990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2016 calendar year, or tax year beginning , 2016, and ending 07/01 , 20 16 C Name of organization Gathering Waters Inc D Employer identification number R Check if applicable: Address change Doing business as 39-1805090 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 211 South Paterson Street Ste 270 608-251-9131 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Madison, WI, 53703 G Gross receipts \$ 265.307 Amended return Application pending F Name and address of principal officer: Michael Carlson H(a) Is this a group return for subordinates? Yes No 211 South Paterson Street, Suite 270, Madison, WI 53703 **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) ___ 501(c) () **◄** (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ www.gatheringwaters.org **H(c)** Group exemption number ▶ Form of organization: Corporation Trust Association L Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Gathering Waters (Wisconsin's alliance for land trusts) strengthens land trusts to protect Wisconsin's special places and grow healthy, vibrant communities. Activities & Governance 2 Check this box ▶☐ 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) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 7 6 6 Total number of volunteers (estimate if necessary) 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 503,135 260,388 Revenue 9 Program service revenue (Part VIII, line 2g) 18,067 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6.898 4.919 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 528,100 265,307 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,000 500 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) 334,312 141,476 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,881 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 157,168 62,208 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 492,480 204,184 19 Revenue less expenses. Subtract line 18 from line 12 35,620 61,123 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 640,110 699,304 21 Total liabilities (Part X, line 26) . 20,565 19,282 22 Net assets or fund balances. Subtract line 21 from line 20 619,545 680,022 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 Signature of officer Date Here Michael Carlson, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check ✓ if self-employed **Dana Chabot** P01368159 **Preparer** Firm's name

Dana Chabot CPA Firm's EIN ▶ **Use Only** Firm's address ▶ 2110 Luann Lane, Madison, WI 53713 608-442-1911 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes
☐ No

Form 990 (2016) Page **2**

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Gathering Waters (Wisconsin's alliance for land trusts) strengthens land trusts to protect Wisconsin's special places and grow
	healthy, vibrant communities. The stronger the alliance between Gathering Waters' staff and board members, land trust leaders, and the broader conservation community, the more successful we are-protecting the lands that provide so much value to all of us.
	and the broader conservation community, the more successful we are-protecting the failus that provide so much value to all of us.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 49,616 including grants of \$ 500) (Revenue \$ 0)
	Technical training and assistance to land trusts: build the capacity of Wisconsin land trusts and conservation organizations
	through one-on-one mentorship and technical assistance, conferences, and workshops. The "land trust education and
	advancement program" (LEAP) works intensively with selected land trusts to move them closer to accreditation by the Land Trust
	Alliance, a national association of land trusts. Since 2011 Gathering Waters has provided LEAP assistance to 30 land trusts
	across Wisconsin. During July - December 2016 Gathering Waters co-sponsored a peer-to-peer gathering of land trust executive
	staff.
4b	(Code:) (Expenses \$ 54,264 including grants of \$ 0) (Revenue \$ 0)
	Education and public outreach: educate the general public, professionals, and landowners about the importance of private land
	conservation and voluntary tools available to set aside private land for conservation. Gathering Waters maintains an interactive
	website and publishes paper and electronic newsletters throughout the year.
4c	(Code:) (Expenses \$30,096 including grants of \$0) (Revenue \$0
	Policy and government relations: work with decision makers at all levels of government to promote state, local, and federal policies
	that support the work of land trusts and the conservation of private land. Specifically, Gathering Waters advocates for continuation
	of funding for the Knowles Nelson Stewardship Fund, a program of public financial support for the preservation of land in Wisconsin.
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 6,902 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses ▶ 140,978

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
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>	4	_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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</i> "Yes," <i>complete Schedule D, Part II</i>	7	_	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
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</i> "Yes," <i>complete Schedule D, Part IV</i>	9		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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> .	11e		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
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>	15		,
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>	16		,
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> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ť
22				
		22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	04-		
	·	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
07		20		Ť
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Ť
C	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	000		1
	•	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
		SSA		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

	<u>'</u>
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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
	·	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<i>'</i>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
· .	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b 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 in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b 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* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c ~ 13 Did the organization have a written whistleblower policy? 13 ~ 1 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 IL, MN, WI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: > Dana Chabot, (608)251-9131

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	ensa	ated any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)	/	4 1		ition			(D)	(E)	(F)
Name and Title	Average					e than o is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Κey	emp	Former	the	organizations	compensation
	related organizations	vidu	Institutional trustee	cer	Key employee	nest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	of all tr	onal		Ploy	com		(VV 2/ 1000 WIIOO)		and related
	line)	uste	trus		ee	ipen				organizations
		Ф	tee			Highest compensated employee				
Roy Thilly	1									
President	0	-		~				0	0	0
Kristine Euclide	1									
Vice President	0	~		~				0	0	0
Terry Hatch	1									
Secretary	0	~		~				0	0	0
Penny Leder	1									
Treasurer	0	~		~				0	0	0
Susan Buchanan	0.5									
Board Member	0	~						0	0	0
Jeff Crawford	0.5									
Board Member	0	~						0	0	0
Christopher Hughes	0.5									
Board Member	0	~						0	0	0
Mike Koutnik	0.5									
Board Member	0	~						0	0	0
Randall Lawton	0.5									
Board Member	0	~						0	0	0
Kevin Thusius	0.5									
Board Member	0	~						0	0	0
Matt Reetz	0.5									
Board Member	0	~						0	0	0
Rebecca Smith	0.5									
Board Member	0	~						0	0	0
Eric Schumann	0.5									
Board Member	0	~						0	0	0
Michael Carlson	40									
Exec Director/CEO	0			~				77,472	0	3,953

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (continu	ued)		
-					(0	C)								
	(A)	(B)	, ,			ition			(D)	(E)		(F)	
	Name and title	Average	١,				e than o is both		Reportable	Reportab	le		nated	
		hours per					or/trus		compensation	compensation			unt of	
		week (list any			_			<u> </u>	from	related			her	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-N			ensation n the	
		organizations	ect	l E	욕	mg	est oye	<u>ĕ</u>	(W-2/1099-MISC)	(**-2/1099-1	1130)		ization	
		below dotted	or tr	nal		ğ	e on		,			_	elated	
		line)	ust	출		ee	pe					organi	izations	
			96	stee			ารส							
							ed							
		T	1											
		 	+											
			-											
			1											
		+	1											
											-+			
		 												
											\longrightarrow			
			1											
		 	1											
1b	Sub-total								77,472		0		2 (953
	Sub-total		 	•	•		•		11,412				3,7	/55
C				•	•		•		<u> </u>		\rightarrow			
d							•		77,472		0		3,9	953
2	Total number of individuals (including but		to th	ose	e list	ed	above	e) w	ho received m	ore than \$1	00,000) of		
	reportable compensation from the organi	ization ►							0					
													Yes N	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	ust	ee,	key 6	emp	oloyee, or high	est compe	nsated	d		
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ind	ividu	ual					3		/
4	For any individual listed on line 1a, is the	sum of re	portal	ole (con	nper	nsatio	n a	nd other comp	ensation fr	om the	e		
-	organization and related organizations													
	individual	grouter tri	αιι ψ	,	,000			Ο,	complete con	044,0 0 70		4		
_	Did any person listed on line 1a receive of				Han						 ماندناماریم			_
5	for services rendered to the organization													
	-	: 11 165, 0	σπρι	ele	JUI	ieut	ile J i	UI S	sucii persori		<u>· ·</u>	5		_
	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within	the org	ganizatio	n's tax	
	year.													
-	(A)								(B)			(C)		_
	Name and business add	Iress							Description of s	ervices		Compensa	ation	
None														
None								\vdash						_
								_						
2	Total number of independent contractor							th c	nose listed abo	ove) who				
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion	•		0					

d

Total. Add lines 11a-11d.

Total revenue. See instructions.

Form 990 (2016) Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue excluded from tax (A) Total revenue (B) Related or exempt function revenue revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . 1a 3,014 Membership dues . . . 1b 0 Fundraising events 1c 0 С Related organizations . . . 1d 0 Government grants (contributions) 0 All other contributions, gifts, grants, and similar amounts not included above 1f 257,374 Noncash contributions included in lines 1a-1f: \$ 1,200 Total. Add lines 1a-1f . . h 260,388 Program Service Revenue **Business Code** 2a b d е f All other program service revenue. g Total. Add lines 2a-2f. 0 Investment income (including dividends, interest, and other similar amounts) 4,919 4,919 0 4 Income from investment of tax-exempt bond proceeds 0 0 0 0 5 Royalties 0 0 0 0 (i) Real (ii) Personal Gross rents . . 6a b Less: rental expenses С Rental income or (loss) O d Net rental income or (loss) (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . Gain or (loss) . 0 Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses b Net income or (loss) from fundraising events С 9a Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities . C 10a Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold . . . Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a b С All other revenue

0

4,919

265,307

0

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX .		🔲
	t include amounts reported on lines 6b, 7b, o, 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	500	500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
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	0	0		
5	Compensation of current officers, directors,	0	0		
	trustees, and key employees	46,453	32,517	4,645	9,291
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	69,512	52,134	2,085	15,293
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,176	3,132	125	919
9	Other employee benefits	13,106	7,437	1,544	4,125
10	Payroll taxes	8,229	6,172	247	1,810
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	10,230	0	10,230	0
d	Lobbying	10,230	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	· ·	Ü	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,531	531	0	2,000
12	Advertising and promotion	5,998	4,098	0	1,900
13	Office expenses	8,719	5,864	1,012	1,843
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	16,829	12,643	194	3,992
17 18	Travel	4,236	3,869	12	355
10	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	2,181	1,942	120	119
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	476	283	104	89
23	Insurance	2,590	1,887	107	596
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Staff development	2,443	2,163	0	280
b	Dues and fees	5,975	5,706	0	269
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	204,184	140,878	20,425	42,881
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	246,012	1	266,592
	2	Savings and temporary cash investments	133,279		135,641
	3	Pledges and grants receivable, net	142,400		68,300
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,		-	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	_	Loans and other receivables from other disqualified persons (as defined under section	<u> </u>	<u> </u>	0
S.	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0		0
As	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	9,908		11,406
	10a	Land, buildings, and equipment: cost or	7,700		11/100
		other basis. Complete Part VI of Schedule D 10a 17,384			
	b	Less: accumulated depreciation 10b 12,012	504	10c	5,372
	11	Investments—publicly traded securities	108,007		211,993
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	640,110		699,304
	17	Accounts payable and accrued expenses	20,565		19,282
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0		0
G	22	Loans and other payables to current and former officers, directors,	<u> </u>		0
ţį	22	trustees, key employees, highest compensated employees, and			
Ε		disqualified persons. Complete Part II of Schedule L	0	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third	0		0
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	20,565	26	19,282
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	20,303		17,202
es		complete lines 27 through 29, and lines 33 and 34.			
anc E	27	Unrestricted net assets	389,895	27	491,472
ale	28	Temporarily restricted net assets	218,900		177,800
8	29	Permanently restricted net assets	10,750		10,750
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	10,730		10,730
ī		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
et	33	Total net assets or fund balances	619,545		680,022
Z	34	Total liabilities and net assets/fund balances	640,110		699,304
	<u> </u>		070,110		077,304

Form 990 (2016) Page **12**

Part	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		26	5,307
2	Total expenses (must equal Part IX, column (A), line 25)	2		20	4,184
3	Revenue less expenses. Subtract line 2 from line 1	3		6	1,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		61	9,545
5	Net unrealized gains (losses) on investments	5			-646
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		68	0,022
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u>. </u>
			_	Yes	No
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," ex	plain i	n		
_	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 com	oiled o	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?		. 2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ea on	a		
	·				
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	oroiak	-+		
С	of the audit, review, or compilation of its financial statements and selection of an independent account		.	1	
	If the organization changed either its oversight process or selection process during the tax year, ex			-	
	Schedule O.	ріант	"		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
Sa	the Single Audit Act and OMB Circular A-133?		'' 3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				-
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	. squired data. S. data. S, oxplain my in contoduct of and docomes any stope talken to undergo duent a			 rm 990	(2016)
			10		· (=0:0)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number**

Gati	ering waters inc						05090			
Pa	t Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ns.			
The	organization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	k only or	ne box.)				
1	☐ A church, convention of church	nes, or associati	on of churches descr	bed in se	ection 17	0(b)(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	_									
4	A medical research organizatio						(iii). Enter the			
	hospital's name, city, and state	e:								
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 govern	nment or govern	mental unit described	in sectio	on 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 organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a I	and-grant college			
	or university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
10	An organization that normally receipts from activities related	eceives: (1) mor	e than 331/3% of its su	upport fro	m contril	butions, membershi	p fees, and gross			
	support from gross investment	income and un	related business taxa	ole incom	replions, ne (less se	ection 511 tax) from	businesses			
	acquired by the organization at									
11	An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).				
12	☐ An organization organized and									
	of one or more publicly suppo									
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •		•	•				
а	_ ,,									
	the supported organization					he directors or trust	ees of the			
	supporting organization. You	-	•							
b										
	control or management of t				persons	that control or man	age the supported			
	organization(s). You must o	-	·							
С	Type III functionally integrits supported organization(s)						ally integrated with,			
_	_ ``	, ,	•		-					
d										
	that is not functionally integ requirement (see instruction						u an attentiveness			
_	_ ` ` `	•	•		-					
е	 Check this box if the organ functionally integrated, or T 						e II, Type III			
		• •			-					
ī	Enter the number of supported or Provide the following information	organizations .								
g			1	(in) to the c	vacnization	(A) Amount of monotony	(vi) Amount of			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
			above (see instructions))	docu	ment?	instructions)	instructions)			
				Yes	No					
				103	140					
(A)										
(B)										
(C)										
(D)										
(E)										
			I	I	1	I				

18

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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 619,951 417,566 758,525 503,135 260,388 2,559,565 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3. . . . 4 619,951 417,566 758,525 503,135 260,388 2,559,565 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 236,001 Public support. Subtract line 5 from line 4 2,323,564 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 619,951 417,566 758,525 503,135 260,388 2,559,565 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 7,810 3,448 4,671 4,919 27,746 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 O 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 **Total support.** Add lines 7 through 10 11 2,587,311 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 14 89.81 % Public support percentage from 2015 Schedule A, Part II, line 14 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. 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 10%-facts-and-circumstances test - 2015. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 falls to qualify	under the te	sts listed bei	ow, please co	implete Fart	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
2	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.)						
Secti	on B. Total Support						_
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(a) 2012	(2) 2010	(6) 2011	(4) 2010	(6) 2010	(i) rotar
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	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						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
10	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is for the	o organization	a's first socon	d third fourth	or fifth tax w	or as a soctio	D 501(a)(3)
14	organization, check this box and stop he	•					` ' : '
Sacti	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2016 (line 8			3 column (fl)		15	%
16	Public support percentage from 2015 Sch		-			16	
	on D. Computation of Investment Inc					10	70
17	Investment income percentage for 2016 (I			v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2015			-		18	——————————————————————————————————————
19a	33 ¹ / ₃ % support tests—2016. If the organi						
isa	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2015. If the organiz	_	=	-		_	
D	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization di	_	_	•			_

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	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		res	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
Ū	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9b 9c		
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	30		
L	supporting organizations)? If "Yes," answer 10b below.	10a		
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	406		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			I
_			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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the approximation approach fourth a homeful of any approximation at how there the approached	-		
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</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in 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		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	No
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	,	,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		/
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
_ <u>i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	5 (0040			
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

, .		0			
	ection 501(c)(4), (5), or (6) orga of organization	inizations: Complete Part III.		Employer ider	ntification number
	ring Waters Inc				39-1805090
Part	3	e organization is exempt und	er section 501(c) or is a section 527 (
1	-	the organization's direct and inc		-	
2		y expenditures (see instructions) .			S
3		cal campaign activities (see instruc			
Part	-	e organization is exempt und			
1 2 3 4a b	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part		managers under m 4720 for this ye	section 4955	Yes No
Part		e organization is exempt und			(c)(3).
1	activities	y expended by the filing organiz		[.] > \$	
2		filing organization's funds contrib			
3	line 17b	expenditures. Add lines 1 and 2.		\$	
4 5	Enter the names, address organization made payme the amount of political co	a file Form 1120-POL for this year's ses and employer identification nursents. For each organization listed, contributions received that were profund or a political action committee.	nber (EIN) of all se enter the amount a mptly and directly	ection 527 political organi paid from the filing organ delivered to a separate p	zations to which the filing ization's funds. Also enter political organization, such
	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Cat. No. 50084S

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

OCHEC	idle 0 (1 01111 990 01 990-LZ) 2010					raye Z
Par	t II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50	11(c)(3) and file	d Form 5768 (ele	ection under
A	Check ► ☐ if the filing organization bel	ongs to an aff	iliated group (an	d list in Part IV	each affiliated gro	oup member's
	name, address, EIN, expen	ses, and share	e of excess lobb	ying expenditur	es).	•
в	Check $ ightharpoonup$ if the filing organization che	ecked box A a	nd "limited cont	rol" provisions a	ipply.	
	Limits on Lobb	ying Expenditu	ires		(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts _l	paid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbyi	ing)	0	
b					1,096	
C	Total lobbying expenditures (add lines 1a	a and 1b)			1,096	
d	Other exempt purpose expenditures .				203,088	
е	Total exempt purpose expenditures (add	lines 1c and 1c	d)		204,184	
f	Lobbying nontaxable amount. Enter t	the amount fro	om the following	table in both		
	columns.				40,837	
	If the amount on line 1e, column (a) or (b) is:	The lobbying r	nontaxable amount	is:		
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25	% of line 1f) .			10,209	
h	Subtract line 1g from line 1a. If zero or le	ss, enter -0			0	
i	Subtract line 1f from line 1c. If zero or les	•			0	
j	If there is an amount other than zero			•		
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a sec	tion 501(h) ele	Period Under sect ction do not have uctions for lines 2	to complete all	of the five columi	ns below.
	Lobbying	Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2 a	, ,	117,871	131,808	98,496	40,837	389,012
b	Lobbying ceiling amount (150% of line 2a, column (e))					583,518
С	Total lobbying expenditures	1,469	44,421	1,332	1,096	48,318

29,468

0

32,952

0

24,624

0

Schedule C (Form 990 or 990-EZ) 2016

0

97,253

145,880

10,209

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	1 5768		
For 6	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	ription of the lobbying activity.	Yes	No	Aı	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?					
! :	Other activities?					
j	Total. Add lines 1c through 1i					
2a 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), c	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				<u> </u>	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
_	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Provid	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un lie	t). Dai	1 ΙΙ_Λ Ι	ines	1 and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up iis	ı, rai	ι II-Α, I	1162	ı anu
_ (

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

Gathe	ring Waters Inc		39-1805090
Par	t I Organizations Maintaining Donor Adv	rised Funds or Other Similar Fur	nds 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 h	neld in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	3	
·	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Par			res ho
ган		"Voc" on Form 000 Port IV line 7	
	Complete if the organization answered		•
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	•	· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
•	Preservation of open space		and the Alex Course of a consequent to the
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h	. ,	
d	Number of conservation easements included in		I I
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ► 0		
4	Number of states where property subject to conse	rvation easement is located ►	1
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea	sements it holds?	\cdot \cdot \cdot \cdot \cdot \cdot \checkmark Yes \square No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	▶ 11		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$ 497		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	•	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF.		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati	•	addation, or recognism materialise of
	(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,		·
~	following amounts required to be reported under S		
_	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
a	Revenue included on Form 990, Part VIII, line 1 .		D
b	Assets included in Form 990, Part X		🖊 💲

Schedu	le D (Form 990) 2016									Page
Part	Organizations Maintaining C	Collections of A	Art, Hist	orical T	reasures	, or Ot	her Similar A	Ass	ets (cor	tinued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	ner recor	ds, chec	k any of th	e follov	wing that are a	sig	nificant (use of its
а	☐ Public exhibition		d [Loan	or exchang	ge prog	rams			
b	Scholarly research		e [Other	•					
C	☐ Preservation for future generations									
4	Provide a description of the organization	n's collections a	nd expla	in how tl	nev further	the ord	anization's ex	emr	t purpos	se in Par
	XIII.				.,		,			
5	During the year, did the organization s	olicit or receive of	donations	s of art.	historical t	reasure	s. or other sim	nilar		
	assets to be sold to raise funds rather the								☐ Yes	s 🗆 No
Part			<u> </u>							
	Complete if the organization a 990, Part X, line 21.		on Forr	n 990, F	Part IV, lin	e 9, or	reported an a	amo	ount on	Form
1a	Is the organization an agent, trustee, or	custodian or othe	er interm	ediary fo	or contribut	tions or	other assets	not		
	included on Form 990, Part X?								☐ Yes	s \square No
b	If "Yes," explain the arrangement in Par	t XIII and comple	te the fol	lowing ta	able:					
	, ,	·		Ū				Am	ount	
С	Beginning balance					10	;			
d	Additions during the year					10	1			
е	Distributions during the year					16	,			
f	Ending balance					11	:			
2a	Did the organization include an amount							itv?	☐ Yes	s No
b	If "Yes," explain the arrangement in Par							-		$\overline{\Box}$
Par				•		•				
	Complete if the organization a	answered "Yes"	on Forr	n 990, F	Part IV, line	e 10.				
		(a) Current year	(b) Pric		(c) Two yea		(d) Three years ba	ack	(e) Four y	ears back
1a	Beginning of year balance	10,750		10,750		10,750	10,	750		10,750
b	Contributions	0		0		0		0		(
C	Net investment earnings, gains, and									-
	losses	398		20		362	1.0	699		1,525
d	Grants or scholarships	0		0		0		0		.,,,,
e	Other expenditures for facilities and									
	programs	398		20		162	1,	499		1,325
f	Administrative expenses	0		0		200		200		200
g	End of year balance	10,750		10,750		10,750	10,			10,750
2	Provide the estimated percentage of the		d balance		. column (a			700		10,700
a	Board designated or quasi-endowment	=	%	- (,(-	-,,				
b		0 %								
C	Temporarily restricted endowment ▶	0 %								
_	The percentages on lines 2a, 2b, and 2c		00%.							
3a	Are there endowment funds not in the			ation tha	at are held	and ad	ministered for	the		
	organization by:		3						Y	es No
	(i) unrelated organizations									v
	(ii) related organizations							•	3a(ii)	· /
b	If "Yes" on line 3a(ii), are the related org							•	3b	+
4	Describe in Part XIII the intended uses of		•					•	30	
Part			5 5.140							
ı en	Complete if the organization a		on Form	n 990 E	Part IV line	a 11a	See Form 00	0 =	art V lii	ne 10
	Description of property	(a) Cost or oth			r other basis		Accumulated	J, 1	(d) Book	
	Description of property	(investme	I	` '	ther)		epreciation		(u) DOOK	value
10	Land	,	0	•	•					
1a h	Land		0		0					(
b	Buildings		0		0		0			

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

5,372

0

12,012

. ▶

0

					990, Part X, line
	(a) Description of security or categor (including name of security)	ry	(b) Book value		hod of valuation: -of-year market value
Financia	l derivatives				
-	held equity interests				
Other					
(A)			-		
(B)			-		
(C)			-		
(D)			-		
(E)			-		
(F) (G)			-		
(G) (H)			-		
`	b) must equal Form 990, Part X, col. (B) line 12.) ▶		-		
art VIII	Investments—Program Relate				
art VIII	Complete if the organization ans		orm 990 Part IV line	11c See Form	000 Part X line
	(a) Description of investment	SWOICE 105 OILL	(b) Book value		thod of valuation:
	(a) Beschption of investment		(b) Book value		-of-year market value
)					
)					
)					
)					
))					
)					
)					
)					
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.		•		
	Complete if the organization ans	swered "Yes" on Fo	orm 990, Part IV, line	11d. See Form	990, Part X, line
		(a) Description			(b) Book value
)					
)					
(;) (;) (;)					
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)))))					
))))))	umn /h) must aqual Form 000. Port V.	nol (P) line 15)			
c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (mn (b) must equal Form 990, Part X, o	col. (B) line 15.)			
2) 3) 5) 5) 5) 7) 8) 9) Vtal. (Colu	Other Liabilities.				a Form 000 Port
c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (Other Liabilities. Complete if the organization and				e Form 990, Part 2
))))))))) tal. (Colu	Other Liabilities. Complete if the organization ans line 25.	swered "Yes" on Fo			e Form 990, Part)
))))))) tal. (Colu	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability		orm 990, Part IV, line		e Form 990, Part 2
)))))) tal. (Colu	Other Liabilities. Complete if the organization ans line 25.	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part)
)))))) tal. (Colu	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part)
)))))) tal. (Colu Part X) Federal in)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo			e Form 990, Part 2
e) e	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part 2
e) e	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part X
(c)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part X
Part X) Federal in 2) 3) 4) 5)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part)
2) 2) 2) 3) 3) 3) 4) 5) 5) 5) 6) 7) 6) 7) 7) 8) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part)
2) 2) 2) 3) 3) 3) 4) 5) 5) 5) 6) 7) 6) 7) 7) 8) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Fo	orm 990, Part IV, line		e Form 990, Part

Schedule D (Form 990) 2016 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Donated services and use of facilities h Recoveries of prior year grants 2e 3 3 Subtract line **2e** from line **1** Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b **4**a 4b Add lines 4a and 4b . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990. Part IV. line 12a. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4h Add lines **4a** and **4b** Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 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. Schedule D, Part II, Line 5 - Gathering Waters' policy is to monitor easements annually, document the results of annual monitoring, and communicate the results of annual monitoring to the landowner. Violations of conservation easements are resolved on a case-by-case Schedule D, Part II, Line 9 - Gathering Waters records the purchase of easements as an expense in the year of purchase. No asset or liability is recorded in connection with easement purchases. Donated easements are not assigned a value in the accounting records. Schedule D, Part V, Line 4 - Endowment funds held by Gathering Waters are intended to support an internship program. Distributions from endowment funds are used to help defray the cost of hiring at least one intern per year. Interns are usually students who intend to build a career in conservation work. Other endowment funds are held by Madison Community Foundation and are intended to support Gathering Waters' general operations.

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number			
Gathering Waters Inc	39-1805090			
Form 990, Part VI, Section A, Line 4 - Gathering Waters amended its bylaws to change its fiscal year-ended its bylaws.	nd from June 30 to December 31.			
Form 990, Part VI, Section B, Line 11b - The finance committee of Gathering Waters, which includes m				
reviews and approves Form 990 prior to filing. Gathering Waters makes the Form available to all mem	pers of the Board for review prior to			
filing.				
Form 990, Part VI, Section B, Line 12c - The financial manager collects and reviews conflict of interest	statements completed annually by			
members of the Board of Directors, and communicates to applicable Board and staff members any po				
members who have a conflict of interest are expected to excuse themselves from participating in deliberation and decision making about				
matters involving the conflict.				
Form 990, Part VI, Section B, Line 15 - The Executive Committee of the Board of Directors authorizes t				
compensation, based in part on information obtained from informally surveying compensation paid by	comparable organizations, most			
recently in 2015.				
Form 990, Part VI, Section C, Line 19 - Gathering Waters makes its governing documents, conflict of in	storest policy, and audited financial			
statements available to members of the general public upon request.	nerest policy, and addited illiancial			
Statements available to members of the general public aport request.				

Schedule O, Statement 1

Gathering Waters Inc

Form: Form 990 (2016)

EIN: 39-1805090 Part III, Line 4d

Page: 2

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Program development: plan for the future of land and water conservation in Wisconsin through consultation with land trusts and other conservation leaders and strategic planning activities.	6,902	0	0
Total:		6,902	0	0