Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019

3 c	heck if	C Name of organization	D Employer identific	ation number					
	Addre								
	chang Name chang		 23-70071:	15					
	□Initial	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/sui							
	return _Final	2/2/ Territorial Pd Cte B	651-313-!						
	⊣return termir ated		G Gross receipts \$	1,192,919.					
	Amen return	St Paul, MN 55114	H(a) Is this a group re						
	Application	F Name and address of principal officer: Donald Davies	for subordinates						
	pendi	same as C above	H(b) Are all subordinates in	—					
I Tax-exempt status: X 501(c)(3) 501(c) ()									
		te:▶ www.freshwater.org	H(c) Group exemption						
		organization: X Corporation Trust Association Other ► L Ye	ar of formation: 1968 M	State of legal domicile: MN					
Pa	art I	Summary							
ģ	1	Briefly describe the organization's mission or most significant activities: Educating		ng people					
Activities & Governance		to value, conserve, and protect freshwater re							
ern	2	Check this box if the organization discontinued its operations or disposed of me	ore than 25% of its net as						
ઠ્ઠ	3	Number of voting members of the governing body (Part VI, line 1a)		15					
ૹ	4	Number of independent voting members of the governing body (Part VI, line 1b)		15					
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		16 24					
Ė	6	Total number of volunteers (estimate if necessary)		0.					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.					
	D	Net unrelated business taxable income from Form 990-T, line 39	Prior Year	Current Year					
Revenue	٥	Contributions and grants (Part VIII line 1h)	616,257.	709,130.					
	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	216,534.	32,160.					
Уe	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120,515.	52,218.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,315.	149,472.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,083,621.	942,980.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
ý	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	839,875.	779,151.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
çbe		Total fundraising expenses (Part IX, column (D), line 25) 133,924.							
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	399,965.	386,928.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,239,840.	1,166,079.					
		Revenue less expenses. Subtract line 18 from line 12	-156,219.	-223,099.					
Net Assets or Fund Balances			Beginning of Current Year	End of Year					
sser	20	Total assets (Part X, line 16)	5,522,750.	5,728,055.					
nde	21	Total liabilities (Part X, line 26)	69,828.	241,966.					
		Net assets or fund balances. Subtract line 21 from line 20	5,452,922.	5,486,089.					
	art II	Signature Block		Umanuladas and haliaf ikia					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and state of, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		knowledge and bellet, it is					
iue,	Correc	n, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	lei iias aily kilowieuge.						
Sign	_	Signature of officer	I Date						
Jigi Her		Donald Davies, Finance Director							
ICI	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid	j	Steven D. Anseth CPA Steven D. Anseth CPA	01/07/21 if self-employe	P00552219					
Prep	oarer	Firm's name Abdo, Eick & Meyers, LLP		41-1397419					
Use Only Firm's address 5201 Eden Avenue, Suite 250									
		Edina, MN 55436	Phone no. 952	2-835-9090					
Мау	the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

Page 2

Pa	Charle if Cahadula O agratina a vangenae avecta to agratina in this Dark III
1	Check if Schedule O contains a response or note to any line in this Part III
'	Briefly describe the organization's mission: Inspiring and empowering people to value and preserve our freshwater
	resources.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$\\$ 767,633. including grants of \$\\$
	The Freshwater Society is a MN based nonprofit organization that for
	more than 50 years has worked to educate and inspire people to value,
	conserve, and protect all freshwater resources. Its goals are to
	increase the education, awareness, and stewardship of citizens to reduce nonpoint pollution of our lakes, rivers, and streams and to
	increase conservation behavior to ensure sustainable water resources
	for generations to come. It works towards accomplishing those goals by
	a broad range of activities and programs designed to educate, inform,
	and engage citizens. It also advocates for state and local policies
	that optimize conservation, water use efficiency, water re-use, and
	prevention of nonpoint pollution.
4b	(Code:) (Expenses \$
	·
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 767,633.

Form 990 (2019) Freshwater Society 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)?	,	х	
2	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			_v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111	-21	
ıza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_	$\overline{\Omega}$	(0040)

Form 990 (2019) Freshwater Society
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
0.4	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>			
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	J 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included in 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			
	(gambling) winnings to prize winners?	1c	Х	

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 16							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C)	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ıthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		Х				
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots		5a		X				
b	, , , , , , , , , , , , , , , , , , , ,								
С	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	organization solicit							
	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	ns or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).			77					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi		7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		₩				
	to file Form 8282?	1	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х				
e	, , , , , , , , , , , , , , , , , , , ,								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?								
8									
Ŭ	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		8						
а	Did the annual size and size in the second s		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		10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	I1a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
		l1b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
		13b							
		13c	44		v				
14a			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratives payment(s) during the year?		45		Х				
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
10	If "Yes," complete Form 4720, Schedule O.		10						
	n 100, complete i em 4120, conocado o.								

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									
	<u> </u>		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15									
	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 15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	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										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	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.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	The Organization - 651-313-5810									
	2424 Territorial Rd Ste B, No. B, St Paul, MN 55114									

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated that the small state of the state of	stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Mike Hanson	1.00								_	
Chair	1 00	Х		Х				0.	0.	0.
(2) Valery Forbes	1.00	Į.,		\ \ \					_	_
Vice Chair	1 00	Х		Х				0.	0.	0.
(3) Ryan Godfrey	1.00	x		x				0.	0.	0.
Treasurer (4) Todd Bolin	1.00	^		^				0.	0.	<u></u>
Secretary	1.00	X		x				0.	0.	0.
(5) Wade Campbell	1.00	122							0.	
Director	1100	x						0.	0.	0.
(6) Ryan Hurt	1.00	 						•	•	
Director		x						0.	0.	0.
(7) Dave Leuthe	1.00									
Director		Х						0.	0.	0.
(8) Josephine Marcotty	1.00									
Director		X						0.	0.	0.
(9) Joan Nephew	1.00									
Director		Х						0.	0.	0.
(10) Zack Swanson	1.00									
Director		Х						0.	0.	0.
(11) Bill Weimer	1.00							_	_	_
Director		Х						0.	0.	0.
(12) Lisa Whalen	1.00	ļ								
Director	1 00	Х						0.	0.	0.
(13) Rick Bateson	1.00	١								_
Director (Former)	1 00	Х						0.	0.	0.
(14) Lili McMillan	1.00	١,,								•
Director (Former)	1 00	Х						0.	0.	0.
(15) Jeremy Duehr	1.00	x						0.	0.	^
Director (Former) (16) John Linc Stine	40.00	┝		_		\vdash		0.	<u> </u>	0.
(16) John Linc Stine Executive Director	40.00	1		x				98,654.	0.	0.
(17) Julie Fliflet	40.00	\vdash		┢		-		90,034.	· ·	·
Finance Director (Former)	40.00	1		х				112,333.	0.	5,000.
occoor of oo oo	1					<u> </u>		112,333.	<u></u>	Eorm 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any	(do box offi	not c , unle	Pos heck ss pe	Cosition eck more than one s person is both an a director/trustee)			(D) Reportable compensation from the	Reportable compensation from related organizations		an	(F) stimate nount of other spensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)	org an	om the anizati d relate anizatio	ion ed
(18) Don Davies	20.00									•	İ		^
Finance Director				Х				0.		0.	 		0.
											 		
1b Subtotal								210,987.		0.		5,0	00.
c Total from continuation sheets to Part V							>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	210,987.		0.	<u> </u>	5,0	00.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ie			1
Sompondation from the organization												Yes	No
3 Did the organization list any former officer,													Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								her compensation from			3		
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a	-				-		elat	ted organization or indiv	idual for services				Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J ī	or si	icn _i	pers	son .					5		
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir/		year.				
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	Ompe	ز) nsatior	า
2 Total number of independent contractors (i	-	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >				_	1						000 (

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 21,355. **b** Membership dues 1b 16,825. c Fundraising events 1c 1d d Related organizations 326,235. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 344,715 similar amounts not included above 1f 10,646. g Noncash contributions included in lines 1a-1f 1g \$ 709,130. h Total. Add lines 1a-1f ... **Business Code** 32,160. 900099 32,160. 2 a Registration Fees Program Service Revenue f All other program service revenue 32,160. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 58,573 58,573. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory _{7a} 146,449. **b** Less: cost or other basis Other Revenue 7ь 152,804. and sales expenses c Gain or (loss) 7c -6,355. -6,355.-6,355. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 16,825. of contributions reported on line 1c). See 4,600. Part IV, line 18 1,210. **b** Less: direct expenses _____ 3,390. 3,390. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns $|_{10a}|_{242,007}$ and allowances 10b 95,925. **b** Less: cost of goods sold 146,082. 146,082. c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 942,980. 178,242. 55,608. Total revenue. See instructions 12

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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		одропосо	gorroral expenses	одрогово
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	449,724.	267,917.	125,755.	56,052.
6	Compensation not included above to disqualified	110,7210	201,311.	123,733.	30,032.
0					
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	242,120.	144,224.	67,773.	30,123.
7	Other salaries and wages	444,14U•	177,444	01,113.	JU, 14J.
8	Pension plan accruals and contributions (include	24,173.	17,959.	5,463.	751.
_	section 401(k) and 403(b) employer contributions)	12,145.	7,167.	3,112.	1,866.
9	Other employee benefits	50,989.	29,695.	14,855.	6,439.
10	Payroll taxes	50,309.	43,033.	14,000.	0,439.
11	Fees for services (nonemployees):				
	Management	2 542		2 542	
b	Legal	3,542.		3,542.	
С	Accounting	9,600.	15 000	9,600.	
d	, , , , , , , , , , , , , , , , , , , ,	15,900.	15,900.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	100 664	100 006	F 400	4.4.205
	column (A) amount, list line 11g expenses on Sch 0.)	128,664.	108,936.	5,423.	14,305.
12	Advertising and promotion	1,285.	1,272.		
13	Office expenses	46,059.	32,240.	6,035.	7,784.
14	Information technology	6,734.	4,968.	1,135.	631.
15	Royalties				
16	Occupancy	48,944.	34,745.	7,276.	6,923.
17	Travel	10,054.	8,775.	366.	913.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,020.	9,910.	7,344.	1,766.
20	Interest				
21	Payments to affiliates				<u>-</u>
22	Depreciation, depletion, and amortization	24,783.	19,560.	2,676.	2,547.
23	Insurance	16,516.	11,735.	2,450.	2,331.
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	Program Events	46,287.	46,287.		
b	Miscellaneous	5,499.	3,936.	991.	572.
С	Memberships	4,041.	2,407.	713.	921.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,166,079.	767,633.	264,522.	133,924.
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)				
02201	0.01-20-20				Form 990 (2019)

Form 990 (2019) Part X Balance Sheet

		Chook if Cohodula Coantains a manager					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,840.	1	16,923.
	2	Savings and temporary cash investments			383,019.	2	524,239.
	3	Pledges and grants receivable, net			245,142.	3	129,820.
	4	Accounts receivable, net			2,765.	4	269.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
ξ	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			14,080.	8	31,887.
۲	9	Prepaid expenses and deferred charges			12,764.	9	14,598.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	109,168.			
	b	Less: accumulated depreciation		101,369.	32,582.	10c	7,799.
	11	Investments - publicly traded securities	4,816,258.	11	4,988,220.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	14,300.	15	14,300.		
	16	Total assets. Add lines 1 through 15 (must equ	5,522,750.	16	5,728,055.		
	17	Accounts payable and accrued expenses			69,828.	17	93,545.
	18	Grants payable		18			
	19	Deferred revenue		19	121.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
န	22	Loans and other payables to any current or form	ner offic	cer, director,			
ı≝		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	148,300.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			69,828.	26	241,966.
•		Organizations that follow FASB ASC 958, cho	eck her	e ▶ X			
č		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			5,230,784.	27	5,359,098.
I Ba	28	Net assets with donor restrictions		<u></u>	222,138.	28	126,991.
ŭ		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 📖			
Ä		and complete lines 29 through 33.					
ls o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e	quipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome,	or other funds		31	
Se	32	Total net assets or fund balances			5,452,922.	32	5,486,089.
	33	Total liabilities and net assets/fund balances .			5,522,750.	33	5,728,055.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,9				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,16 -22	<u>6,0</u>	<u>79.</u>			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	25	6,2	66.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Freshwater Society 23-7007115 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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		•	•			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	` ,	` ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	821,691.	940,382.	1221707.	616,257.	709,130.	4309167.
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	001 601	0.4.0 2.0.0	1001707	616 055	700 100	4200165
4	Total. Add lines 1 through 3	821,691.	940,382.	1221707.	616,257.	709,130.	4309167.
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,						701 700
_	column (f)						781,780. 3527387.
	Public support. Subtract line 5 from line 4.						332/30/.
	ndar year (or fiscal year beginning in)	(a) 201 <i>E</i>	(h) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
		(a) 2015 821,691.	(b) 2016 940,382.	(c) 2017 1221707.	(d) 2018 616, 257.	(e) 2019 709,130.	(f) Total 4309167.
	Amounts from line 4 Gross income from interest.	021,031.	J40,302.	12217071	010,237	705,1300	43031071
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	272.	160.	219.	13,257.	795.	14,703.
9	Net income from unrelated business				20,20,0	7551	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		6,650.				6,650.
11	Total support. Add lines 7 through 10						4330520.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,905,174.
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	81.45 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	77.31 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				-		
40	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1 <i>1</i> a, or 17b	o, check this box a	ana see instruction	s ▶∟

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.)

Section A. Public Support	low, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(-, -5.5	(-, 25.5	(-,	(-, 25.5	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(u) 2010	(5) 2010	(0) 2011	(4) 2010	(6) 2010	(i) rotal
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization	s first second thi	rd fourth or fifth t	ax vear as a secti	 on 501(c)(3) organi	zation
check this box and stop here	· ·			•		L
Section C. Computation of Public						
15 Public support percentage for 2019 (lin		<u> </u>	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves					,	70
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	% %
19a 33 1/3% support tests - 2019. If the c						
more than 33 1/3%, check this box an	-					▶ □
b 33 1/3% support tests - 2018. If the c						and
line 18 is not more than 33 1/3%, chec	•			·	•	
20 Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2019

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Pa	rt IV Supporting Organizations _(continued)			
44	Use the surrounding accorded a rift or contribution from any of the fallowing paragraph		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	•	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	1110		
	tion of Type I capperting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	L		
			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 in (2), 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		
	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 yea(see instruction).	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	o inaterration.	-1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	# IIISHUCHONS	Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zu		
5	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 (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions 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 1-1/2% 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 .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 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-functiona	lly integrate	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Conceded Will a service of the Legislation of the L
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Tax Refunds
2016 Amount: \$ 6,650.

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

-	Costion 501(a)(4) (5) or (6) organiza	tions: Complete Dort III			
	Section 501(c)(4), (5), or (6) organiza e of organization	tions: Complete Part III.		Fm	ployer identification number
	•	ter Society		-"	23-7007115
Pa	rt I-A Complete if the ord	janization is exempt und	er section 501(c)	or is a section 527	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect politica	al campaign activities i	n Part IV.	
Pa	rt I-B Complete if the org	janization is exempt und	er section 501(c)(3).	
1 2 3 4a b Pa 1 2 3	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made? If "Yes," describe in Part IV. TT I-C Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pre	incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 to a second by the filing organization for sec	er section 4955 ers under section 4955 for this year? er section 501(c), etion 527 exempt funct her organizations for section 507 po and on Form 1120-POL, by of all section 527 po a from the filing organizations a separate political organizations.	except section 50 ion activities ection 527 litical organizations to whation's funds. Also enter	Yes No Yes No 1(c)(3). \$ \$ Yes No No nich the filing organization the amount of political
	political action committee (PAC). If (a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990 or 990-EZ) 2019 I	reshv	vater	Society		23-7	7007115 Page 2	
Part II-A Complete if the orga	anizatio	n is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	lection under	
section 501(h)).							
A Check ► ☐ if the filing organizat	ion belong	s to an aff	liated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,	
expenses, and share		, ,	• ′				
B Check ► ☐ if the filing organizat	ion check	ed box A a	nd "limited control" pr	ovisions apply.		1	
		ying Expe eans amou	nditures ınts paid or incurred.	.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	ence publ	ic opinion (grassroots lobbying)				
b Total lobbying expenditures to influ	•	•	, ,,				
c Total lobbying expenditures (add lir				ī			
	d Other exempt purpose expenditures						
e Total exempt purpose expenditures							
f Lobbying nontaxable amount. Ente							
If the amount on line 1e, column (a) or			bying nontaxable am	1			
Not over \$500,000	` /		the amount on line 1e				
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.			
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc				
Over \$1,500,000 but not over \$17,0	000,000		00 plus 5% of the exce				
Over \$17,000,000		\$1,000,	•				
	•			•			
g Grassroots nontaxable amount (ent	ter 25% of	line 1f)					
h Subtract line 1g from line 1a. If zero	or less, e	nter -0					
i Subtract line 1f from line 1c. If zero	or less, er	nter -0					
j If there is an amount other than zer	o on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for this y	/ear?					Yes No	
(Some organizations th	at made a See	section 5 the separ	ate instructions for li	have to complete all ones 2a through 2f.)	of the five columns	below.	
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		1	
Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 Freshwater Society 23-700711 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	1 (a)	1 (1	o)
	e lobbying activity.	Yes	No		ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
•	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1	7,051.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?	Х		1 1	32.
j	Total. Add lines 1c through 1i		77	1	7,083.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	on 501/o	(5) or s	oction	
rai	501(c)(6).	011 30 1(C)	,(J), UI 3	SCHOIL	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			t III-A, lin	e 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
instr	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. ct II-B, Line 1, Lobbying Activities:	o list); Part I	I-A, lines 1	and 2 (see	
Liı	ne i other activities is for transportation (mileag	e/parl	king).		
Par	rt II-B, Affiliated Group Return Statement:				
Soc	ciety representatives meet with legislators, agency	staf	f, and	othe	r
100	cal units of government to discuss and influence le	gisla	tion a	ind/or	

Schedule C (Form 990 or 990-EZ) 2019 Freshwater Society	23-7007115 Page 4
Part IV Supplemental Information (continued)	
policies relevant to our strategic objectives.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Freshwater Society

Employer identification number 23-7007115

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ls or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised 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	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а			
b	,		
С	Number of conservation easements on a certified historic st		
d	()		I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization 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		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
_	S		O(I-)/(A)/(D)/()
8	Does each conservation easement reported on line 2(d) abo	•	
_	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 illiancial state	ments that describes the
Pai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Treasures or (Other Similar Assets
ı u	Complete if the organization answered "Yes" on Forn		Strict Chimai 7,000to.
12	If the organization elected, as permitted under FASB ASC 9		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina	, ,	•
h	If the organization elected, as permitted under FASB ASC 9		
_	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oxination, oddodaton, or research in rai	and and of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			1/200
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		3, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or C	ther	Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke sigr	nificant u	se of its		
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further the	he organization's	exemp	t purpos	e in Parl	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other si	milar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	he organization's co	ollection?			\square	Yes	X No
Pai	t IV Escrow and Custodial Arran							line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets	not inc	cluded			
	on Form 990, Part X?						\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year		1e						
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII				
Pai									
	·	(a) Current year	(b) Prior year	(c) Two years bad	k (d)	Three yea	ars back	(e) Four	years back
1a	Beginning of year balance	4,632,799.	4,204,429.	88,81	4.	8	2,022.		78,118.
	Contributions			4,032,63	0.				
	Net investment earnings, gains, and losses	145,139.	428,370.	82,98	5.		6,792.		3,904.
	Grants or scholarships	·		-					
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	4,777,938.	4,632,799.	4,204,42	9.	8	8,814.		82,022.
2	Provide the estimated percentage of the curr				I				
	Board designated or quasi-endowment	97.68	%	-,,					
	Permanent endowment 1.22	%							
	Term endowment ▶ 1.10 €								
·	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	•	ation that are held a	nd administered :	for the	organiza	tion		
-	by:	oolon or the organiza	tion that are from a	na daminiotoroa		organiza		Г	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?						-
4	Describe in Part XIII the intended uses of the							0.0	
÷	t VI Land, Buildings, and Equipm		William Carlas.						
	Complete if the organization answered		Part IV line 11a S	See Form 990 Pa	rt X lin	e 10			
	Description of property	(a) Cost or ot	· · · · · · · · · · · · · · · · · · ·			ımulated		(d) Book	. value
	bescription of property	basis (investm		1 -	-	ciation		(u) Doon	value
12	Land	<u> </u>	,						
	Buildings								
	Leasehold improvements		7	0,132.	7	0,13	$\frac{2}{2}$		0.
	Equipment			9,036.		$\frac{3,13}{1,23}$		-	7,799.
	Other		<u></u>	-,		_,	` 		, , , , , ,
	. Add lines 1a through 1e. (Column (d) must e		X column (B) line 1	(Oc.)				-	7,799.

(a) Decerin	Complete if the organization answered "Yes" ption of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		and of year market value
• •		(b) Book value	(c) Method of valuation: Cost or e	end-or-year market value
	al derivatives			
	held equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	h) must squal Form 000 Part V sol (P) line 12)			
	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
ait VIII	-	E 000 D 111/1	44 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and-of-year market value
(4)	(a) Description of investment	(b) DOOR VAIGE	(c) Wethod of Valuation. Cost of e	The of year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	b) must equal Form 990, Part X, col. (B) line 13.)			
	Opening the if the present attended to the second state of			
		on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)			11d. See Form 990, Part X, line 15.	(b) Book value
. ,			11d. See Form 990, Part X, line 15.	(b) Book value
(2)			11d. See Form 990, Part X, line 15.	(b) Book value
(2)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description = 15.)		-
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbrat X	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		-
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation X) (1) Fed (2)	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Coluu) Part X	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbia) (1) Fed (2) (3) (4)	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbiant X) (1) Fed (2) (3) (4) (5)	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column of the column of the colum	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X) (1) Fed (2) (3) (4) (5) (6) (7)	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columerat X) (1) Fed (2) (3) (4) (5) (6) (7) (8)	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation X) (1) Fed (2) (3) (4) (5) (6) (7) (8) (9)	amn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	e 15.)on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements				1,295,171
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	256,266.		
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	256,266
3	Subtract line 2e from line 1			3	1,038,905
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-95,925.		
С	Add lines 4a and 4b			4c	-95,925
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	942,980
D-	w VII Decemblication of Functions was Audited Financial Otatauses	\\/:+	b Everence new	D - 4.	

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,262,004.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	95,925.		
е	Add lines 2a through 2d			2e	95,925.
3	Subtract line 2e from line 1			3	1,166,079.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,166,079.

Part XIII Supplemental Information.

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

Part III, line 4:

One painting in the collection, done by Les Kouba for the organization, is hanging in the organization's building. The other pieces of artwork were donated to the organization, had been on display, but currently in storage.

Part V, line 4:

The Society's endowments consist of two funds: one fund established and restricted by a donor to provide support for student scholarship, educational programs for students, and the general support of the educational programs; and another fund established in the year ending June 30, 2018 consisting of unrestricted net assets designated for endowment

Part XIII | Supplemental Information (continued)

bythe Board of Directors. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Part X, Line 2:

The Society is organized as a Minnesota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3), qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi), and has been determined not to be a private foundation under Section 509(a)(1). The Society is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS.

In addition, the Society is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purposes. The Society has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business

Income Tax Return (Form 990-T) with the IRS.

The Society believes it has appropriate support for any tax positions taken affecting their annual filing requirements, and as such, do not have any uncertain tax positions that are material to the financial statements. The Society would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred. For federal tax purposes, the tax returns essentially remain open for possible examination for a period of three year after the date on which those returns are filed.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number Freshwater Society 23-7007115 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

23-7007115 Page 2 Schedule G (Form 990 or 990-EZ) 2019 Freshwater Society Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Ice Out Loon None (add col. (a) through In Gala col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 21,425 21,425. 16,825. 16,825. 2 Less: Contributions 4,600. 4,600. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1,210. 1,210. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 Freshwater Society 23-	7007	115	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		162	
	a The organization's facility	13a	l	%
	b An outside facility			/ 0
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
	Name ▶			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sum_{\text{quantum}}\$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[] ,	Yes	└── No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, Iir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	Freshwater	Society	23-7007115 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		<u> </u>

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Freshwater Society

Employer identification number 23-7007115

Form 990, Part VI, Section A, line 1:

The Board of Directors may designate an Executive Committee composed of at least three (3) officers and any additional individuals designated by the Board of Directors. The Executive Committee shall have the authority of the Board of Directors in the management of the business of this corporation in the interval between meetings of the Board of Directors, and the Executive Committee shall at all times be subject to the control and direction of the Board of Directors.

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

The return is reviewed by the Finance Director prior to

Board review. A copy of the Form 990 is provided to the Board and approved before it is filed.

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

All officers, directors, and key employees are required to sign a conflict of interest policy annually. The forms are reviewed and any items noted as conflicts are reviewed by the Board to determine if any restrictions need to be imposed on a person with a conflict, which would typically include a restriction from voting on matters related to the conflict.

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

Organization-wide practice is for compensation to be reviewed periodically with industry salary survey data and is commensurate with the position and experience of the individual. Annual reviews are conducted that are linked with changes in compensation. The Board of Directors annually reviews the

Name of the organization Freshwater Society	Employer identification number 23-7007115
Executive Director's performance and sets the Executive I	Director's
compensation. The process was last completed in 2020.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict	of interest
policy, and financial statements available to the public	upon request and
at the organization's discretion.	
Form 990, Part IX, Line 11g, Other Fees:	
IT Outsourcing:	
Program service expenses	8,496.
Management and general expenses	2,209.
Fundraising expenses	2,163.
Total expenses	12,868.
Content Developers:	
Program service expenses	14,246.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	14,246.
Other Contractors:	
Program service expenses	86,194.
Management and general expenses	3,214.
Fundraising expenses	12,142.
Total expenses	101,550.
Total Other Fees on Form 990, Part IX, line 11g, Col A	128,664.

Schedule O (Form 990 or 990-EZ) (2019)	Page		
Name of the organization Freshwater Society	Employer identification number 23-7007115		
Form 990, Part XII, Line 2c			
This process has not changed from the prior year.			