), and persons described in section 4958(6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	25,387
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 = 0.10	15	2,153
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,780,898
	17	Accounts payable and accrued expenses	02 061	17	92,105
	18	Grants payable		18	·
	19	Deferred revenue		19	10,968
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
Ś	22	Loans and other payables to any current or former officer, director			
<u>=</u>		trustee, key employee, creator or founder, substantial contributor,			
Liabilities				22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related t			
		parties, and other liabilities not included on lines 17-24). Complete			
		of Schedule D	11,943.	25	0
	26	Total liabilities. Add lines 17 through 25	121,562.	26	103,073
		Organizations that follow FASB ASC 958, check here			
Çes		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	489,671.	27	543,657
Ba	28	Net assets with donor restrictions		28	1,134,168
ဋ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other fur	nds	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,648,460.	32	1,677,825
_	33	Total liabilities and net assets/fund balances		33	1,780,898

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	1,10 2,07 -97	1,8	<u>42.</u>		
4 5 6	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	4 5 6	2,64				
7 8 9 10	Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
Pai	column (B)) It XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	1,67	7,8	<u>25.</u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		2a		Х		
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis		2b	Х			
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
	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		Х		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

International Rivers Network

Employer identification number 94-3158295

Pa	art I	Reason for Public		(All organizations must o		nis nart) S		1 3130233	
			Reason for Public Charity Status. (All organizations must complete this part.) See instructions. ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
	organ	•			•	•			
1	\vdash	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Н	A school described in sect							
3	Ш	A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	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	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						public described in	
		section 170(b)(1)(A)(vi). (C			3		J		
8		A community trust describe	•	(1)(Δ)(vi) (Complete Par	+ II)				
9		An agricultural research org				ed in conju	inction with a land-grant	college	
9		•				-		*	
		or university or a non-land-o	gram college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the colleg	e or	
40		university:							
10		An organization that norma							
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more thai	n 33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)						
11	Щ	An organization organized	and operated exclus	ively to test for public sa	ıfety.See	section 50)9(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	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 organizatio	n and com	nplete line:	s 12e, 12f, and 12g.		
a	. \square	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving	
		the supported organization							
		organization. You must o			, ,			11 3	
k		Type II. A supporting org			tion with it	s sunnort	ed organization(s) by ha	vina	
_		control or management of							
					arrie perse	JIIS IIIAI CI	ontrol of manage the sup	ported	
_		organization(s). You mus						مالاند. الم	
C			-				•	eu wiiii,	
	. —	its supported organizatio		•					
C	· L						• • • •		
		that is not functionally int		• ,	•		•	iveness	
		_ requirement (see instruct	-	-					
e	, L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
1	Ent	er the number of supported o	organizations						
	Pro	vide the following information		ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
_									
Tot	ai							I	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,027,832.	1,321,289.	1,613,445.	2,200,776.	1,094,752.	10,258,094.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,027,832.	1,321,289.	1,613,445.	2,200,776.	1,094,752.	10,258,094.
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)						5,182,827.
6	Public support. Subtract line 5 from line 4.						5,075,267.
	etion B. Total Support	() 2222	# N 000 /	(),,,,,,	(0 0000	() 000 (
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	4,027,832.	1,321,289.	1,613,445.	2,200,776.	1,094,752.	10,258,094.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	15,573.	4,398.	534.	1,689.	1,455.	23,649.
_	and income from similar sources	13,373.	4,390.	334.	1,009.	1,433.	23,043.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						10,281,743.
11	• • • • • • • • • • • • • • • • • • • •	ata (aga inatu ati				12	59,941.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the			ourth or fifth toy w			33,3410
13	organization, check this box and stor						
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2024 (column (f))		14	49.36 %
15	Public support percentage from 2023					15	50.93 %
	33 1/3% support test - 2024. If the o				_		
	stop here. The organization qualifies	· ·		,		,	
b	33 1/3% support test - 2023. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ū					·
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	•	•		•		
	more, and if the organization meets the	_					
	organization meets the facts-and-circ		•		•		
<u>18</u>	Private foundation. If the organization						

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	slow, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and		` '	, ,		1	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
	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						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
	check this box and stop here	· 9 · · - · ·	,,		,	(-)(-)	
Se	ction C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2024 (li			column (f))		15	%
	Public support percentage from 2023					16	%
	ction D. Computation of Inves					1 1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% %
	33 1/3% support tests - 2024. If the						
.50	more than 33 1/3%, check this box ar	-					
k	33 1/3% support tests - 2023. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	ı box on line 14, 19	≀a, or 19b, check t	nıs box and see ir	structions	

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		
	За		
	3b		
	3с		
	4a		
	46		
	4b		
	4c		
	40		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10h		
dule	10b A (Forr	n 990	2024

0.1	dule A (Form 990) 2024 International Rivers Network	94-315829	5 5	_
	t IV Supporting Organizations (continued)	94-313029	Э Pa	age 5
I G	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	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		
	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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 have the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	officers, pported ag the		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
2	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			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see ins	tructions)		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
2	entity (see instructions). Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	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		
43202	5 01-14-25	Schedule A (Fori	m 990	2024

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations mus	st complete	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-functions	ally integrate	ed Type III supporting org	anization (see		

Schedule A (Form 990) 2024

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	5			
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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 2024 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2024	าร	(iii) Distributable Amount for 2024			
1	Distributable amount for 2024 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2024 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2024							
a	From 2019							
b	From 2020							
c	From 2021							
d	From 2022							
e	From 2023							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to under distributions of prior years							
<u>h</u>	Applied to 2024 distributable amount							
<u>i</u>	Carryover from 2019 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2024 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
b	Applied to 2024 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2025. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
d	Excess from 2023							

Schedule A (Form 990) 2024

e Excess from 2024

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2024

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
11th Hour Project/Schmidt Family Fdn	1,250,000.	1,044,365.
Arcus Foundation	1,575,000.	1,369,365.
C.S Mott Foundation	425,000.	219,365.
Full Circle	430,000.	224,365.
Open Society Foundation	350,000.	144,365.
Oxfam Australia	1,655,798.	1,450,163.
Oxfam Novib	244,167.	38,532.
Synchronicity Earth	508,520.	302,885.
Tara Climate Foundation	595,057.	389,422.
Total Excess Contributions to Schedule A, Part II, Line 5		5,182,827.

Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

International Rivers Network 94-3158295 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

International Rivers Network

94-3158295

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

International Rivers Network

94-3158295

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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

Name of organization

Employer identification number

International Rivers Network

94-3158295

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	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
		- - - - \$	
		I W	i

Employer identification number Name of organization International Rivers Network 94-3158295 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 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

SCHEDULE C (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Political Campaign and Lobbying Activities

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

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

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

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

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

Nan	ne of orga			a transle	Emp	oyer identification number (EIN) $94-3158295$
Da	International Rivers Network Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 or					
1 2	Provide Political	a description of the organiz	zation's direct and indirect polit cures ign activities	ical campaign activities	in Part IV.	
Pa	art I-B	Complete if the org	ganization is exempt un	der section 501(c)	(3).	
1	Enter the		incurred by the organization ur			\$
2	Enter the	e amount of any excise tax	incurred by organization mana	gers under section 495	5 ;	<u> </u>
			n 4955 tax, did it file Form 472			
4a	Was a co	orrection made?				Yes No
		describe in Part IV.				
			ganization is exempt un		<u> </u>	. , , ,
			d by the filing organization for s			
2			ization's funds contributed to o			
_						<u> </u>
3		•	s. Add lines 1 and 2. Enter here			.
			4400 DOL 6			
4 5			1120-POL for this year?			
3			nt paid from the filing organizati	-		• •
	•	•	separate political organization		•	
		onal space is needed, provi		,		,
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2024

		ar Kivers N			136293 Page 2
Part II-A Complete if the org section 501(h)).	anization is exer	npt under sectio	n 501(c)(3) and fil	ea Form 5/68 (ei	ection under
A Check if the filing organiza expenses, and shar	e of excess lobbying e	expenditures).	n Part IV each affiliated	group member's nam	e, address, EIN,
Limit	tion checked box A and ts on Lobbying Exper ditures" means amou	nditures	,	(a) Filing organization's totals	(b) Affiliated group totals
				0.	
1a Total lobbying expenditures to influb Total lobbying expenditures to influ				0.	
c Total lobbying expenditures (add li				0.	
d Other exempt purpose expenditure				2,071,842.	
e Total exempt purpose expenditure				2,071,842.	
f Lobbying nontaxable amount. Enter				253,592.	
IF the amount on line 1e, column (a)	or (b), is: THEN th	ne lobbying nontaxab	le amount is:		
not over \$500,000	20% of t	the amount on line 1e.			
over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,000 but not over \$	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			63,398.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		ine 1i, did the organiza	ation file Form 4720	Г	
reporting section 4911 tax for this	•			L	Yes No
(Some organizations the	nat made a section 50	raging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	247,478.	243,712.	244,397.	253,592.	989,179.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,483,769.
c Total lobbying expenditures					
d Grassroots nontaxable amount	61,870.	60,928.	61,099.	63,398.	247,295.
e Grassroots ceiling amount (150% of line 2d, column (e))					370,943.

Schedule C (Form 990) 2024

f Grassroots lobbying expenditures

Schedule C (Form 990) 2024 International Rivers Network 94-315829

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
С	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 fill provided the section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	No
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the		2		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid):	cal			
	Current year				
	Carryover from last year				
	Total				
3	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 exceeds the amount on line 3.		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year?	oolitical	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par			-		
	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 actions); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Part II-	A, lines 1 a	and 2 (see	
-					
-					

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990. (Rev. December 2024) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

International Rivers Network

Employer identification number 94-3158295

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds o	r Accounts. Complete if the
	organization anowored 100 or 1000, 1 are 10, iii	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose cor	nferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	_	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2 a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2	a	2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		tion, handling of	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	a easements during the year
•	Amount of expenses mounted in monitoring, inspecting, name	aling of violations, and ch	norcing conservation	reasoments during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statement	s that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthera	ance 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	easures, or other similar a	ssets for financial ga	ain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

4-3158295 Page 2

Par	t III Organizations Maintaining Col	lections of Ar	t, Hist	orical Tr	easures,	or Othe	r Similar	Asset	S (continu	ed)
3	Using the organization's acquisition, accession,	and other record	s, check	any of the	following tha	at make si	gnificant us	se of its		
	collection items (check all that apply).									
а	Public exhibition	d	l	_oan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	n how th	ey further t	he organizat	ion's exem	npt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange							art IV. lir		
	reported an amount on Form 990, Part X			J			,	,	,	
1a	Is the organization an agent, trustee, custodian,	or other intermed	diary for	contributio	ns or other a	ssets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
	gg								Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Form								Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Ch						·y ·		100	
Par										
1 311	·	a) Current year		rior year	(c) Two yea			rs back	(e) Four v	ears back
1a	Beginning of year balance	., ,	(,-	··-· ,	(-, ,		,		(-)	
h	Contributions									
0	Net investment earnings, gains, and losses									
ا										
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		/I: 4		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
2	Provide the estimated percentage of the current	t year end balanc		g, column (a	a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possession	on of the organiza	ation tha	it are held a	and administe	ered for th	е		L.	/aa Na
	organization by:									es No
	(i) Unrelated organizations?								3a(i)	-
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the or		wment f	iunds.						
Par	t VI Land, Buildings, and Equipmer									
	Complete if the organization answered "	Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	0, Part X, I	ine 10.			
	Description of property	(a) Cost or ot			or other	. ,	cumulated	((d) Book v	value
		basis (investm	nent)	basis	(other)	depi	reciation			
	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
Total	Add lines 1a through 1e (Column (d) must equa	al Form 990 Part	X line 1	Oc column	(R))					0.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities	onai Rivers Ne	twork 94	1-3158295 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part V line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(A) E:	(b) Book value	(c) Wethod of Valuation. Cost of ci	id of year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	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 er	nd-of-year market value
(1)		.,	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
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 2	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 25, co	ol (R))		
i osam (Colamin (b) mast cquair omi 330, r art A, iiile 23, c	ン・・、「 <i>ロ</i> //		i

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) (Rev. 12-2024)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1	Total revenue, gains, and other support per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)							
Ра	rt XII Reconciliation of Expenses per Audited Financial Stat	-	enses per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, line							
1	Total expenses and losses per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1						
а	Donated services and use of facilities							
b	Prior year adjustments	2b						
С	Other losses							
d	, , , , , , , , , , , , , , , , , , , ,	•						
е	Add lines 2a through 2d							
3	Subtract line 2e from line 1		3					
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					
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5					
Pa	rt XIII Supplemental Information							
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			rt XI,				
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.						
	rt X, Line 2:							
	nagement has evaluated the Organization'							
	at the Organization's consolidated finan	cial stateme	ents do not incl	ude				
<u>an</u>	y uncertain tax positions.							

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

(Rev. December 2024)

International Rivers Network

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

94-3158295

Part I	General Information on Activities Outside the United States. Complete if the organization answered "Yes" on
	Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (T			an be duplicated if additional space is i	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
East Asia and the					
Pacific	1	. 11	Program Services	Research and Education	709,716.
East Asia and the			Grants to Recipients		
Pacific	0		Located in Region		52,888.
		-			
			Grants to Recipients		
Europe	0	0	Located in Region		22,396.
South America	0	3	Program Services	Research and Education	209,711.
			Grants to Recipients		
South America	0	0	Located in Region		1,500.
South Asia	0	1	Program Services	Research and Education	12,633.
Sub-Saharan Africa	0	3	Program Services	Research and Education	411,359
					,
			Grants to Recipients		
Sub-Saharan Africa	0		Located in Region		30,000
3 a Subtotal	1	. 18			1,450,203
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	1	. 18			1,450,203.

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

Schedule F (Form 990) (Rev. 12-2024)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Strengthening village					
			organisations and					
		East Asia and the	Isaan Peoples Network					
		Pacific	in the Mekong	27,296.	Wire	0.		
			Strengthening					
			Mekong-Ing-Kok					
			 Peoples Mechanisms					
		Pacific	for Sustainable	18,199.	Wire	0.		
			Enhancing Inclusive					
		East Asia and the	Water Governance in					
		Pacific	the Mekong Region	7,392.	Wire	0.		
			Build capacity and					
			agency among a					
		Sub-Saharan	growing number of					
		Africa	civil society groups	30,000.	Wire	0.		
		Europe (Including						
			Green BRI to Just					
		Greenland)	Transition	22,396.	Wire	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

0 Schedule F (Form 990) (Rev. 12-2024)

5

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) (Rev. 12-2024)

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

The organization maintains every record to substantiate the amount of its grants. Eligibility and selection criteria is determined by: proposal submission, vetting against both national and international sanctions and watch lists; documentation of nonprofit status, such as proof of tax-exemption, bylaws, and articles of incorporation; and, if a returning applicant, required narrative and financial reports submitted and accepted.

Grant to others: At the end of grant period, grantee submits Financial Report to show the percentage of their expenditure which shows at least 70% expense against the first fund transferred from IR prior to second tranche request. Grantee also must submit narrative reports detailing project activities within the grant period, the impact of work, and documentation of deliverables produced with grant funding.

Pass through grant: The originating entity is responsible ensuring funds used for proper purposes. Recorded as outstanding liability when funds are received from the grantor. The liability is reversed when IRN transfers the funds to the recipient.

Re-grant: IR is responsible for ensuring proper use of funds. Grantees submit narrative and financial reports to IR as outlined in grant agreements. Grantees must receive prior written approval if budget changes are more than \$10% or \$1,000, whichever is greater.

Part I, line 3:

HQ transfers US dollar amount to the different regions. The regions expense out in their local currency. When the regions report the expenditures to HQ, all the local expenses are converted into US dollars at the same exchange rate as received.

Part II, Column (d):

Region: East Asia and the Pacific

(d) Purpose of Grant: Strengthening Mekong-Ing-Kok Peoples Mechanisms for Sustainable Riverine Resource

Region: Sub-Saharan Africa

						growing number
				mmunities	in articul	lating their
concerns	about th	ne Koukouta	mba Dam			

SCHEDULE I (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Internati	onal Rive	ers Network					94-3158295
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance? ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t 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
Earth Island Institute 2150 Allston Way, Suite 460							
Berkeley, CA 94704	94-2889684	501C3	17,000.	0.			General Support
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							•

(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 assistanc
art IV Supplemental Information. Provide the information	n required in Part L lin	a 2: Part III. column	(b): and any other a	dditional information	
irt I, Line 2:	Triequiled iiri ait i, iiri	e z, r art III, coluilli	(b), and any other at	dational information.	
es, we maintain every record to	substanti	ate the an	nount of it	s grants.	
igibility and selection criter	ria is dete	rmined by:	proposal	submission,	
etting against both national ar	nd internat	ional sand	ctions and	watch lists;	
cumentation of nonprofit statu	us, such as	proof of	tax-exempt	ion, bylaws,	
nd articles of incorporation; a	and, if a r	eturning a	applicant,	required	
arrative and financial reports	submitted	and accept	ed.		

SCHEDULE O (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

International Rivers Network

Employer identification number 94-3158295

Form 990, Part VI, Section B, line 11b:

The audit committee of the Board and all Board members and management will receive an electronic copy of the prepared Form 990 before it is filed with the IRS, and will have one week to review it before it is filed.

Form 990, Part VI, Section B, Line 12c:

The Organization requires all Board members to sign a statement annually declaring any conflict of interest, and excuse themselves from discussions and votes where such a conflict occurs. In the course of meetings or activities, all Board members and officers will disclose any interets in a transaction or decision where, to their knowledge, including their businesses or other nonprofit affiliations, their families and/or their significant other, employer, or close associates will receive a benefit or gain. After disclosure, the Board members will be asked to leave the room for the discussion and will not be permitted to vote on the question.

Form 990, Part VI, Section B, Line 15a:

Every 3-5 years, the Organization conducts a salary benchmarking review for all positions, including that of the Executive Director. The most recent review was in 2020 and implemented in 2021. The Organization purchased salary data for regions in which we have staff from an outside salary benchmarking firm, Birches. Management worked with Birches and an external HR consultant to translate that data to our organization's positions and set salary ranges for different levels of responsibility, cost of living in different geographies, etc. This process was approved by the Board prior to 2020.

The pay policy and salary data are used by senior management to evaluate salaries for all staff, except the Executive Director, on an annual basis. This same pay policy and salary comparability data is made available to the Board of directors to be used as a reference in its annual review of the Executive Director's compensation. Management recommends to the Board of directors a lump sum for salary increases as part of its budget recommendations and once approved, management distributes that lump sum among individuals based on its pay policy and the most recent salary comparability data.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: CA,AK,CO,CT,FL,HI,IL,MD,MA,MI,MN,NV,NJ,NM,NY,NC,OR,PA,RI,SC,VA,WA,WI,DC

Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policy, and financial statement are available to the public upon request.

Form 990, Part IX, Line 11g, Other Fees:

Other professional fees:

Program service expenses	222,580.
Management and general expenses	11,871.
Fundraising expenses	216.
Total expenses	234,667.
Total Other Fees on Form 990, Part IX, line 11g, Col A	234,667.

SCHEDULE R (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization International	Rivers Network				E	Employer identific 94-31582	cation no	umber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.		·			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		ts Direct c	(f) ect controlling entity	
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizatio	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or mo	ore related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) rect controlling entity	(g) Section 512(b)(controlled entity?	
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No
Fund for International Rivers - 20-4014735 344 20th Street Oakland, CA 94612	Support International River Network	California	501(c)(3)	Line 12a, I		rnational rs Network	X	

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34,	because it had one or r	nore related
art III	organizations treated as a partnership during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Diagrapartianeta		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	al or F ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l	tion b)(13) rolled tity?
		country) Of trusty		400010		Yes	No		
									
									
		10							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or	more	related organizations listed	I in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X			
b	Gift, grant, or capital contribution to related organization(s)				1b	X			
	Gift, grant, or capital contribution from related organization(s)				1c	X			
	Loans or loan guarantees to or for related organization(s)				1d	X			
	Loans or loan guarantees by related organization(s)				1e	X			
	•								
f	Dividends from related organization(s)				1f	X			
g	Sale of assets to related organization(s)				1g	X			
	Purchase of assets from related organization(s)				1h	X			
i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X			
Performance of services or membership or fundraising solicitations for related organization(s)									
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X			
0	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1 p	X			
	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r	X			
	Other transfer of cash or property from related organization(s)				1s	X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	nplete	this line, including covered	relationships and transaction thresholds.					
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount invo	olved				
1)									
2)									
3)									
4.									
4)			+						
E)									
5)			+						
6)									
6) 3216	63 10-23-24	3		Schedule R (Form 9	990) (Rev	1-2025)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispri	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partner	ownership
		country)	Sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(FORM 1065)	Yes N	0
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				Щ						$\sqcup \bot$	
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Schedule R	(Form 990) (Rev. 1-2025) International	Rivers	Network	94-3158295	Page 5
Part VII	Supplemental Information				
	Provide additional information for responses to ques	stions on Sche	edule R. See instructions.		
	-				