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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047 Open to Public

Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection 2016 A For the 2015 calendar year, or tax year beginning JUL 1, 2015and ending JUN 30, Check if applicable C Name of organization D Employer identification number Address change Freshwater Society Name change 23-7007115 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 2424 W Territorial Rd, Ste B 651-313-5800 1,897,215. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended St Paul, MN 55114 H(a) Is this a group return Applica F Name and address of principal officer: Steve Woods JYes Ϫ No for subordinates? pending same as C above H(b) Are all subordinates included? Tax-exempt status. X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ➤ www.freshwater.org H(c) Group exemption number ▶ Form of organization. X Corporation Association Other > L Year of formation: 1968 M State of legal domicile: MN Part | Summary Briefly describe the organization's mission or most significant activities: Educating and inspiring people Governance to value, conserve, and protect freshwater resources. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 14 Number of independent voting members of the governing body (Part VI, line 1b) ٠٥ 5 16 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 20 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year Prior Year** 785,643 821,691. Contributions and grants (Part VIII, line 1h) 59,650. 103,679. Program service revenue (Part VIII, line 2g) W. Sie Investment income (Part VIII, column (A), lines 3, 4, and Zd) 14,663. 10,842. Other revenue (Part VIII, column (A), lines 556d, 8c.,9c, 10c, and 11e)
Total revenue - add lines 8 through 11 (must equal Part VIII, column; (A), 149,532. 126,088. 009,488 062,300. 50,000 50,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 O. Benefits paid to or for members (Part IX, column (A), tine 4).

Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10) 651,776 658,701. 16a Professional fundraising fees (Part IX, column (A), line 11e) 61,361. **b** Total fundraising expenses (Part IX, column (D), line 25) 215,064 394,637. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 916,840. 103,338. 92,648. 41,038. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,230,618. ,267,896. 20 Total assets (Part X, line 16) 78,474.131,760. 21 Total liabilities (Part X, line 26) 152,144. 1,136,136. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ulle 1 Sign Julie Fliflet, Director of Finance & Admin. Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check 04/25/17 Paid Deb Nelson. CPA Deb Nelson, CPA P01264758 self-employed ▶ Eide Bailly LLP Preparer 45-0250958 Firm's name Firm's EIN Use Only Firm's address 800 Nicollet Mall, Ste. 1300

Minneapolis, MN 55402-7033

May the IRS discuss this return with the preparer shown above? (see instructions)

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Phone no.612-253-6500

X Yes Form **990** (2015)

	990 (2015) Freshwater Society	23-7007115 Page 2
Pai	rt III   Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Bnefly describe the organization's mission:	<del></del>
•	The mission of Freshwater Society is to promote the con	servation.
	protection, and restoration of all freshwater resources	
	proceeding, and restolation of all freshwater resources	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗶 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	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and
	revenue, if any, for each program service reported.	•
4a	(Code ) (Expenses \$ 843,611. including grants of \$ 50,000.) (Rever	nue\$ 231,882.)
	The Freshwater Society is a MN based nonprofit organiza	
	more than 40 years has worked to educate and inspire pe	
	conserve, and protect all freshwater resources. Its goa	
	increase the education, awareness, and stewardship of c	
	reduce nonpoint pollution of our lakes, rivers, and str	
	increase conservation behavior to ensure sustainable wa	ter resources
	for generations to come. It works towards accomplishing	those goals by
	a broad range of activities and programs designed to ed	
	and engage citizens. It also advocates for state and lo	
	that optimize conservation, water use efficiency, water	re-use, and
	prevention of nonpoint pollution.	
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
		<del></del>
	<del></del>	
	·	
4c	(Code) (Expenses \$) (Rever	nue \$)
		<del></del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ Including grants of \$ ) (Revenue \$	
<u>4e</u>	Total program service expenses ► 843,611.	
50000		Form <b>990</b> (2015)

om Par	990 (2015) Freshwater Society 23-700 t IV   Checklist of Required Schedules	7115	Р	age 3
	- 1-   Olivoralist of Hodgings contouries		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	110
	If "Yes," complete Schedule A	1	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effectioning the tax year? If "Yes," complete Schedule C, Part II		х	
_	- · · · · · · · · · · · · · · · · · · ·	1-3	╁╼╾	╁─
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		X
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	/ 6		X
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	<u> </u>	X
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	<u>                                    </u>	† —	† <del></del>
3	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanen		<del>                                     </del>	<del> </del> -
.0	endowments, or 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, VIII, IX, or X	- [	ļ	ļ
	as applicable.	1.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- [		1
	Part VI	11a	X	<u> </u>
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ł	}	\
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ľ	Ï	İ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	↓	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ł	}	1
	Schedule D, Parts XI and XII	12a	X	<u>↓</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	]	]	1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	↓	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
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	<del> </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
40	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	- 1	1	1

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1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2015) Freshwater Society

Part IV Checklist of Required Schedules (continued)

			Yes	No
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 19 if "Yes," complete Schedule I, Parts I and II	21	X	
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		ļ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		Ì '	x
00	Schedule L, Part I	25b	<del></del>	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1	\	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	2		x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<del></del>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		İ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<del></del>	_	
	instructions for applicable filing thresholds, conditions, and exceptions)			1 ;
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L_	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		۱	
	Part V, line 1	34	X	Ь
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
þ	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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
<u>.</u>	If "Yes," complete Schedule R, Part V, line 2	36	<b>Ļ</b>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	₩-	X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X	
	Note. All Form 990 filers are required to complete Schedule O	38		(2015)
		LOLL		(4013)

	Check if Schedule O contains a response or note to any line in this Part V				$\Box$
	<del></del>	-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 <sub>a</sub>   22		103	-100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
_	(gambling) winnings to prize winners?		1c	X	
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			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		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?	-'	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		X
b	If "Yes," enter the name of the foreign country: ▶	ŕ			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_ X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		X
c	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	ne 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	tions or gifts			
	were not tax deductible?		6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			l
	to file Form 8282?		7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		l		<sub>-5</sub> .
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	├	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	<del> </del> -	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fig. 1.	•	7g	-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplan		7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		ł	
_	sponsoring organization have excess business holdings at any time during the year?		8		├
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a	1	1
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	<del> </del>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:		30	-	-
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		}	1
11	Section 501(c)(12) organizations. Enter	<del></del>	1	l	
а	Gross income from members or shareholders	11a	Ì		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		1	ļ	ļ
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	12a		1
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.		<u></u>		<u> </u>
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	
	organization is licensed to issue qualified health plans	13b	1	1	ì
c	Enter the amount of reserves on hand	13c			<u> </u>
14a	• • • • • • • • • • • • • • • • • • • •		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		<u> </u>
			Forn	n <b>990</b>	(2015

23-7007115 Page 6 Form 990 (2015) Freshwater Society 23-7007115 Page 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 in 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>							
					Y	es	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	]	14	1					
	If there are material differences in voting rights among members of the governing body, or if the governing				1	- 1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	]			ı	ļ				
b										
2										
	officer, director, trustee, or key employee?		,	2	1	1	$\bar{\mathbf{X}}$			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervision			T				
	of officers, directors, or trustees, or key employees to a management company or other person?			3	ì	1	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		$\neg$	X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		П	X			
6	Did the organization have members or stockholders?			6		ヿ	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			T				
	more members of the governing body?			78	.		X			
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	Г		П				
	persons other than the governing body?			71	,	ı	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:							
а	The governing body?			8	בֿוֹן בּ	K [	·			
b	Each committee with authority to act on behalf of the governing body?			8	7	K				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the		T	Ī				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9			<u> </u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue	e Code )							
					Y	es	No			
10a	Did the organization have local chapters, branches, or affiliates?			10	a	$\perp$	<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,	1						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form	? <u>  11</u>	a   2	K				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				١.	_				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12		<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		•	12	<b>b</b> 2	K				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe	-	١.	_				
	ın Schedule O how this was done			12		K				
13	Did the organization have a written whistleblower policy?		• •	1:	_	K				
14	Did the organization have a written document retention and destruction policy?			1	1 2	<u> </u>				
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent			- 1				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	١,	ا ج	١			
a	The organization's CEO, Executive Director, or top management official		<del></del>	15	_	X	<del></del>			
р	Other officers or key employees of the organization		-	15	₽	+	<u> </u>			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a	١.,	. 1	1	v			
	taxable entity during the year?			16	<u>a</u>  -	-+	<u> </u>			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th		•			ı				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n s	16	_	- [				
Sec	exempt status with respect to such arrangements? tion C. Disclosure		<del></del>	1 10	<u>u  </u>					
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 (or 1024 if applicable), 990, and 990-	F (Sect	ion 501(c)(3)s on	IV) ava	lable					
	for public inspection. Indicate how you made these available. Check all that apply	. 10501	30 1 (0)(3)3 01	iij, avdi	auit					
	Own website Another's website X Upon request Other (explain	un Sci	hedule (O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			and fir	ancia	ıl				
	statements available to the public during the tax year.			J. 10 III	ع. ان ان					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records:							
	Julie Fliflet - 651-313-5800									
	2424 Territorial Rd Suite 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and Title	Average		not c	heck		than		Reportable	Reportable	Estimated
	hours per week					ıs bot or/trus		compensation from	compensation from related	amount of other
	(list any	į						the	organizations	compensation
	hours for	all Ju				Eg.	ļ	organization	(W-2/1099-MISC)	from the
	related	stee (	truste			bensa	ľ	(W-2/1099-MISC)		organization
	organizations below	la E	ponal		ploye	t com	١.			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу еп	Highest compensated employee	Former			organizations
(1) Rick Bateson	1.00									
Chair	1.00	Х		X	L	L		0.	0.	0.
(2) Lisa Whalen	1.00		1		1	1	Ì	)	_ 1	
Vice Chair	1.00	X		X		L	<u> </u>	0.	0.	0.
(3) Corrine Ricard	1.00				İ		Ì	)		
Treasurer	0.00	X		X	<u> </u>	┝.	<u> </u>	0.	0.	0.
(4) Paige Winebarger	1.00	,,		7.5		ŀ			1	•
Secretary	0.00	X	Н	X	┡	⊬	<u> </u>	0.	0.	0.
(5) Julie Blackburn	1.00	x				1		0.	0.	0.
Director (6) Todd Bolin	1.00	^	$\vdash$		-	├	-		ļ	
Director	0.00	x				l		0.	0.	0.
(7) Blyth Brookman (thru Aug)	1.00	<u> </u>	$\vdash$		$\vdash$	╁	-		ļ	
Director	1.00	x			l			0.	0.	0.
(8) Kent Carlson	1.00	<del> </del>			T	t	-			
Director	1.00	х					1	0.	0.	0.
(9) Robert Elde (thru Aug)	1.00									
Director	0.00	X					ļ _	0.	0.	0.
(10) Valery Forbes	1.00									
Director	0.00	X				<u></u>		0.	0.	0.
(11) Stu Grubb (thru Aug)	1.00									
Director	0.00	Х			L	<u> </u>	<u>L</u>	0.	0.	0.
(12) Mike Hanson	1.00	]	Ì	Ì	Ì	Ì		1		
Director	0.00	X		Ļ.,	L	<u> </u>	L	0.	0.	0.
(13) Ryan Hurt	1.00									
Director	0.00	X	<u> </u>	L	┞	ļ	▙	0.	0.	0.
(14) Jim Manolis	1.00	X			ŀ	l		0.		0.
Director (15) Lili McMillan	1.00	₽	$\vdash$	<u> </u>	⊢	╀	⊢	ļ	0.	<u> </u>
Director	0.00	x		ĺ				0.	0.	0.
(16) Darby Nelson (thru Aug)	1.00	₽	$\vdash$	<del> </del>	╁	╀	╁	<del>                                     </del>	ļ	
Director	0.00	x					ĺ	0.	0.	ο.
(17) Joan Nephew	1.00	宀	一	<u> </u>	$\vdash$	+	╁	† <del>``</del>	<del> </del>	<del></del>
Director	0.00	x		•	1	1	ļ	0.	0.	0.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated Revenue excluded from tax under sections 512 - 514 Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 10,285 1b **b** Membership dues 51,923. c Fundraising events 1c 220,000. d Related organizations 1d 383,234 1e e Government grants (contributions) f All other contributions, gifts, grants, and 156,249 similar amounts not included above 18,393 g Noncash contributions included in lines 1a-1f \$ 821,691. h Total. Add lines 1a-1f Business Code 65,055. 65,055 900099 2 a Registration Fees Program Service Revenue Service Fee Revenue 900099 32,629. 32,629. 5,995. 5,995. 900099 All other program service revenue 103,679. Total. Add lines 2a-2f Investment income (including dividends, interest, and 272. 272. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ıi) Other 7 a Gross amount from sales of 706,017. assets other than inventory b Less: cost or other basis 783 694,664 and sales expenses -783. 11,353. c Gain or (loss) 10,570. 10,570. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 51,923. of including \$ contributions reported on line 1c) See 33,460. Part IV, line 18 35,575. b Less: direct expenses -2,115. -2,115. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 232,096. and allowances ь 103,893. b Less cost of goods sold 128,203. 128,203. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 0. 062,300. 231,882. 8,727. 12 Total revenue. See instructions.

# Form 990 (2015) Freshwater Society Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	50,000.	50,000.		
2	Grants and other assistance to domestic				ı
	individuals. See Part IV, line 22				······································
3	Grants and other assistance to foreign				r
	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,	220 157	114 107	06 1122	10 000
	trustees, and key employees	229,157.	114,197.	96,733.	18,227.
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	262 200	200 602	22 401	00 004
7	Other salaries and wages	363,388.	309,693.	33,421.	20,274.
8	Pension plan accruals and contributions (include	, ,,,	0 014	400	200
	section 401(k) and 403(b) employer contributions)	9,509.	8,911.	199.	399. 1,135.
9	Other employee benefits	16,799.	14,659.	1,005.	1,135.
10	Payroll taxes	39,848.	30,350.	6,682.	2,816.
11	Fees for services (non-employees):			-	
а	Management			1 000	
b	Legal	2,089.	263.	1,826.	
	Accounting	11,995.	2 220	11,995.	
	Lobbying	3,230.	3,230.	-	
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	94,430.	01 050	2 220	240
	column (A) amount, list line 11g expenses on Sch O.)	2,531.	91,952. 2,531.	2,238.	240.
12	Advertising and promotion	50,447.	39,992.	6,218.	4,237.
13	Office expenses	62,357.	37,421.	19,885.	5,051.
14	Information technology	02,337.	37,421.	13,003.	5,051.
15	Royalties	40,322.	28,662.	6,454.	5,206.
16	Occupancy	9,831.	8,370.	1,132.	329.
17	Travel	9,031.	8,370.	1,132.	349.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	12,237.	7,258.	4,533.	446.
19 20	Conferences, conventions, and meetings Interest	12,23/1	,,230.	=,,,,,,,	440.
21	Payments to affiliates		·- ·		<del></del>
22	Depreciation, depletion, and amortization	15,843.	11,275.	2,520.	2,048.
23	Insurance	5,752.	4,093.	916.	743.
24	Other expenses. Itemize expenses not covered			7.0	, 25
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			:	1
а	Program Events	75,158.	75,158.		
b		, -			
c					
d					
	All other expenses	8,415.	5,596.	2,609.	210.
25	Total functional expenses. Add lines 1 through 24e	1,103,338.	843,611.	198,366.	61,361.
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)				
	······································				5 000 (0015)

		Check if Schedule O contains a response or note to any line in this Part X	<del></del>		
_		· <u></u>	(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing	452 000	_1_	120 242
2		Savings and temporary cash investments	453,089.	_2_	138,342
3	3	Pledges and grants receivable, net	123,393.	3_	340,222
4	4	Accounts receivable, net	7,651.	4_	38,610
5	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			-
l		Part II of Schedule L		5	
6	6	Loans and other receivables from other disqualified persons (as defined under	•		
ŀ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6_	
7	7	Notes and loans receivable, net		7_	
8	В	Inventories for sale or use	10,640.	8_	25,580
9	9	Prepaid expenses and deferred charges	5,635.	9	4,57
10	0a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 89,030			
	b	Less. accumulated depreciation 10b 23,134		10¢	65,89
11	1	Investments - publicly traded securities	619,015.	11	654,66
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	investments - program-related See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11		15	
16	6	Total assets. Add lines 1 through 15 (must equal line 34)	1,230,618.	16	1,267,89
17	7	Accounts payable and accrued expenses	62,094.	17	95,029
18	В	Grants payable		18	
19	9	Deferred revenue	16,380.	19	36,73
20	0	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	2	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
23	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24) Complete Part X of			
1		Schedule D		25	
26	6	Total liabilities. Add lines 17 through 25	78,474.	26	131,76
Т		Organizations that follow SFAS 117 (ASC 958), check here			
		complete lines 27 through 29, and lines 33 and 34.	]		
27	7	Unrestricted net assets	905,026.	27	1,000,52
28	8	Temporarily restricted net assets	188,743.	28	77,23
29	9	Permanently restricted net assets	58,375.	29	58,37
1		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
30	0	Capital stock or trust principal, or current funds		30	1
3.		Paid-in or capital surplus, or land, building, or equipment fund		31	
1 -		Retained earnings, endowment, accumulated income, or other funds		32	
32					
32		Total net assets or fund balances	1,152,144.	33	1,136,130

orm	990 (2015) Freshwater Society	23-	7007	115	Pag	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets					$\equiv$
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,06	2,3	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,10	3,3	<u>38.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,15		
5	Net unrealized gains (losses) on investments	5		2:	5,0	30.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	,13	6,1	<u>36.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	-				<u></u>
					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	e O.			-	- '- ت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	ļ			
	separate basis, consolidated basis, or both		ļ			:
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		X	
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b		<del></del> -
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	,			
	consolidated basis, or both:					,
	Separate basis Consolidated basis Both consolidated and separate basis					;
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			X	
	review, or compilation of its financial statements and selection of an independent accountant?			2c		├─
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					'
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Au	art		-	X
	Act and OMB Circular A-133?			3a		<del>  ^-</del>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	urea au	JIC	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	990	(2015)
				rom	JJU	(2015)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization **Employer identification number** 23-7007115 Freshwater Society 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 11, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 🔟 Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

# Schedule A (Form 990 or 990-EZ) 2015 Freshwater Society 23-70071 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.)

Sed	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received (Do not		:									
	ınclude any "unusual grants ")	699,466.	771,509.	914,273.	785,643.	821,691.	3992582.					
2	Tax revenues levied for the organ-											
	ızatıon'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	600-466	994 500	044 053	705 643	004 604	2000500					
	Total. Add lines 1 through 3	699,466.	771,509.	914,273.	785,643.	821,691.	3992582.					
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,						1004160					
	column (f)	<u> </u>					1874167.					
	Public support. Subtract line 5 from line 4				l	<u> </u>	2118415.					
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		<del>_</del>							
	ndar year (or fiscal year beginning in)	(a) 2011 699, 466.	(b) 2012 771,509.	(c) 2013 914, 273.	(d) 2014 785,643.	(e) 2015 821,691.	(f) Total 3992582.					
	Amounts from line 4	099,400.	771,509.	914,2/3.	705,043.	021,031.	3994364.					
8	Gross income from interest,											
	dividends, payments received on	ļ										
	securities loans, rents, royalties	7 202	9,949.	10,791.	10,467.	272.	38,872.					
_	and income from similar sources	7,393.	9,949.	10,791.	10,40/.	4/4.	30,072.					
9	Net income from unrelated business	ļ					:					
	activities, whether or not the											
	business is regularly carried on		<u>.                                    </u>		<del> </del>	- · · · · · · · · · · · · · · · · · · ·						
10	Other income Do not include gain											
	or loss from the sale of capital											
4.	assets (Explain in Part VI.)						4031454.					
	Total support. Add lines 7 through 10	ata (asa maturat			<u> </u>	12 1	,760,058.					
	Gross receipts from related activities,	•	•	ed founds or fifth to	ov veet ee e eestie		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
10	First five years. If the Form 990 is for organization, check this box and stop	=	s iirst, second, tiiir	a, lourer, or mark	ax year as a sectio	11 30 1(0)(3)	ightharpoonup					
Se	ction C. Computation of Pub		rcentage			-						
	Public support percentage for 2015 (			column (fl)		14	52.55 %					
	Public support percentage from 2014		-	, , , , , , , , , , , , , , , , , , ,		15	42.05 %					
	33 1/3% support test - 2015. If the	•		n line 13, and line	14 is 33 1/3% or n							
•••	stop here. The organization qualifies	•			7 7 10 00 17070 07 11		<b>▶</b> X					
	33 1/3% support test - 2014. If the		•		l line 15 is 33 1/3%	or more check ti	-					
•	and stop here. The organization qua	_					<b>▶</b> □					
17:	10% -facts-and-circumstances tes	• •			e 13, 16a, or 16b, a	and line 14 is 10%	or more.					
	and if the organization meets the "fac	-										
	meets the "facts-and-circumstances"				•	ga	<b>▶</b>					
ŀ	10% -facts-and-circumstances tes	J	•			17a, and line 15 is	10% or					
	more, and if the organization meets to	_										
	organization meets the "facts-and-cire				-							
18	Private foundation. If the organization		-				ns 🕨					
						dule A (Form 990						

# Schedule A (Form 990 or 990-EZ) 2015 Freshwater Society Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	low, please com	piete i divii)	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	\.\/	, , , , , , , , , , , , , , , , , , , ,				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u> </u>	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
0	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(4)2011	(2) 23.2	(0/=0.0	(-/,	1 (-/	
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here		·				▶□
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2015 (li	ne 8, column (f) o	divided by line 13,	column (f))		15	%
						16	%
<u>Se</u>	ction D. Computation of Inves	tment Incom	ne Percentage				· <u>-</u> -
17	Investment income percentage for 20	<b>15</b> (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2015. If the						17 is not
	more than 33 1/3%, check this box ar	-	-				. <b>-</b> -
1	o 33 1/3% support tests - 2014. If the						
_	line 18 is not more than 33 1/3%, che					-	
20	Private foundation. If the organizatio	n did not check a	a box on lin <u>e 14, 19</u>	a, or 19b, check	tnis box and see ii	nstructions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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?
- 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 (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		_ ,
	За		
	3b		
	3c		
	4a		
	4b	-	
	-		,
	4c		
	5a		
	_ 5b		~ ~
	5c		
	6		
	7		,
	8		
	9a		
	9b		
	9c		
	10a		
. 0	10b 90 or 99	0-F7	2015

	emer	gency temporary reduction (see instructions)	6			
7		Check here if the current year is the organization's first as a non-functionally-	ıntegr	ated Type I	III supporting org	anization (see
		instructions)				

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2015

1

2

3

4

5

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2015 Freshwater So	ciety		3-7007115 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga		
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	empt purposes	·	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		_
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5_	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI). See instructions.			
<u>7_</u>	Total annual distributions. Add lines 1 through 6.			<u> </u>
8	Distributions to attentive supported organizations to which to	he organization is responsive	)	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
<u>-</u>	Underdistributions, if any, for years prior to 2015			
~	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
_ <u>~</u>				<u> </u>
<u>_</u>				,
	1			
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount		-	
_ <u>i</u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7:\$			
	Applied to underdistributions of prior years			ļ
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.		·	
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
<del>-</del>	instructions).  Excess distributions carryover to 2016. Add lines 3			
7	and 4c.			
8	Breakdown of line 7:	<del></del>		<del> </del>
_ <del>o</del>				
_ <u>_</u> _b				<u> </u>
	Excess from 2013			†
_	Excess from 2014			T
				<del></del>

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 Freshwater Society	23-7007	115 Pag	ge <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a-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 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	or 17b; Part III, Im 1 and 2; Part IV, V, Section B, line	e 12, Section C,	
			<del></del> .	
	<del></del>		<del></del>	
	<del></del>			
	<del></del>			
			<del></del>	
			<del></del> -	
			<del></del>	
•		<del></del>		
			<del></del>	
	<del></del>	· ·		

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### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2015

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.				
Nan	ne of organization			E	Emplo	yer identification number
		ter Society				23-7007115
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 52	27 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	cal campaign activities		<b>▶</b> \$_	
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).		<del></del>
1	Enter the amount of any excise tax				<b>▶</b> \$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4958	5	<b>&gt;</b> \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		_	Yes No
48	a Was a correction made?					Yes No
	If "Yes," describe in Part IV.					
Pέ	art I-C Complete if the org	ganization is exempt und	ler section 501(c)	, except section 5	501(c	e)(3)
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities	▶\$.	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527		
	exempt function activities				▶\$_	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POL		_	
	line 17b				▶\$	
	Did the filing organization file Form					Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organi a separate political org	ization's funds. Also ent ganization, such as a se	ter the	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	<del> </del>		<u> </u>			

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 FTC Part II-A   Complete if the organiz	ation is eve	mpt under section	on 501 (c)(3) and file	43- ad Form 5768 /	election under
section 501(h)).	audii is exe	mpt under section	ni so i (c)(o) and m	54 1 07111 07 00 (	
A Check ► ☐ if the filing organization b	elongs to an af	filiated group (and list i	n Part IV each affiliated	group member's na	me, address, FIN.
expenses, and share of e	•		.,, a,t,, casi, a,i,iais	g	,,,
B Check ▶ ☐ If the filing organization c		•	ovisions apply.		
Limits on	Lobbying Expe	enditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditure	s" means amo	unts paid or incurred.	.)	totals	
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)		[		
d Other exempt purpose expenditures			,		
e Total exempt purpose expenditures (add	d lines 1c and 1	d)			
f Lobbying nontaxable amount Enter the	amount from th	ne following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) i	S: The lol	bbying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e	).		
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	0 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	00 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-		)		
i Subtract line 1f from line 1c If zero or le	ss, enter -0-		Į		
j If there is an amount other than zero on	either line 1h oi	r line 11, did the organiz	zation file Form 4720		
reporting section 4911 tax for this year?					Yes No
(Come augminations that w		eraging Period Under	• •	of the five columns	halaw
(Some organizations that m		so i(n) election do not rate instructions for li	•	or the five columns	below.
		enditures During 4-Ye		_ <del></del>	
<del></del>	Lonnying Expe	martares burning 4- re	Averaging Feriou		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	<del> </del>	ļ	<u> </u>		<del></del>
c Total lobbying expenditures		<del> </del> -			<del> </del>
d Grassroots nontaxable amount					
e Grassroots ceiling amount		†			<del> </del>
(150% of line 2d, column (e))		Ì			
(12210 01 1110 22), 00121111 (0))		1	<del>                                     </del>		<del> </del>
f Grassroots lobbying expenditures		<u> </u>			

# Schedule C (Form 990 or 990-EZ) 2015 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	(	a)	(t	)
of the	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		1_ 1		
а	Volunteers?		X		•
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	<u> </u>		
C	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		220
g		X			3,230.
h			X		
i	Other activities?				220
j	Total. Add lines 1c through 1i		X		3,230.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<del> </del>		
	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)(4).	on 501/c	(5) or se	ction	
1 41	501(c)(6).	011 00 1(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Clion	
	001(0)(0).	<del></del>		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	-	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	t III-B   Complete if the organization is exempt under section 501(c)(4), section	on 501(c	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."	_			
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).		1 .		
а	Current year		2a		
b	Carryover from last year		2b_		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4_		
	Taxable amount of lobbying and political expenditures (see instructions)	<u>-</u> .	5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	p list); Part l	II-A, lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
Pai	rt II-B, Line 1, Lobbying Activities:				
Soc	ciety representatives meet with legislators, agency	staf	f, and	other	<u>r</u>
100	cal units of government to discuss and influence le	gisla	tion a	nd/or	
po:	licies relevant to our strategic objectives.				

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Freshwater Society

Employer identification number 23-7007115

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
_		(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 v	writing that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
_	for charitable purposes and not for the benefit of the donor o	5 5	•
	impermissible private benefit?	,	Yes No
Par		anization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	· —	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ire
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	plic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment		I gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
_ b	Assets included in Form 990, Part X		<b>▶</b> \$

		ter Societ						<u>07115</u>	
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or (	Other	Simila	<u>ır Asse</u>	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ar	e a sigr	nificant u	ise of its	collection	tems
	(check all that apply)								
а	Public exhibition	d	Loan or excl	hange programs	,				
þ	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	s exemp	ot purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other s	ımılar a	ssets		_	
	to be sold to raise funds rather than to be ma							Yes	No No
Par	J		ete if the organization	n answered "Ye	s" on Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	is the organization an agent, trustee, custode	an or other intermed	liary for contribution	s or other asset	s not in	cluded		7	
	on Form 990, Part X?						L	」Yes	U No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
						1		Amount	
C	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo		•		-	?	L-	∐ Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII						·		<u> </u>
Pai	t V Endowment Funds. Complete r						ann bank		ann barl
	Danish a factor to large	(a) Current year 78,118.	(b) Prior year 77,459.	(c) Two years ba		i filree y	ears back	(e) Four y	ears back
	Beginning of year balance	70,110.	77,439.	73,0	-				
b	Contributions	3,904.	659.	2.4	50				
ب 2	Net investment earnings, gains, and losses	3,304.	033.		-				
	Grants or scholarships				_				
е	Other expenditures for facilities				-				
	and programs			<del></del> -	+				
	Administrative expenses End of year balance	82,022.	78,118.	77,4	59				
9 2	Provide the estimated percentage of the curr				33.1			<u> </u>	
a	Board designated or quasi-endowment	• 00	%	i)) Held as.					
	Permanent endowment > 71.70	<u> </u>							
		8.30 %							
Ŭ	The percentages on lines 2a, 2b, and 2c sho	<del></del> `							
За	Are there endowment funds not in the posse		ation that are held a	nd administered	for the	organiz	ation		
	by					- J-		- Fy	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ient.		-					
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a S	See Form 990, P	art X <u>,</u> lın	ie 10.	_		
	Description of property	(a) Cost or o basis (investr		or other (other)		umulate eciation	d	(d) Book	value
1a	Land								
b	Buildings								
C	Leasehold improvements			0,132.		3,07		57	,057.
d	Equipment		1	8,898.	1	0,0	59.	8	,839.
<u>e</u>	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	(0c)			ightharpoons	65	,896.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2015 Freshwater Society		23-	7007115	Page 4		
Par	XI   Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	letur	1.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total revenue, gains, and other support per audited financial statements			1,054,	701.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 05 000					
	Net unrealized gains (losses) on investments	2a 25,030.	4				
	Donated services and use of facilities	2b	4 {				
	Recoveries of prior year grants	2c -32,629.	-				
	Other (Describe in Part XIII.)	2d -32,629.	ا ۱	-7	599		
	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	-7, 1,062,	300.		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1	1,002,	3000		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)	4b	1 1				
	Add lines 4a and 4b		4c		0.		
-	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,062,	300.		
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		_				
1	Total expenses and losses per audited financial statements		1	1,070,	709.		
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	1 1				
С	Other losses	2c	]				
	Other (Describe in Part XIII.)		4		•		
	Add lines 2a through 2d		2e	1 070	700		
_	Subtract line 2e from line 1		3	1,070,	, 709.		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 32,629	-				
	Other (Describe in Part XIII.)	4b 32,629		32	629.		
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c	1,103	338.		
	t XIII Supplemental Information.				7000		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I	V. lines 1b and 2b; Part V. line	4: Part	X. line 2. Part )	 KI.		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit		.,	_,	,		
Par	t V, line 4:						
The	Society's endowment consists of one fund	established to	pro	<u>vide</u>			
		_		_	-		
sup	port for student scholarships, educational	programs for a	tud	ents and	<u> </u>		
<u>. 1</u>							
tne	general support of the educational progra	ims.					
		- <del></del>					
Dar	t X, Line 2:						
Fal	t A, lille 2:						
The	Society is organized as a Minnesota nonpr	ofit corporation	nn a	nd has l	neen		
	bootedy to organized as a mimosoca nonpr	oric corporació	<u> </u>	114 1145 2			
rec	ognized by the Internal Revenue Service (I	RS) as exempt i	rom	federal	L		
	<u> </u>						
inc	ome taxes under Section 501(a) of the Inte	ernal Revenue Co	ode	as an			
org	organization described in Section 501(c)(3), qualifies for the charitable						
cor	tribution deduction under Section 170(b)(1	(A)(vi), and $A$	nas_	been			
determined not to be a private foundation under Section 509(a)(1). The							

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Schedule D (Form 990) 2015

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.

Part XI, Line 2d - Other Adjustments:

Fdtn Service fee expenses netted on financial statements

but not Form 990 -32,629.

Part XII, Line 4b - Other Adjustments:

Fdtn Service fee expenses netted on financial statements

but not Form 990 32,629.

### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

OMB No 1545-0047

Open to Public

Information	about Schedule G (Form 990 or 990-EZ)	and its	instru	ictions is at www.irs.g	gov/form990.	Inspection
Name of the organization			_		Employer	identification number
Freshwa	ter Society				23-70	<u>07115</u>
Part I Fundraising Activities required to complete this pa	5. Complete if the organization answert.	ered "Y	es" or	Form 990, Part IV,	line 17 Form 99	0-EZ filers are not
1 Indicate whether the organization rai	sed funds through any of the following	ng acti	/rties.	Check all that apply		
a Mail solicitations	· · · -	-		overnment grants		
<b>b</b> Internet and email solicitation				nment grants		
c Phone solicitations	g 🔲 Special		-			
d In-person solicitations			•			
2 a Did the organization have a written	or oral agreement with any individual	(includ	ding of	fficers, directors, trus	stees or	
key employees listed in Form 990, I	Part VII) or entity in connection with p	rofess	onal f	undraising services?	· 🗀	Yes 🔲 No
b If "Yes," list the ten highest paid inc	dividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is	s to be
compensated at least \$5,000 by the	e organization					
(i) Nome and address of methods of		(iii)	Dıd	(i.e.) Curan un countr	(v) Amount pa	id (vi) Amount paid
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	have co	alser Istody	(iv) Gross receipts from activity	to (or retained I fundraiser	to (or retained by)
or ordery (landidasor)		contrib	itions?	nom dominy	listed in col (i	organization
,		Yes	No			
	<del> </del>	-				
		-				
<del> </del>		-				
	<del> </del>	-				
	<del> </del>	ļ				
Total			<b>•</b>			
List all states in which the organization licensing.	on is registered or licensed to solicit	contrib		s or has been notified	d it is exempt fro	m registration
or licensing.				<del></del>		
<del></del>						
<del></del>	<del></del>			<del></del>		
<del></del>	<del></del>					
				<del></del>		
<del></del>	<del> </del>		_	<del></del>	· · · · · · · · · · · · · · · · · · ·	
				<del></del>		

Schedule G (Form 990 or 990-EZ) 2015 Freshwater Society 23-7007115 Page 2 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 (c) Other events (b) Event #2 (d) Total events IceOUT Loon None (add col (a) through In Gala cal. (c)) (total number) (event type) (event type) 85,383 85,383. 1 Gross receipts 51,923 51,923. 2 Less: Contributions 33,460 33,460. 3 Gross income (line 1 minus line 2) 4 Cash prizes 498. 498. 5 Noncash prizes Direct Expenses 3,319 3,319. 6 Rent/facility costs 7,597. 7,597. 7 Food and beverages 8 Entertainment 24,161 24,161. 9 Other direct expenses 35,575. 10 Direct expense summary. Add lines 4 through 9 in column (d) -2,115.11 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 Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 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: Yes 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) 2015 Freshwater Society	<u>23-70</u>	<u>0711</u> 5	Page 3
	Does the organization conduct gaming activities with nonmembers?	L	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 chantable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		_	
	a The organization's facility		3a	%
t	b An outside facility		3b	<del></del> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds.		
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
t	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt		
	of gaming revenue retained by the third party > \$			
	c If "Yes," enter name and address of the third party			
	Name &			
	Name			•
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation ▶ \$			
	Carriing manager compensation			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
ē	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	г	٦.,	<b>г</b>
	retain the state gaming license?		Yes	∟ No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
ΓD.	organization's own exempt activities during the tax year \$		0.01.4	
Pě	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, line	s 9, 9b, 1	UD, 15D,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions).			
	<del></del>			
_				<del></del>

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

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Schedule I (Form 990) (2015) **≗** □ . MGL Celebrate Your Lake 23-7007115 ake enhancement project (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 20,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table City of Big Lake (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table Freshwater Society 41-6004981 General Information on Grants and Assistance (p) EIN cnteria used to award the grants or assistance? 1 (a) Name and address of organization or government Big Lake, MN 55309 City of Big Lake 160 Lake St. N. Parti Part II

23-7007115 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Freshwater Society Schedule I (Form 990) (2015) Part III

V

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

Part I, Line 2:

Freshwater Society works with the MGL Celebrate Your Lake contest winner on a suitable lake enhancement project for which to spend the \$50,000 on. Once

that project is approved, the \$50,000 is awarded to them in one check.

Schedule I (Form 990) (2015)

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

23-7007115

Name of the organization

Freshwater Society

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 11:

The return is reviewed by the Director of Finance & Administration 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization Freshwater Society	Employer identification number 23-7007115
Executive Director's performance and sets the Executive D	irector's
compensation. The process was last completed in 2016.	
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.	
<del></del>	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number 23-7007115Direct controlling Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. ε End-of-year assets **e** Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Freshwater Society Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Part

Construction of the constr							
(a)	(q)	(0)	(p)	(e)	ε	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 512(b)(13)	(EL)(a); led
of related organization		foreign country)	section	sta	entity	entity?	٠,
				501(c)(3))		Yes	٥ ٧
Freshwater Foundation - 27-1821336						-	
2424 Territorial Rd Suite B	To support Freshwater			<u> </u>	Freshwater		
St. Paul, MN 55114	Society	Minnesota	501(c)(3)	P.P.	Society	×	
						_	
						-	
	<del></del> -						

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 Freshwater Society

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

טושמו ווגמווסוס של אמונוסוסושים איניסוסיים א	מופושות ממוווא מופ גם	year.						-	-			
(a)	<b>Q</b>	<u> </u>		_ 	(e)	€	(B)	<b>E</b>		€	9	¥
Name, address, and EIN of related organization	Primary activity	Legal domicle (state or foreign country)	Direct controlling entity	Predomin (related, excluded fre sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo	Thonate Page 1	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
1 1 1 1 1			-							-		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	janizations laxable a poration or trust durin	is a Corp	oration or Irust Co year.	mplete if th	e organization	answered "Ye	s" on Form 95	10, Part IV, III	ne 34 bec	ause it had or	ne or mor	s related
(a) Name, address, and EIN of related organization	Z c	Print	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type (C con		(f) Share of total income	Sha end- as	Share of Per end-of-year ow assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
		i				 						
										: :		<u> </u>
			i				-					
532162 09-08-15				43						Schedule	B (Form	Schedule R (Form 990) 2015

\_\_\_\_

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

				_
Note: Complete line I if any entity is listed in Parts II, III, or this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	in Parts II-IV?	Yes
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>	ò		Ta X
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				1b X
c Gift, grant, or capital contribution from related organization(s)				to X
d Loans or loan guarantees to or for related organization(s)				14 X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related ornanization(s)				×
				‡
h Purchase of assets from related organization(s)				4 >
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				
j Lease of facilities, equipment, or other assets to related organization(s)				ı. X
k Lease of facilities, equipment, or other assets from related organization(s)				*
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			Υ
m Performance of services or membership or fundraising solicitations by related organization(s)	ınizatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				70 X
p Reimbursement paid to related organization(s) for expenses				-
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				7g X
r Other transfer of cash or property to related oxganization(s)				×
If the answer to any of the above is "Yes," see the instructions for	who must complete the	nis line, including covered	information on who must complete this line, including covered relationships and transaction thresholds	
	(b) Transaction	(c) Amount involved	(d) Method of determining amount for bothod	penion
	type (a-s)			
(1) Freshwater Foundation	ບ	220,000.FMV	FMV	
(2)				
				ì
(4)				
(5)				-
(9)				
532163 09-08-15	44		Schedule	Schedule R (Form 990) 2015

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

Name, address, and EIN Primary activity of entity	Legal domicile (state or foreign country)	Predominant income pa (related, unrelated, 5 excluded from tax undersections 512-514)	partners sec 501(c)(3) 0055 Yes No	Share of total	Share of	Disproper-	Code V-UBI	General o	Dermontar
of entity	(state of foreign country)	sections 512-514)	No No	total		200			
				Income	end-or-year assets	allocations?	of Schedule K-1 partner? ownership (Form 1065) Yes No	Yes No	ownersh
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Schedule R	(Form 990) 2015 Freshwater Society	43-700/115 Page 5
Part VII	Supplemental Information	
	Provide additional information for responses to questions on Schedule R (see instructions).	
	Provide additional mormation for responses to questions on Schedule in (see instructions).	
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