

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

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

| | | | | | |
|--|--|---|---|--------------------------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE FRESHWATER TRUST | | D Employer identification number 93-0843521 | | |
| | Doing business as | | | | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | E Telephone number | |
| | 700 SW TAYLOR ST | | 200 | 503-222-9091 | |
| | City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97205 | | G Gross receipts \$ 10,350,041. | | |
| F Name and address of principal officer: JOE WHITWORTH 700 SW TAYLOR STREET SUITE 200, PORTLAND, OR | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | |
| J Website: WWW.THEFRESHWATERTRUST.ORG | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1983 | M State of legal domicile: OR | |

Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PRESERVE AND RESTORE FRESHWATER ECOSYSTEMS. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 22 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 22 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 55 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 49 |
| | 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 39 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 6,320,957. | 4,957,922. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,182,866. | 5,028,286. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,637. | 5,100. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 153,094. | -182,489. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,661,554. | 9,808,819. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,336,467. | 3,744,484. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 3,302. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 921,269. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,154,512. | 5,600,451. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,490,979. | 9,348,237. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,170,575. | 460,582. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 4,559,016. | 4,738,473. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 6,271,254. | 5,975,677. |
| | | -1,712,238. | -1,237,204. |

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.

| | | | | | |
|-------------------------------|---|--------------------------------------|------------------------|---|-------------------|
| Sign Here | Signature of officer | | Date | | |
| | JOE WHITWORTH, PRESIDENT Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name WENDY CAMPOS | Preparer's signature WENDY CAMPOS | Date 07/13/20 | Check if self-employed <input type="checkbox"/> | PTIN P00448102 |
| | Firm's name ▶ MOSS ADAMS LLP | Firm's EIN ▶ 91-0189318 | Phone no. 503-242-1447 | | |
| | Firm's address ▶ 805 SW BROADWAY STE 1200 PORTLAND, OR 97205 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PRESERVE AND RESTORE FRESHWATER ECOSYSTEMS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,459,853. including grants of \$ 0.) (Revenue \$ 5,028,286.) WATER QUALITY TRADING & WATERSHED ANALYTICS - THE FRESHWATER TRUST USES DATA TO IDENTIFY AND ILLUSTRATE THE SPECIFIC ACTION OR ACTIONS NECESSARY TO CHANGE THE TRAJECTORY OF A WATERSHED'S CURRENT CONDITION; USES THAT INSIGHT TO DRIVE THE POLICY CHANGES, FUNDERS, AND SOCIAL BUY-IN NECESSARY TO UNDERSTAND AND IMPLEMENT THAT OPTIMAL PATHWAY; AND THEN DEVELOPS THE OPERATIONAL/SUPPLY CHAIN CAPACITY AND INNOVATIVE CONSERVATION FINANCING APPROACHES NECESSARY TO DEPLOY THOSE SOLUTIONS. WATER QUALITY TRADING IS ONE IMPORTANT APPROACH FOR CONVERTING THIS INSIGHT INTO HIGH QUALITY ON-THE-GROUND RESULTS. THE FRESHWATER TRUST'S WATER QUALITY TRADING PROGRAM ALLOWS FOR REGULATED ENTITIES TO ACHIEVE REGULATORY COMPLIANCE BY FUNDING QUANTIFIED RESTORATION ACTIONS. BY CALCULATING AND QUANTIFYING HOW MUCH THERMAL ENERGY IS AVOIDED ON A

4b (Code:) (Expenses \$ 1,396,775. including grants of \$ 0.) (Revenue \$ 0.) FLOW - THE FRESHWATER TRUST RESTORES STREAM FLOWS BY WORKING COLLABORATIVELY WITH WILLING LANDOWNERS. THE ORGANIZATION USES A VARIETY OF COOPERATIVE SOLUTIONS, INCLUDING FINANCIAL COMPENSATION, TECHNICAL ASSISTANCE AND EXPERT ADVICE TO KEEP MORE WATER IN OUR STREAMS AND RIVERS.

4c (Code:) (Expenses \$ 2,305,959. including grants of \$ 0.) (Revenue \$ 0.) HABITAT - THE FRESHWATER TRUST ACTIVELY RESTORES AQUATIC HABITAT IN OREGON THROUGH ITS HABITAT RESTORATION PROGRAM. FROM PLACING LOGS INSTREAM TO CREATE RIVER COMPLEXITY AND PLANTING TREES TO STABILIZE STREAMBANKS AND PROVIDE SHADE TO LOWER WATER TEMPERATURE, THE ORGANIZATION ADVANCES SCIENCE-BASED, ECOLOGICALLY-SOUND RESTORATION PROJECTS TO RESTORE HABITAT FUNCTION CRITICAL TO SALMON PRODUCTIVITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,162,587.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | X | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | 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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TIM WIGINGTON - 503-222-9091
700 SW TAYLOR ST, NO. 200, PORTLAND, OR 97205

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) PAT REITEN CO-CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (2) SCOTT SANDBO CO-CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (3) PETER DOUBLEDAY TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (4) GARY FISH SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (5) MARCELINO ALVAREZ DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (6) HANK ASHFORTH DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (7) DAVID CHEN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (8) MARGARET DONAVAN CORMIER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (9) SCOTT DEMOREST DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (10) PAUL FORTINO DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (11) DEBRA HATCHER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (12) RANDY LABBE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (13) DAVID LAURANCE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (14) KIM MALEK DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (15) MOLLY MCCABE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (16) MARTY MYERS DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (17) WILLIAM NEUHAUSER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MIKE POHL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) BRAD PREBLE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) GIA SCHNEIDER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) ANTHONY TRUNZO DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) MARGARET TUCHMANN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) JOE WITWORTH PRESIDENT | 40.00 | | | X | | | | 239,293. | 0. | 25,530. |
| (24) TIMOTHY WIGINGTON FINANCE DIRECTOR & STAFF ATTORNEY | 40.00 | | | X | | | | 110,583. | 0. | 12,050. |
| (25) DAVID PRIMOZICH CONSERVATION DIRECTOR | 40.00 | | | | X | | | 139,690. | 0. | 13,995. |
| (26) ERIK RINGELBERG CALIFORNIA DIRECTOR | 40.00 | | | | X | | | 132,118. | 0. | 17,401. |
| 1b Subtotal | | | | | | | | 621,684. | 0. | 68,976. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 227,984. | 0. | 17,917. |
| d Total (add lines 1b and 1c) | | | | | | | | 849,668. | 0. | 86,893. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| M & M SERVICES LLC PO BOX 1093, MEDFORD, OR 97501 | HABITAT RESTORATION | 525,125. |
| AQUATIC CONTRACTING LLC 8316 LOMBARD ST #374, PORTLAND, OR 97203 | HABITAT RESTORATION | 508,243. |
| PLANT OREGON 8677 WAGNER CREEK RD, TALENT, OR 97540 | HABITAT RESTORATION | 269,664. |
| CBLACK LLC DBA PNDLM PO BOX 821348, VANCOUVER, WA 98682 | DATABASE DEVELOPMENT | 250,220. |
| COLUMBIA HELICOPTERS 14452 ARNDT RD NE, AURORA, OR 97002 | HABITAT RESTORATION | 187,050. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ALEX JOHNSON FRESHWATER FUND DIRECTOR | 40.00 | | | | X | | | 119,023. | 0. | 12,451. |
| (28) KIMBERLEE OBILANA OPERATIONS DIRECTOR | 40.00 | | | | X | | | 108,961. | 0. | 5,466. |
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| Total to Part VII, Section A, line 1c | | | | | | | | 227,984. | | 17,917. |

932201
04-01-19

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 456,210. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,094,601. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 2,407,111. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 432,341. | | | | |
| | h Total. Add lines 1a-1f | | 4,957,922. | | | | |
| Program Service Revenue | 2 a WATER QUALITY TRADING | Business Code | | | | | |
| | | 110000 | 4,481,095. | 4,481,095. | | | |
| | b ANALYTICS | 110000 | 547,191. | 547,191. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 5,028,286. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 5,100. | | | 5,100. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ 456,210. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 346,733. | | | | |
| | | | 513,350. | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | -166,617. | | | -166,617. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | 12,000. | | | | |
| | | | 27,872. | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | -15,872. | | | -15,872. | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 9,808,819. | 5,028,286. | 0. | -177,389. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 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 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 387,456. | 40,088. | 166,188. | 181,180. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,651,557. | 1,757,389. | 431,807. | 462,361. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 167,319. | 89,804. | 45,907. | 31,608. |
| 9 Other employee benefits | 273,267. | 171,107. | 48,427. | 53,733. |
| 10 Payroll taxes | 264,885. | 163,031. | 49,878. | 51,976. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 19,951. | 17,419. | 2,532. | |
| c Accounting | 20,400. | | 20,400. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 3,302. | | | 3,302. |
| f Investment management fees | 1,183. | | 1,183. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 2,752,267. | 2,746,511. | 5,756. | |
| 12 Advertising and promotion | 65,037. | 2,965. | 59,083. | 2,989. |
| 13 Office expenses | 86,119. | 7,349. | 58,261. | 20,509. |
| 14 Information technology | 71,463. | 15,404. | 50,922. | 5,137. |
| 15 Royalties | | | | |
| 16 Occupancy | 365,560. | 190,091. | 160,847. | 14,622. |
| 17 Travel | 96,668. | 94,681. | | 1,987. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 4,513. | 2,915. | | 1,598. |
| 20 Interest | 33,188. | | 33,188. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 210,630. | 204,311. | 6,319. | |
| 23 Insurance | 61,938. | | 61,938. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a WATER FEES | 857,031. | 857,031. | | |
| b PROGRAM SUPPLIES | 756,970. | 756,769. | 201. | |
| c BUSINESS DEVELOPMENT | 122,060. | 8,068. | 27,845. | 86,147. |
| d FEES, TITLES, PERMITS | 35,842. | 34,662. | 790. | 390. |
| e All other expenses | 39,631. | 2,992. | 32,909. | 3,730. |
| 25 Total functional expenses. Add lines 1 through 24e | 9,348,237. | 7,162,587. | 1,264,381. | 921,269. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 1,483,879. | 1 | 2,150,920. |
| | 2 Savings and temporary cash investments | 200,671. | 2 | 201,568. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 1,380,929. | 4 | 972,746. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 96,433. | 9 | 96,417. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 930,595. | | |
| | b Less: accumulated depreciation | 10b 546,353. | 369,095. | 10c 384,242. |
| | 11 Investments - publicly traded securities | | 11 | 5,072. |
| | 12 Investments - other securities. See Part IV, line 11 | 128,521. | 12 | 146,177. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 512,703. | 14 | 554,422. |
| | 15 Other assets. See Part IV, line 11 | 386,785. | 15 | 226,909. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 4,559,016. | 16 | 4,738,473. | |
| Liabilities | 17 Accounts payable and accrued expenses | 463,133. | 17 | 317,793. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 2,292,658. | 19 | 2,557,884. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 3,500,000. | 24 | 3,100,000. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 15,463. | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 6,271,254. | 26 | 5,975,677. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | -2,443,662. | 27 | -1,645,881. |
| | 28 Net assets with donor restrictions | 731,424. | 28 | 408,677. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | -1,712,238. | 32 | -1,237,204. |
| 33 Total liabilities and net assets/fund balances | 4,559,016. | 33 | 4,738,473. | |

Form 990 (2019)

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,808,819. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,348,237. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 460,582. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -1,712,238. |
| 5 | Net unrealized gains (losses) on investments | 5 | 22,975. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -8,523. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | -1,237,204. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE FRESHWATER TRUST** Employer identification number **93-0843521**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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 _____
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,730,207. | 5,322,674. | 5,638,752. | 6,320,957. | 4,957,922. | 26,970,512. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4,730,207. | 5,322,674. | 5,638,752. | 6,320,957. | 4,957,922. | 26,970,512. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 159,264. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 26,811,248. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 4,730,207. | 5,322,674. | 5,638,752. | 6,320,957. | 4,957,922. | 26,970,512. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 7,098. | 3,058. | 279. | 2,128. | 5,100. | 17,663. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,009. | 12,598. | 445. | 150. | | 14,202. |
| 11 Total support. Add lines 7 through 10 | | | | | | 27,002,377. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 15,421,585. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.29 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 64.01 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

OTHER

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

THE FRESHWATER TRUST

Employer identification number

93-0843521

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

| | |
|---|---|
| Name of organization THE FRESHWATER TRUST | Employer identification number 93-0843521 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> | \$ 1,211,233. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 846,732. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 681,647. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 572,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 342,678. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 325,270. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE FRESHWATER TRUST | Employer identification number 93-0843521 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 305,135. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 177,292. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 150,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 152,905. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ 120,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ 117,366. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE FRESHWATER TRUST | Employer identification number 93-0843521 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ 115,278. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE FRESHWATER TRUST | Employer identification number 93-0843521 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 5 | 515 LOGS/TREES AND 600 NATIVE PLANTS _____ _____ _____ | \$ 115,340. | 01/01/19 |
| 9 | 300 TREES AND LOGS _____ _____ _____ | \$ 150,000. | 01/01/19 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|--|
| Name of organization THE FRESHWATER TRUST | Employer identification number 93-0843521 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

| | |
|---|---|
| Name of organization <p style="text-align: center;">THE FRESHWATER TRUST</p> | Employer identification number <p style="text-align: center;">93-0843521</p> |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 0. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 0. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 0. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 9,348,237. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 9,348,237. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 617,412. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 154,353. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 587,551. | 599,847. | 574,549. | 617,412. | 2,379,359. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,569,039. |
| c Total lobbying expenditures | 15,000. | 5,020. | 0. | 0. | 20,020. |
| d Grassroots nontaxable amount | 146,888. | 149,962. | 143,637. | 154,353. | 594,840. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 892,260. |
| f Grassroots lobbying expenditures | | | | | |

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

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 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 expenses for which the section 527(f) tax was paid). | |
| a 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization THE FRESHWATER TRUST **Employer identification number** 93-0843521

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 3 |
| b Total acreage restricted by conservation easements | 827.00 |
| c Number of conservation easements on a certified historic structure included in (a) | 0 |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 0 |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 0

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 0.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 128,521. | 137,981. | 125,011. | 118,343. | 120,107. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 23,292. | -3,990. | 18,337. | 6,668. | -1,764. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 5,636. | 5,470. | 5,367. | | |
| f Administrative expenses | | | | | |
| g End of year balance | 146,177. | 128,521. | 137,981. | 125,011. | 118,343. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 15.00 %
 - b Permanent endowment 85.00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 398,927. | 177,511. | 221,416. |
| c Leasehold improvements | | | | |
| d Equipment | | 531,668. | 368,842. | 162,826. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 384,242. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 10,597,338. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 22,975. |
| b | Donated services and use of facilities | 2b | 225,503. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 541,224. |
| e | Add lines 2a through 2d | 2e | 789,702. |
| 3 | Subtract line 2e from line 1 | 3 | 9,807,636. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,183. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 1,183. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 9,808,819. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 10,113,781. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 225,503. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 541,224. |
| e | Add lines 2a through 2d | 2e | 766,727. |
| 3 | Subtract line 2e from line 1 | 3 | 9,347,054. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,183. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 1,183. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 9,348,237. |

Part XIII Supplemental Information.

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

PART II, LINE 9:

THE ORGANIZATION HAS ACQUIRED TITLE FOR PARTIAL WATER RIGHT INTERESTS

AMONG SEVERAL BASINS IN OREGON TO PRESERVE IN-STREAM WATER FLOWS. THE

WATER RIGHTS ARE VALUED BASED ON THEIR ORIGINAL PURCHASE COST.

ADDITIONALLY, THE ORGANIZATION HOLDS CONSERVATION EASEMENTS FOR SEVERAL

TRACTS OF LAND WHICH ARE RECORDED AT ZERO VALUE IN THE FINANCIAL

STATEMENTS. THE ORGANIZATION PERIODICALLY SURVEYS THE PROPERTIES TO ENSURE

ONGOING CONSERVATION VALUE.

ANNUALLY, THE ORGANIZATION ASSESSES THE VALUE OF THE WATER RIGHT INTERESTS

HELD TO DETERMINE IF ANY PERMANENT IMPAIRMENT OF VALUE HAS OCCURRED. IF

THE VALUE OF THE WATER RIGHTS IS DETERMINED TO BE IMPAIRED; THE CARRYING

VALUE OF THE WATER RIGHTS WOULD BE REDUCED TO THEIR ESTIMATED FAIR VALUE

Part XIII Supplemental Information (continued)

IN THE PERIOD THAT THE IMPAIRMENT HAS OCCURRED. FOR THE YEAR ENDED, THE ORGANIZATION HAS NOT RECOGNIZED ANY IMPAIRMENT LOSSES ON THE VALUE OF THESE WATER RIGHTS. NO IMPAIRMENT DETERMINATIONS HAVE BEEN MADE FOR THE LAND EASEMENTS SINCE THERE IS NO MARKET FOR ANY OF THE EASEMENTS HELD BY THE ORGANIZATION.

PART V, LINE 4:

THE ENDOWMENT FUND IS SUBJECT TO OREGON COMMUNITY FOUNDATION'S ARTICLES OF INCORPORATION AND BYLAWS AND DISTRIBUTIONS ARE TO BE USED AS THE FRESHWATER FUND'S BOARD OF DIRECTORS DEEMS NECESSARY AND DESIRABLE TO FURTHER ITS OBJECTIVES AND PURPOSES.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS, IF ANY, IN LICENSES, TAXES, AND FEES EXPENSE. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2019 OR 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE
ROUNDING

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

ROUNDING

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

THE FRESHWATER TRUST

Employer identification number

93-0843521

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|-------------------------|---------------------|--|----------|
| | | GOLF TOURNAMENT (event type) | AUCTION (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 470,399. | 197,490. | 135,054. | 802,943. |
| | 2 | Less: Contributions | 255,899. | 186,173. | 14,138. | 456,210. |
| | 3 | Gross income (line 1 minus line 2) | 214,500. | 11,317. | 120,916. | 346,733. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | 50,891. | 15,322. | 10,446. | 76,659. |
| | 6 | Rent/facility costs | 68,707. | 4,205. | 9,562. | 82,474. |
| | 7 | Food and beverages | 64,672. | 19,890. | 7,069. | 91,631. |
| | 8 | Entertainment | 56,524. | 500. | 118,490. | 175,514. |
| | 9 | Other direct expenses | 25,110. | 33,195. | 28,767. | 87,072. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 513,350. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -166,617. | |

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.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FRESHWATER TRUST

Employer identification number

93-0843521

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | X | |
| 5b | | X |
| 6a | X | |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JOE WITWORTH PRESIDENT | (i) | 239,293. | 0. | 0. | 12,354. | 13,176. | 264,823. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DAVID PRIMOZICH CONSERVATION DIRECTOR | (i) | 137,278. | 2,412. | 0. | 7,544. | 6,451. | 153,685. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

DURING 2019, SELECT EMPLOYEES RECEIVED BONUSES THAT WERE GROSSED-UP TO ACCOUNT FOR THE TAXES ASSOCIATED WITH THE BONUS. OF THE SIX EMPLOYEES THAT RECEIVED A "NET BONUS", 50% WERE PART OF THE HIGHEST COMPENSATED EMPLOYEE GROUP.

THE ORGANIZATION HOLDS A MEMEBERSHIP AT A SOCIAL CLUB IN THE NAME OF OUR EXECUTIVE DIRECTOR. THE MEMBERSHIP IS USED FOR MEETINGS WITH DONORS AND OTHER BUSINESS DEVELOPMENT. OTHER MEMBERS OF TFT USED THE MEMBERSHIP ON OCCASION FOR STAFF MEETINGS OR OTHER COMPANY BUSINSESS, WHEN ACCOMPANIED BY THE EXECUTIVE DIRECTOR AS HIS GUEST.

PART I, LINE 5:

ONE OF OUR HIGHLY PAID EMPLOYEES IS PAID A BONUS FOR REACHING CERTAIN TARGET REVENUES FOR CONSULTING REVENUES IN SELECT REGIONS THAT WE OPERATE IN.

PART I, LINE 6:

ONE OF OUR HIGHLY PAID EMPLOYEES IS PAID A BONUS FOR SECURING CONSULTING

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CONTRACTS THAT RESULT IN NET INCOME TO TFT OVER A CERTAIN THRESHOLD.

PART I, LINE 7:

DURING 2019, SELECT EMPLOYEES RECEIVED BONUSES THAT WERE NON-FIXED IN

NATURE. OF THE SIX EMPLOYEES THAT RECEIVED A BONUS, 50% WERE PART OF THE

HIGHEST COMPENSATED EMPLOYEE GROUP.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE FRESHWATER TRUST** Employer identification number **93-0843521**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 7 | 4,402. | COST |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (TREES/LOGS) | X | 2 | 265,340. | COST |
| 26 Other (PRIZES/GIFTS) | X | 56 | 89,765. | COST |
| 27 Other (EQUIPMENT) | X | 1 | 66,505. | COST |
| 28 Other (MARKETING MAT) | X | 2 | 6,329. | COST |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS RECEIVED AND

NOT THE NUMBER OF ITEMS RECEIVED FOR EACH CONTRIBUTION.

Multiple horizontal lines for data entry.

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE FRESHWATER TRUST

Employer identification number

93-0843521

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

RIVER BY PLANTING STREAMSIDE TREES, THE ORGANIZATION GENERATES CREDITS

THAT ARE THEN PURCHASED BY WASTEWATER FACILITIES AND POWER PLANTS TO

OFFSET THEIR IMPACTS TO IMPAIRED RIVERS AND STREAMS. THE WORK IS DONE

IN PARTNERSHIP WITH REGULATED AGENCIES, IRRIGATORS, REGULATORS AND

FARMERS. THIS PROGRAM CAN INCLUDE RESTORATION ACTIONS THAT GENERATE NOT

ONLY TEMPERATURE CREDITS, BUT ALSO CREDITS GENERATED FROM REDUCTIONS OF

OTHER POLLUTANTS, SUCH AS NUTRIENTS.

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

A COPY OF THE RETURN IS PROVIDED TO THE ASSISTANT CONTROLLER, FINANCE

DIRECTOR, BOARD TREASURER, AND PRESIDENT FOR REVIEW AND APPROVAL PRIOR TO

PREPARATION FOR FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON: HAS RECEIVED A COPY OF THE ORGANIZATION'S CONFLICTS OF INTEREST

POLICY; HAS READ AND UNDERSTANDS THE POLICY; AND HAS AGREED TO COMPLY WITH

THE POLICY.

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

THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE ORGANIZATION'S

EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION FOR ALL

OTHER SENIOR STAFF BASED ON BUDGETS AND PREVAILING WAGES IN THE

MARKETPLACE.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

| | |
|--|--|
| Name of the organization THE FRESHWATER TRUST | Employer identification number 93-0843521 |
|--|--|

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST TO GOVERNMENT AGENCIES AND FUNDERS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

HABITAT PROJECTS:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 967,083. |
| MANAGEMENT AND GENERAL EXPENSES | 1,919. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 969,002. |

CONSULTING PROJECTS:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 695,447. |
| MANAGEMENT AND GENERAL EXPENSES | 1,919. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 697,366. |

CREDIT PROJECTS:

| | |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 1,083,981. |
| MANAGEMENT AND GENERAL EXPENSES | 1,918. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,085,899. |

| | |
|--|------------|
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 2,752,267. |
|--|------------|

FORM 990 PART XII LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2019 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|--------------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 556 | IMPROVEMENTS TO YAMHILL | 03/01/06 | 150DE | 15.00 | | HY17 | 7,500. | | | | 7,500. | 6,393. | | 443. | 6,836. |
| 571 | LOCKERS | 10/16/08 | 200DE | 7.00 | | HY17 | 475. | | 237. | | 238. | 475. | | 0. | 475. |
| 572 | REFRIGERATOR | 03/04/08 | 200DE | 7.00 | | HY17 | 299. | | 149. | | 150. | 299. | | 0. | 299. |
| 578 | RAISER'S EDGE SOFTWARE | 07/16/08 | | 36M | | HY43 | 2,052. | | 1,026. | | 1,026. | 2,052. | | 0. | 2,052. |
| 583 | REFRIGERATOR (2ND FLOOR) | 09/17/08 | 200DE | 7.00 | | HY17 | 339. | | 169. | | 170. | 339. | | 0. | 339. |
| 596 | TELEMETRY EQUIPMENT - INDIAN RIVER | FOR 01/08 | SL | 3.00 | | 16 | 1,524. | | | | 1,524. | 1,524. | | 0. | 1,524. |
| 598 | TELEMETRY EQUIPMENT & SERV - RIVER | CALAPOOIA 10/01/08 | SL | 3.00 | | 16 | 3,238. | | | | 3,238. | 3,238. | | 0. | 3,238. |
| 600 | TELEMETRY EQUIPMENT & SERV - INDIAN RIVER | INDIAN RIVER 01/08 | SL | 3.00 | | 16 | 507. | | | | 507. | 507. | | 0. | 507. |
| 601 | WATER LEVEL LOGGER W/TEMP OPTION | 01/08 | 200DE | 3.00 | | HY17 | 463. | | | | 463. | 463. | | 0. | 463. |
| 603 | 2 LT LEVELLOGGER GOLD AND 1 COMM/PACKAGE | 01/08 | SL | 5.00 | | 16 | 1,067. | | | | 1,067. | 1,067. | | 0. | 1,067. |
| 604 | 2 LT BAROLOGGER GOLD PURCH FROM S/DLTS | 01/08 | SL | 5.00 | | 16 | 731. | | | | 731. | 731. | | 0. | 731. |
| 605 | 2 SONTEC DELUXE ROD 4FT & FLOW TRACKS | 01/08 | SL | 5.00 | | 16 | 12,851. | | | | 12,851. | 12,851. | | 0. | 12,851. |
| 606 | TELEMETRY EQUIPMENT & SERV - JOHN DAs | 01/08 | SL | 5.00 | | 16 | 2,354. | | | | 2,354. | 2,354. | | 0. | 2,354. |
| 611 | SOLAR PANELS, ANTENNAS & TRANSmitters | 01/08 | SL | 5.00 | | 16 | 1,270. | | | | 1,270. | 1,270. | | 0. | 1,270. |
| 612 | RADIO RECEIVERS/FISH TRANSMITTERS & CABLES | 01/08 | SL | 5.00 | | 16 | 29,160. | | | | 29,160. | 29,160. | | 0. | 29,160. |
| 613 | OFFICE BUILDOUT | 10/20/09 | SL | 15.00 | | 16 | 6,587. | | | | 6,587. | 6,587. | | 0. | 6,587. |
| 615 | 2ND FLOOR OFFICE BUILDOUT | 06/30/10 | SL | 15.00 | | 16 | 2,512. | | | | 2,512. | 2,512. | | 0. | 2,512. |
| 616 | ESRI SOFTWARE (GIS) | 01/28/11 | SL | 3.00 | | 16 | 2,200. | | | | 2,200. | 2,200. | | 0. | 2,200. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 617 | AQUARIUS WORKSTATION LICENSE | 04/15/11 | SL | 3.00 | | 16 | 2,000. | | | | 2,000. | 2,000. | | 0. | 2,000. |
| 618 | RATING CURVE VALUE PACK | 04/15/11 | SL | 3.00 | | 16 | 3,000. | | | | 3,000. | 3,000. | | 0. | 3,000. |
| 619 | NEW TELEPHONES | 10/05/11 | SL | 7.00 | | 16 | 3,371. | | | | 3,371. | 3,371. | | 0. | 3,371. |
| 620 | ARCVIEW SOFTWARE | 12/18/11 | SL | 3.00 | | 16 | 2,300. | | | | 2,300. | 2,300. | | 0. | 2,300. |
| 622 | 3 COMPUTER MONITORS | 07/14/11 | SL | 5.00 | | 16 | 294. | | | | 294. | 294. | | 0. | 294. |
| 623 | 2 LENOVO LAPTOPS G575 | 08/26/11 | SL | 5.00 | | 16 | 600. | | | | 600. | 600. | | 0. | 600. |
| 624 | 4 LENOVO LAPTOPS G575 | 08/24/11 | SL | 5.00 | | 16 | 1,200. | | | | 1,200. | 1,200. | | 0. | 1,200. |
| 626 | 20" LCD MONITOR | 12/08/11 | SL | 5.00 | | 16 | 90. | | | | 90. | 90. | | 0. | 90. |
| 627 | METROLINE PHONES | 02/28/12 | SL | 3.00 | | 16 | 623. | | | | 623. | 623. | | 0. | 623. |
| 628 | 4 LAPTOP COMPUTERS | 03/14/12 | SL | 3.00 | | 16 | 1,480. | | | | 1,480. | 1,480. | | 0. | 1,480. |
| 629 | PPI RENT TO OWN DATA COLLECTOR | 03/29/12 | NSL | 3.00 | | 16 | 1,434. | | | | 1,434. | 1,434. | | 0. | 1,434. |
| 630 | PPI RENT TO OWN DATA COLLECTOR | 04/27/12 | NSL | 3.00 | | 16 | 1,400. | | | | 1,400. | 1,400. | | 0. | 1,400. |
| 631 | 4 G570 PENTIUM LAPTOPS | 05/14/12 | SL | 3.00 | | 16 | 1,320. | | | | 1,320. | 1,320. | | 0. | 1,320. |
| 632 | PPI RENT TO OWN DATA COLLECTOR | 06/28/12 | NSL | 3.00 | | 16 | 1,166. | | | | 1,166. | 1,166. | | 0. | 1,166. |
| 633 | DATA COLLECTOR | 06/29/12 | SL | 3.00 | | 16 | 2,599. | | | | 2,599. | 2,599. | | 0. | 2,599. |
| 634 | ARCGIS ONLINE LEVEL 1 | 08/03/12 | SL | 3.00 | | 16 | 1,250. | | | | 1,250. | 1,250. | | 0. | 1,250. |
| 635 | LAPTOP COMPUTER | 10/15/12 | SL | 3.00 | | 16 | 370. | | | | 370. | 370. | | 0. | 370. |
| 636 | LAPTOP (2ND FLOOR CONFERENCE ROOM) | 10/16/12 | SL | 3.00 | | 16 | 270. | | | | 270. | 270. | | 0. | 270. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 637 | ARCGIS ONLINE LEVEL 1 | 11/17/12 | SL | 3.00 | | 16 | 1,140. | | | | 1,140. | 1,140. | | 0. | 1,140. |
| 638 | SECOND FLOOR CUBICLES | 04/25/12 | SL | 5.00 | | 16 | 19,135. | | | | 19,135. | 19,135. | | 0. | 19,135. |
| 639 | THIRD FLOOR OFFICE WINDOW ADDITION | 04/25/12 | SL | 5.00 | | 16 | 1,014. | | | | 1,014. | 1,014. | | 0. | 1,014. |
| 640 | COMPUTERS, SOFTWARE | 03/29/12 | SL | 3.00 | | 16 | 2,530. | | | | 2,530. | 2,530. | | 0. | 2,530. |
| 641 | AQUARIUS SERVER CLIENT ACCESS LICENSE | 05/12/12 | SL | 3.00 | | 16 | 1,500. | | | | 1,500. | 1,500. | | 0. | 1,500. |
| 642 | AQUARIUS HYDROMETRIC WORKSTATION | 03/23/12 | SL | 3.00 | | 16 | 1,250. | | | | 1,250. | 1,250. | | 0. | 1,250. |
| 643 | AQUARIUS SERVER CLIENT ACCESS LICENSE | 05/12/12 | SL | 3.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 644 | TELEVISION FOR CONFERENCE ROOM | 06/22/12 | SL | 5.00 | | 16 | 1,100. | | | | 1,100. | 1,100. | | 0. | 1,100. |
| 646 | OFFICE FURNITURE | 05/17/13 | SL | 7.00 | | 16 | 2,135. | | | | 2,135. | 1,703. | | 305. | 2,008. |
| 647 | DESKS AND CABINETS (7) | 05/31/13 | SL | 7.00 | | 16 | 2,080. | | | | 2,080. | 1,659. | | 297. | 1,956. |
| 648 | USED CONFERENCE TABLE AND CHAIRS | 06/16/13 | SL | 7.00 | | 16 | 800. | | | | 800. | 638. | | 114. | 752. |
| 650 | 2 GPS UNITS | 02/25/13 | SL | 3.00 | | 16 | 5,950. | | | | 5,950. | 5,950. | | 0. | 5,950. |
| 651 | IPAD FOR SALES DEPARTMENT | 02/26/13 | SL | 3.00 | | 16 | 730. | | | | 730. | 730. | | 0. | 730. |
| 652 | ARCPAD 10 SOFTWARE | 02/26/13 | SL | 3.00 | | 16 | 1,260. | | | | 1,260. | 1,260. | | 0. | 1,260. |
| 653 | PAVILION LAP TOP | 03/14/13 | SL | 3.00 | | 16 | 430. | | | | 430. | 430. | | 0. | 430. |
| 657 | DELL COMPUTER | 06/20/13 | SL | 3.00 | | 16 | 750. | | | | 750. | 750. | | 0. | 750. |
| 658 | 3 CONFERENCE ROOM PHONES | 06/20/13 | SL | 3.00 | | 16 | 1,662. | | | | 1,662. | 1,662. | | 0. | 1,662. |
| 659 | 60" TV EAST OFFICE | 07/10/13 | SL | 3.00 | | 16 | 800. | | | | 800. | 800. | | 0. | 800. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 660 | COMPUTER - EAST OFFICE | 07/10/13 | SL | 3.00 | | 16 | 490. | | | | 490. | 490. | | 0. | 490. |
| 661 | SERVER EQUIPMENT | 09/01/13 | SL | 3.00 | | 16 | 6,503. | | | | 6,503. | 6,503. | | 0. | 6,503. |
| 662 | COMPUTER - EUGENE | 08/13/13 | SL | 3.00 | | 16 | 450. | | | | 450. | 450. | | 0. | 450. |
| 663 | COMPUTER - MONITORING DEPARTMENT | 08/14/13 | SL | 3.00 | | 16 | 500. | | | | 500. | 500. | | 0. | 500. |
| 664 | COMPUTERS | 09/30/13 | SL | 3.00 | | 16 | 1,042. | | | | 1,042. | 1,042. | | 0. | 1,042. |
| 665 | 2 LAPTOPS | 10/05/13 | SL | 3.00 | | 16 | 900. | | | | 900. | 900. | | 0. | 900. |
| 667 | DELL COMPUTER | 11/06/13 | SL | 3.00 | | 16 | 780. | | | | 780. | 780. | | 0. | 780. |
| 668 | COMPUTER | 11/06/13 | SL | 3.00 | | 16 | 837. | | | | 837. | 837. | | 0. | 837. |
| 669 | COMPUTER | 11/07/13 | SL | 3.00 | | 16 | 779. | | | | 779. | 779. | | 0. | 779. |
| 670 | ARCGIS | 12/19/13 | SL | 3.00 | | 16 | 2,250. | | | | 2,250. | 2,250. | | 0. | 2,250. |
| 671 | FIBER OPTIC CABLE | 06/03/13 | SL | 3.00 | | 16 | 2,580. | | | | 2,580. | 2,580. | | 0. | 2,580. |
| 672 | ARTWORK | 01/30/14 | SL | 7.00 | | 16 | 1,200. | | | | 1,200. | 843. | | 171. | 1,014. |
| 673 | HARDWARE WARRANTY EXTENSION | 01/16/14 | SL | 5.00 | | 16 | 650. | | | | 650. | 639. | | 11. | 650. |
| 674 | DELL COMPUTER | 01/31/14 | SL | 5.00 | | 16 | 1,647. | | | | 1,647. | 1,620. | | 27. | 1,647. |
| 675 | DELL COMPUTER | 01/31/14 | SL | 5.00 | | 16 | 619. | | | | 619. | 609. | | 10. | 619. |
| 676 | IPAD - STREAMBANK | 02/05/14 | SL | 3.00 | | 16 | 729. | | | | 729. | 729. | | 0. | 729. |
| 677 | 10 MONITORS, 1 APC BACKUP | 02/11/14 | SL | 5.00 | | 16 | 1,600. | | | | 1,600. | 1,573. | | 27. | 1,600. |
| 678 | 10 LAPTOPS (REPLACEMENT FOR DEPT) | 02/19/14 | SL | 5.00 | | 16 | 5,738. | | | | 5,738. | 5,547. | | 191. | 5,738. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 679 | DELL COMPUTER | 02/20/14 | SL | 5.00 | | 16 | 710. | | | | 710. | 686. | | 24. | 710. |
| 680 | CAMERA AND MEMORY CARD | 02/27/14 | SL | 5.00 | | 16 | 654. | | | | 654. | 632. | | 22. | 654. |
| 681 | IPAD STREAMBANK | 03/08/14 | SL | 3.00 | | 16 | 599. | | | | 599. | 599. | | 0. | 599. |
| 682 | IPAD STREAMBANK | 03/17/14 | SL | 3.00 | | 16 | 599. | | | | 599. | 599. | | 0. | 599. |
| 683 | DELL COMPUTER | 04/12/14 | SL | 5.00 | | 16 | 779. | | | | 779. | 740. | | 39. | 779. |
| 684 | DELL COMPUTER | 04/12/14 | SL | 5.00 | | 16 | 2,945. | | | | 2,945. | 2,798. | | 147. | 2,945. |
| 685 | TV MONITOR, 5 COMPUTER MONITORS | 04/16/14 | SL | 5.00 | | 16 | 1,870. | | | | 1,870. | 1,745. | | 125. | 1,870. |
| 686 | IPAD STREAMBANK | 05/03/14 | SL | 3.00 | | 16 | 587. | | | | 587. | 587. | | 0. | 587. |
| 687 | IPAD STREAMBANK | 05/03/14 | SL | 3.00 | | 16 | 587. | | | | 587. | 587. | | 0. | 587. |
| 688 | 4 COMPUTERS FOR FLOW DEPARTMENT | 05/23/14 | SL | 5.00 | | 16 | 3,116. | | | | 3,116. | 2,856. | | 260. | 3,116. |
| 689 | IPAD MONITORING ROGUE | 07/11/14 | SL | 3.00 | | 16 | 587. | | | | 587. | 587. | | 0. | 587. |
| 690 | MS OFFICE 2013 AND MS EXCHANGE SERVER | 08/07/14 | SL | 3.00 | | 16 | 1,596. | | | | 1,596. | 1,596. | | 0. | 1,596. |
| 691 | MICROSOFT STORE COMPUTER | 10/08/14 | SL | 5.00 | | 16 | 1,736. | | | | 1,736. | 1,476. | | 260. | 1,736. |
| 692 | ARCGIS ONLINE LEVEL 1 | 10/30/14 | SL | 3.00 | | 16 | 1,250. | | | | 1,250. | 1,250. | | 0. | 1,250. |
| 693 | ARCGIS LICENSE AND ADMIN FEE | 10/30/14 | SL | 3.00 | | 16 | 1,000. | | | | 1,000. | 1,000. | | 0. | 1,000. |
| 694 | STREAMBANK SOFTWARE | 01/01/14 | | 120M | | HY43 | 1,025,407. | | | | 1,025,407. | 512,704. | | 102,541. | 615,245. |
| 695 | BIKE RACKS | 01/30/15 | SL | 7.00 | | 16 | 262. | | | | 262. | 147. | | 37. | 184. |
| 696 | WIRE SHELVING | 02/11/15 | SL | 7.00 | | 16 | 605. | | | | 605. | 339. | | 86. | 425. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 697 | BOISE OFFICE FURNITURE | 02/24/15 | SL | 7.00 | | 16 | 5,830. | | | | 5,830. | 3,193. | | 833. | 4,026. |
| 698 | PARTITIONS ASHLAND OFFICE | 09/09/15 | SL | 7.00 | | 16 | 5,935. | | | | 5,935. | 2,826. | | 848. | 3,674. |
| 700 | DELL COMPUTER | 02/10/15 | SL | 3.00 | | 16 | 468. | | | | 468. | 468. | | 0. | 468. |
| 701 | PHONES FOR BOISE OFFICE | 03/24/15 | SL | 7.00 | | 16 | 1,334. | | | | 1,334. | 715. | | 191. | 906. |
| 702 | BACKUP LAPTOP | 03/25/15 | SL | 3.00 | | 16 | 499. | | | | 499. | 499. | | 0. | 499. |
| 703 | COMPUTER | 03/25/15 | SL | 3.00 | | 16 | 549. | | | | 549. | 549. | | 0. | 549. |
| 704 | BOISE OFFICE PHOTOS | 03/25/15 | SL | 7.00 | | 16 | 824. | | | | 824. | 442. | | 118. | 560. |
| 705 | WEBSITE REDEVELOPMENT COSTS | 11/24/15 | SL | 3.00 | | 16 | 53,262. | | | | 53,262. | 53,262. | | 0. | 53,262. |
| 706 | BOISE CONF ROOM COMPUTER AND TV | 04/11/15 | SL | 3.00 | | 16 | 1,000. | | | | 1,000. | 1,000. | | 0. | 1,000. |
| 707 | GOPRO CAMERA AND ACCESSORIES | 04/28/15 | SL | 3.00 | | 16 | 555. | | | | 555. | 555. | | 0. | 555. |
| 708 | 2012 CHEVY TRAVERSE | 05/08/15 | SL | 5.00 | | 16 | 19,425. | | | | 19,425. | 14,245. | | 3,885. | 18,130. |
| 709 | COMPUTER | 06/19/15 | SL | 3.00 | | 16 | 920. | | | | 920. | 920. | | 0. | 920. |
| 710 | SUBARU FORESTER | 07/06/15 | SL | 5.00 | | 16 | 15,362. | | | | 15,362. | 10,753. | | 3,072. | 13,825. |
| 711 | 2 LAPTOPS | 07/16/15 | SL | 3.00 | | 16 | 1,198. | | | | 1,198. | 1,198. | | 0. | 1,198. |
| 712 | LAPTOP | 07/21/15 | SL | 3.00 | | 16 | 549. | | | | 549. | 549. | | 0. | 549. |
| 713 | LAPTOPS | 08/19/15 | SL | 3.00 | | 16 | 1,587. | | | | 1,587. | 1,587. | | 0. | 1,587. |
| 714 | DESKTOP COMPUTER | 08/27/15 | SL | 3.00 | | 16 | 579. | | | | 579. | 579. | | 0. | 579. |
| 715 | DESKTOP COMPUTER | 09/30/15 | SL | 3.00 | | 16 | 699. | | | | 699. | 699. | | 0. | 699. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 716 | CELL PHONE - IPHONE | 11/10/15 | SL | 3.00 | | 16 | 784. | | | | 784. | 784. | | 0. | 784. |
| 717 | SURFACE TABLET | 11/30/15 | SL | 3.00 | | 16 | 1,149. | | | | 1,149. | 1,149. | | 0. | 1,149. |
| 718 | ART FOR 700 SW TAYLOR | 12/08/15 | SL | 7.00 | | 16 | 496. | | | | 496. | 218. | | 71. | 289. |
| 719 | OFFICE FURNITURE 700 SW TAYLOR | 02/15/15 | SL | 7.00 | | 16 | 2,136. | | | | 2,136. | 941. | | 305. | 1,246. |
| 720 | TV FOR 700 SW TAYLOR | 12/15/15 | SL | 3.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 721 | SMITH CFI FURNITURE | 12/18/15 | SL | 7.00 | | 16 | 23,801. | | | | 23,801. | 10,200. | | 3,400. | 13,600. |
| 722 | OFFICE DESIGN 700 SW TAYLOR | 10/31/15 | SL | 10.00 | | 16 | 51,522. | | | | 51,522. | 16,315. | | 5,152. | 21,467. |
| 723 | (D)VINTAGE FURNITURE 700 SW TAYLOR | 02/15/15 | SL | 7.00 | | 16 | 4,900. | | | | 4,900. | 2,100. | | 700. | 2,800. |
| 724 | OFFICE TIMESHEET SOFTWARE | 02/25/15 | SL | 3.00 | | 16 | 2,885. | | | | 2,885. | 2,885. | | 0. | 2,885. |
| 725 | AQUARIOUS HYDROMETRIC WORKSTATION | 02/10/15 | SL | 3.00 | | 16 | 2,250. | | | | 2,250. | 2,250. | | 0. | 2,250. |
| 726 | DESKTOP COMPUTER | 04/13/15 | SL | 3.00 | | 16 | 871. | | | | 871. | 871. | | 0. | 871. |
| 727 | STREAMBANK MONITORING APP | 01/01/19 | | 60M | HY | 42 | 39,294. | | | | 39,294. | | | 7,859. | 7,859. |
| 728 | PATH CONSTRUCTION | 12/01/15 | SL | 10.00 | | 16 | 108,762. | | | | 108,762. | 33,535. | | 10,876. | 44,411. |
| 729 | OFFICE CHAIR - SACRAMENTO | 01/28/16 | SL | 7.00 | | 16 | 796. | | | | 796. | 332. | | 114. | 446. |
| 730 | LONG LIVE THE PACIFIC COHO BANNER | 03/16 | SL | 7.00 | | 16 | 800. | | | | 800. | 238. | | 114. | 352. |
| 731 | CELL PHONE | 01/27/16 | SL | 3.00 | | 16 | 598. | | | | 598. | 581. | | 17. | 598. |
| 732 | MICROSOFT 43 | 03/26/16 | SL | 3.00 | | 16 | 1,729. | | | | 1,729. | 1,585. | | 144. | 1,729. |
| 733 | SACRAMENTO OFFICE COMPUTER | 04/14/16 | SL | 3.00 | | 16 | 1,359. | | | | 1,359. | 1,246. | | 113. | 1,359. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 734 | 2 FIELD MONITORING IPADS | 06/08/16 | SL | 3.00 | | 16 | 1,198. | | | | 1,198. | 1,032. | | 166. | 1,198. |
| 735 | OFFICE CONSTRUCTION, NET | 05/26/16 | SL | 10.00 | | 16 | 151,922. | | | | 151,922. | 39,247. | | 15,192. | 54,439. |
| 736 | B&H PHOTO | 01/13/16 | SL | 7.00 | | 16 | 1,024. | | | | 1,024. | 439. | | 146. | 585. |
| 737 | FURNITURE FROM REJUVENATION | 01/27/16 | SL | 7.00 | | 16 | 1,760. | | | | 1,760. | 733. | | 251. | 984. |
| 738 | TV MOUNT - BOISE OFFICE | 03/15/16 | SL | 7.00 | | 16 | 300. | | | | 300. | 121. | | 43. | 164. |
| 739 | (D)GAME TABLE FOR GAME ROOM | 03/19/16 | SL | 7.00 | | 16 | 795. | | | | 795. | 312. | | 114. | 426. |
| 740 | BEER TAP SUPPLIES | 03/25/16 | SL | 7.00 | | 16 | 392. | | | | 392. | 154. | | 56. | 210. |
| 741 | STORAGE ROOM SHELVEING | 03/29/16 | SL | 7.00 | | 16 | 835. | | | | 835. | 328. | | 119. | 447. |
| 742 | 2 TVS FOR TAYLOR LOCATION | 03/30/16 | SL | 7.00 | | 16 | 1,000. | | | | 1,000. | 393. | | 143. | 536. |
| 743 | SPEAKERS TAYLOR LOCATION | 03/31/16 | SL | 7.00 | | 16 | 398. | | | | 398. | 156. | | 57. | 213. |
| 744 | LIGHTING FIXTURES TAYLOR LOCATION | 04/01/16 | SL | 7.00 | | 16 | 1,020. | | | | 1,020. | 401. | | 146. | 547. |
| 745 | MISC FURNITURE - AMAZON | 03/30/16 | SL | 7.00 | | 16 | 1,735. | | | | 1,735. | 681. | | 248. | 929. |
| 746 | FURNITURE FROM CITY HOME | 03/08/16 | SL | 7.00 | | 16 | 1,784. | | | | 1,784. | 722. | | 255. | 977. |
| 747 | LUMBER FOR DESKS | 03/03/16 | SL | 7.00 | | 16 | 194. | | | | 194. | 79. | | 28. | 107. |
| 748 | TV MOUNT FOR DOOR DISPLAY | 04/06/16 | SL | 7.00 | | 16 | 170. | | | | 170. | 67. | | 24. | 91. |
| 749 | SMITH CFI - FURNITURE | 03/22/16 | SL | 7.00 | | 16 | 42,268. | | | | 42,268. | 16,605. | | 6,038. | 22,643. |
| 750 | 2 TALL OFFICE CHAIRS | 03/30/16 | SL | 7.00 | | 16 | 568. | | | | 568. | 223. | | 81. | 304. |
| 751 | SRM ARCHITECTURE | 05/31/16 | SL | 7.00 | | 16 | 9,284. | | | | 9,284. | 3,426. | | 1,326. | 4,752. |

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 752 | GEEZER GALLERY LIGHT AND SCULPTURE | 01/29/16 | SL | 7.00 | | 16 | 14,522. | | | | 14,522. | 5,705. | | 2,075. | 7,780. |
| 753 | BROKERS FEES | 01/29/16 | SL | 10.00 | | 16 | 30,080. | | | | 30,080. | 8,773. | | 3,008. | 11,781. |
| 754 | PAINTING FOR SUBLEASE - 3RD FLOOR | 01/29/16 | SL | 10.00 | | 16 | 7,000. | | | | 7,000. | 1,983. | | 700. | 2,683. |
| 755 | SUITE 200 IMPROVEMENTS FOR SUBLEASE | 01/29/16 | SL | 10.00 | | 16 | 3,638. | | | | 3,638. | 728. | | 364. | 1,092. |
| 756 | STREAMBANK MONITORING APP | 01/01/19 | | 60M | HY | 42 | 21,562. | | | | 21,562. | | | 4,312. | 4,312. |
| 757 | COMPUTER | 01/06/17 | SL | 3.00 | | 16 | 3,300. | | | | 3,300. | 2,200. | | 1,100. | 3,300. |
| 758 | 2 COMPUTERES | 02/24/17 | SL | 3.00 | | 16 | 1,198. | | | | 1,198. | 732. | | 399. | 1,131. |
| 759 | COMPUTER | 03/31/17 | SL | 3.00 | | 16 | 832. | | | | 832. | 485. | | 277. | 762. |
| 760 | RESTORATION BOAT | 05/31/17 | SL | 10.00 | | 16 | 12,600. | | | | 12,600. | 1,995. | | 1,260. | 3,255. |
| 761 | COMPUTER | 08/06/17 | SL | 3.00 | | 16 | 995. | | | | 995. | 470. | | 332. | 802. |
| 762 | BOAT MOTOR | 08/18/17 | SL | 10.00 | | 16 | 6,999. | | | | 6,999. | 933. | | 700. | 1,633. |
| 763 | MONITORING EQUIPMENT | 08/03/17 | SL | 3.00 | | 16 | 7,009. | | | | 7,009. | 3,310. | | 2,336. | 5,646. |
| 764 | COMPUTER - IDAHO STAFF | 08/06/17 | SL | 3.00 | | 16 | 1,054. | | | | 1,054. | 498. | | 351. | 849. |
| 765 | STREAMBANK BASIN SCOUT | 07/01/17 | NC | .000 | HY | | 12,053. | | | | 12,053. | | | 0. | |
| 766 | DELL COMPUTER | 03/29/18 | SL | 3.00 | | 16 | 1,487. | | | | 1,487. | 372. | | 496. | 868. |
| 767 | TIRES FOR TFT CAR | 11/30/18 | SL | 5.00 | | 16 | 1,208. | | | | 1,208. | 20. | | 242. | 262. |
| 768 | COMPUTER | 01/09/18 | SL | 3.00 | | 16 | 865. | | | | 865. | 288. | | 288. | 576. |
| 769 | COMPUTER | 03/31/18 | SL | 3.00 | | 16 | 1,050. | | | | 1,050. | 263. | | 350. | 613. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 770 | COMPUTER | 10/31/18 | SL | 3.00 | | 16 | 723. | | | | 723. | 40. | | 241. | 281. |
| 771 | DESK TOPPER | 12/11/18 | SL | 5.00 | | 16 | 599. | | | | 599. | 10. | | 120. | 130. |
| 772 | DESKTOP COMPUTER | 12/31/18 | SL | 3.00 | | 16 | 1,065. | | | | 1,065. | | | 355. | 355. |
| 773 | STREAMBANK ADMIN TOOLKIT | 07/01/15 | NC | .000 | | HY | 17,250. | | | | 17,250. | | | 0. | |
| 774 | STREAMBANK DATABASE | 01/01/19 | | 120M | | HY42 | 27,276. | | | | 27,276. | | | 2,728. | 2,728. |
| 775 | STREAMBANK BASIN SCOUT | 07/01/16 | NC | .000 | | HY | 20,100. | | | | 20,100. | | | 0. | |
| 776 | STREAMBANK ADMIN TOOLKIT | 07/01/16 | NC | .000 | | HY | 13,400. | | | | 13,400. | | | 0. | |
| 777 | STREAMBANK DATABASE | 01/01/19 | | 120M | | HY42 | 2,665. | | | | 2,665. | | | 267. | 267. |
| 778 | STREAMBANK ADMIN TOOLKIT | 07/01/17 | NC | .000 | | HY | 1,775. | | | | 1,775. | | | 0. | |
| 779 | STREAMBANK DATABASE | 07/01/17 | NC | .000 | | HY | 4,500. | | | | 4,500. | | | 0. | |
| 780 | 3 LAPTOPS FOR WINDOWS 10 TRANSITION | 01/01/19 | SL | 3.00 | | 16 | 1,797. | | | | 1,797. | | | 150. | 150. |
| 781 | 3 LAPTOPS FOR WINDOWS 7 REPLACEMENT | 01/01/19 | SL | 3.00 | | 16 | 1,782. | | | | 1,782. | | | 198. | 198. |
| 782 | 3 LAPTOPS FOR WINDOWS 10 TRANSITION | 01/01/19 | SL | 3.00 | | 16 | 1,782. | | | | 1,782. | | | 149. | 149. |
| 783 | IPADS (2) FOR DEVO DEPARTMENT AND BACK COVERS | 02/06/19 | SL | 3.00 | | 16 | 1,696. | | | | 1,696. | | | 518. | 518. |
| 784 | SURFACE PRO + ACCESSORIES | 04/30/19 | SL | 3.00 | | 16 | 1,694. | | | | 1,694. | | | 376. | 376. |
| 785 | DELL 7000 SERIES COMPUTER | 08/29/19 | SL | 3.00 | | 16 | 1,268. | | | | 1,268. | | | 141. | 141. |
| 786 | COMPUTER | 08/31/19 | SL | 3.00 | | 16 | 1,245. | | | | 1,245. | | | 138. | 138. |
| 787 | TOWER FOR GIS/DATABASE/MODELING | 02/28/19 | SL | 3.00 | | 16 | 1,229. | | | | 1,229. | | | 341. | 341. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|-------------------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 788 | CELL PHONE TO REPLACE BROKEN ONE | REFURBISHED 06/12/19 | SL | 3.00 | | 16 | 1,229. | | | | 1,229. | | | 239. | 239. |
| 789 | NEW LAPTOP FOR CA DIRECTOR | 07/31/19 | SL | 3.00 | | 16 | 1,212. | | | | 1,212. | | | 168. | 168. |
| 790 | LAPTOP COMPUTER | 08/31/19 | SL | 3.00 | | 16 | 1,212. | | | | 1,212. | | | 135. | 135. |
| 791 | 2 X LAPTOPS FOR WINDOWS 7 REPLACEMENT | 08/31/19 | SL | 3.00 | | 16 | 1,198. | | | | 1,198. | | | 133. | 133. |
| 792 | DELL 5300 LAPTOP | 08/29/19 | SL | 3.00 | | 16 | 1,180. | | | | 1,180. | | | 131. | 131. |
| 793 | 2 LAPTOP COMPUTERS | 03/31/19 | SL | 3.00 | | 16 | 1,170. | | | | 1,170. | | | 293. | 293. |
| 794 | LAPTOP COMPUTER | 06/30/19 | SL | 3.00 | | 16 | 1,158. | | | | 1,158. | | | 193. | 193. |
| 795 | MACBOOK PRO FOR PROGRAMMING/UPSTREAM | 08/29/19 | SL | 3.00 | | 16 | 1,099. | | | | 1,099. | | | 305. | 305. |
| 796 | SYNOLOGY DS918+ 4-BAY | 08/29/19 | SL | 3.00 | | 16 | 1,089. | | | | 1,089. | | | 121. | 121. |
| 797 | DESKTOP COMPUTER | 07/31/19 | SL | 3.00 | | 16 | 992. | | | | 992. | | | 138. | 138. |
| 798 | LAPTOP COMPUTER | 04/30/19 | SL | 3.00 | | 16 | 580. | | | | 580. | | | 129. | 129. |
| 799 | SYNOLOGY DRIVES FOR VPN FOR SAC/BOILER | 02/26/19 | SL | 3.00 | | 16 | 579. | | | | 579. | | | 32. | 32. |
| 800 | STAND UP DESKS FOR SAC OFFICE | 02/26/19 | SL | 7.00 | | 16 | 568. | | | | 568. | | | 68. | 68. |
| 801 | NEW CHAIRS FOR STAFF SAC OFFICE | 05/19 | SL | 7.00 | | 16 | 505. | | | | 505. | | | 36. | 36. |
| 802 | NEW COUCH | 04/17/19 | SL | 7.00 | | 16 | 484. | | | | 484. | | | 46. | 46. |
| 803 | REFURBISHED LAPTOP | 02/28/19 | SL | 5.00 | | 16 | 475. | | | | 475. | | | 79. | 79. |
| 804 | REPAIR LAPTOP COMPUTER | 12/31/19 | SL | 5.00 | | 16 | 379. | | | | 379. | | | 0. | 0. |
| 805 | HARD DRIVES FOR VPN FOR BOILER/SAC | 02/26/19 | SL | 5.00 | | 16 | 378. | | | | 378. | | | 13. | 13. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-------------------------------------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 806 | IPAD FOR CA | 06/06/19 | SL | 5.00 | | 16 | 329. | | | | 329. | | | 38. | 38. |
| 807 | DESK | 02/07/19 | SL | 7.00 | | 16 | 300. | | | | 300. | | | 39. | 39. |
| 808 | STANDING DESK | 09/26/19 | SL | 7.00 | | 16 | 300. | | | | 300. | | | 11. | 11. |
| 809 | LAPTOP COMPUTER | 12/31/19 | SL | 5.00 | | 16 | 284. | | | | 284. | | | 0. | |
| 810 | 1717 I STREET CEILING RENOVATION | 01/14/19 | SL | 15.00 | | 16 | 6,675. | | | | 6,675. | | | 371. | 371. |
| 811 | YUNEEC E90 DRONE W/CONTROLLER | 06/12/19 | SL | 5.00 | | 16 | 5,248. | | | | 5,248. | | | 612. | 612. |
| 812 | TRIMBLE ZEPHYR MODEL 3 ROVER WITH RANGE POLE | 07/18/19 | SL | 5.00 | | 16 | 66,505. | | | | 66,505. | | | 5,542. | 5,542. |
| * TOTAL 990 PAGE 10 DEPR & AMORT | | | | | | | 2,119,125. | | 1,581. | | 2,117,544. | 969,832. | | 200,566. | 1,170,398. |
| CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | | |
| BEGINNING BALANCE | | | | | | | 1,920,707. | | | 0. | 1,919,126. | 969,832. | | | 1,144,349. |
| ACQUISITIONS | | | | | | | 198,418. | | | 0. | 198,418. | 0. | | | 26,049. |
| DISPOSITIONS/RETIRED | | | | | | | 5,695. | | | 0. | 5,695. | 2,412. | | | 3,226. |
| ENDING BALANCE | | | | | | | 2,113,430. | | | 0. | 2,111,849. | 967,420. | | | 1,167,172. |
| ENDING ACCUM DEPR LESS DISPOSITIONS | | | | | | | | | | | | 1,168,753. | | | |
| ENDING BOOK VALUE | | | | | | | | | | | | 944,677. | | | |