WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> GATHERING WATERS, INC. 211 SOUTH PATERSON STREET, NO. 270 MADISON, WI 53703-4501

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** PUBLIC DISCLOSURE COPY **

Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2020 calendar year, or tax year beginning	and	d ending	_	
В	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addres	S GATHERING WATERS, INC.				
	Name change				39-18050	90
	Initial return Final return/	Number and street (or P.O. box if mail is not de 211 SOUTH PATERSON STR		Room/suite 270	E Telephone numbe	
_	—lreturn/ termin- ated	City or town, state or province, country, and		270	G Gross receipts \$	879,242.
	Ameno return	madison, wi 53703-450			H(a) Is this a group re	
	Application	F Name and address of principal officer:MIC	HAEL CARLSON		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates i	
				or 527	If "No," attach a	list. See instructions
		e: ► GATHERINGWATERS.ORG			H(c) Group exemption	n number 🕨
K	Form of	organization: $oxed{X}$ Corporation $oxed{\Box}$ Trust $oxed{\Box}$ A	ssociation Other >	L Year	of formation: 1994	M State of legal domicile: WI
P		Summary				
ø	1	Briefly describe the organization's mission or mos	t significant activities: STRE	NGTHEN	I LAND TRUST	'S TO
anc		PROTECT WI'S SPECIAL PLAC		-		
Governance		Check this box lif the organization disco			1	
õ		Number of voting members of the governing body				11
જ		Number of independent voting members of the go				11
ties		Total number of individuals employed in calendar				32
Activities &		Total number of volunteers (estimate if necessary)				0.
Ą		Total unrelated business revenue from Part VIII, con Net unrelated business taxable income from Form				0.
	B	ver unrelated business taxable income from Form	1990-1, Part I, IIIIe 11		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)			783,189.	873,897.
Revenue					14,549.	0.
š		nvestment income (Part VIII, column (A), lines 3, 4	 Land 7d)		14,799.	5,345.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			0.	0.
	1	Fotal revenue - add lines 8 through 11 (must equa			812,537.	
		Grants and similar amounts paid (Part IX, column			12,133.	0.
		Benefits paid to or for members (Part IX, column (0.	0.
S	1	Salaries, other compensation, employee benefits			412,173.	458,070.
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		0.	0.
xbe	b.	Total fundraising expenses (Part IX, column (D), lir		96.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11c	I, 11f-24e)		340,899.	
		Total expenses. Add lines 13-17 (must equal Part			765,205.	678,679.
- (/	19	Revenue less expenses. Subtract line 18 from line	12		47,332.	200,563.
Net Assets or				Ве	eginning of Current Year	End of Year
Sset	20				943,808.	1,174,323.
et A	21	Total liabilities (Part X, line 26)			31,973. 911,835.	29,928. 1,144,395.
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	1 line 20		911,033.	1,144,393.
		ties of perjury, I declare that I have examined this return	including accompanying cohodul	ac and etatom	nents, and to the best of m	w knowledge and belief it is
		and complete. Declaration of preparer (other than offic				ly knowledge and belief, it is
uu	, 001100	, and complete. Declaration of preparer (other than onle	ci) is based on an information of w	πιοπ ρισμαισι	ilas arīy kriowicuge.	
Sig	ın	Signature of officer			I Date	
He		MICHAEL CARLSON, EXECU	TIVE DIRECTOR			
110		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN
Pai	d	BRUCE MAYER, CPA	Bruce May	er	10/8/21 if self-employ	P00187180
Pre		Firm's name WEGNER CPAS, LLP	-			39-0974031
	Only	Firm's address 2921 LANDMARK PL				
		MADISON, WI 5371			Phone no. 60	8-274-4020
Ma	v the IF	S discuss this return with the preparer shown about	ove? See instructions		· · · · · · · · · · · · · · · · · · ·	X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3 3 7 7 3
_	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 \$ 213,316 • including grants of \$ 0 •) (Revenue \$)
	TECHNICAL TRAINING AND ASSISTANCE TO LAND TRUSTS: BUILD THE CAPACITY OF
	MORE THAN FORTY WISCONSIN LAND TRUSTS AND CONSERVATION ORGANIZATIONS
	THROUGH ONE-ON-ONE MENTORSHIP AND TECHNICAL ASSISTANCE, CONFERENCES,
	AND WORKSHOPS. GATHERING WATERS WORKS CLOSELY WITH THE LAND TRUST
	ALLIANCE, A NATIONAL ASSOCIATION OF LAND TRUSTS, TO OFFER TRAINING
	OPPORTUNITIES AND SUPPORT SERVICES TO WISCONSIN LAND TRUSTS. DURING
	2020 GATHERING WATERS ORGANIZED A VIRTUAL STATEWIDE CONFERENCE FOR
	CONSERVATION ORGANIZATIONS ATTENDED BY MORE THAN 100 PARTICIPANTS. IN
	ADDITION, DURING 2020 GATHERING WATERS HELD "LAND TRUST DAYS," AN
	EFFORT TO PROMOTE OPPORTUNITIES FOR NEARLY 2,000 PEOPLE TO PARTICIPATE
	IN ACTIVITIES ORGANIZED BY WISCONSIN'S LAND TRUSTS ON LAND THAT THEY
	HAVE PROTECTED.
4b	(Code:) (Expenses \$ 163,142 •including grants of \$ 0 •) (Revenue \$)
75	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. IN
	ADDITION, GATHERING WATERS GAVE OUT ANNUAL AWARDS AT LOCAL EVENTS
	HONORING SIGNIFICANT CONTRIBUTIONS MADE BY LEADERS IN LAND
	CONSERVATION.
	CONSERVATION.
_	(Code:) (Expenses \$ 131,462 • including grants of \$ 0 •) (Revenue \$ 0 •)
4c	(Code:) (Expenses \$ 131,462. 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 PROGRAM, A PROGRAM OF PUBLIC
	FINANCIAL SUPPORT FOR THE PRESERVATION OF LAND IN WISCONSIN. IN 2020,
	GATHERING WATERS CONNECTED ELECTED OFFICIALS WITH THEIR LOCAL
	CONSTITUENTS AND PREPARED A COALITION EFFORT TO ADVOCATE FOR
	REAUTHORIZATION OF THE STEWARDSHIP IN THE 2021 STATE BUDGET PROCESS IN
	WISCONSIN.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 29,600 • including grants of \$ 0 •) (Revenue \$ 0 •)
4e	- · · · · · · · · · · · · · · · · · · ·
	Form 990 (2020)

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Dest IV	Charlist of Dogwing Cabadulas	/ !! !!
Partiv	Checklist of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			Х
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Б	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c		
	.∪ ∪ ∪ 1			

Form 990 (2020) GATHERING WATERS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vaer anding with or within they ware covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to effect see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3c If Yes, "has the filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3d All any time during the calendary year, did the organization have an interest is, or a signature or other authority over, a financial account in a toregon country (such as a barrik accountry, securities account, or other financial account)? 4d All any time the name of the foreign country by the provided of the provided				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines is and 2a is greater than 250, you may be required to e/fel (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during they sear? 3b If Yes, 1 has it filed a Form 800 Tior this year? If 170 Tio file 80, provide an explanation on Schedule 0 3a At any time during the calendary ear, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country glow she is bank account, securities account, or other financial account(?) 4a At any time the hanne of the free free free free free free free fr	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 9			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if tilled a Form 9807 for this year? If "Not * to im 83,000 or more during the year? 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; a foreign country (such as a bank account, provide an explanation on Schedule O. 4b If "Yes," inter the name of the foreign country. 5c In It "Yes * to line Sar of St, did the foreign country. 5c In It yes * to line Sar of St, did the foreign country. 5c In It yes * to line Sar of St, did the organization in Erom 8807 for It yes * to line Sar of St, did the organization in Erom 8807 for It yes * to line Sar of St, did the organization the organization the organization in the are formally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when contributions that were not tax deductible? 6c Does the organization related a contribution under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," inclinate the number of forms 8802 fish made partly as a contribution and partly for goods and services provided to the payor? 7c Dit was a service of the organization in only the donor of the value of the goods or services provided? 7c Dit was a service of the organization and the payor of the value of the goods or services provided? 7c Dit was organization received a contribution of qualified intellectual property, did the organization related to the payor of the services provided? 7d Dit was organization related a contribution of causified intellectual property, did the organ	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 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? 4b If "Yes," enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 6c Did any taxable party notify the organization file Form 888877. 6c Did was 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? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided? 7c Did the organization express any expression and party for goods and services provided to the payor? 7a X Was a did the organization receive a payment in excess of \$15 made party as contribution of party to a prohibition and party for goods and services provided to the payor? 7a Was a did the organization received an orotify the ofice of targible personal property for which it was required to the form 8282? 7b Did the organization received an orotify underly, to pay premiums on a personal benefit contract? 7e X Was a did the organization received an orotify thing of the year. 7d Did the organization received an orotify thing of the year. 9d D		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot 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)? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax whether transaction? 5b Was the organization that it was or is a party to a prohibited tax whether transaction? 5c If "Yes" to lie So or 5b, did the organization the ferm 88867? 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 schariable contributions? 6b Wes the organization related to tax deductible schariable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization stat any precive deductible contributions under section 170(c). a Did the organization state any receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization state any receive deductible contributions and any arriy for goods and services provided to the payor? 7c If Yes, "Indicate the number of Forms 8222 filed during the year to the Form 82822 filed during the year. b Did the organization enough a contribution of a device the year of the year in the yea	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'reter 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 shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year. 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization shall that were not tax deductible as charitable contributions? 6d I 'Yes' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shall many receive deductible contributions under section 170(c). 8 Did the organization receive appropent in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 7 b I'Yes', did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization received appropent with every solicitation and party for goods and services provided to the payor? 7 b I'Yes', did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization received a contribution of payor the year. 9 Did the organization neceived a contribution of payor years with the special property for which it was required? 1 of I'Yes', included the number of Forms 8282 filed during the year. 9 Sponsoring organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8289 as required? 1 of the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(K)7 organizations. Enter:	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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11 Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	_				
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organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					7.7
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	-	000	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL, MN, WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHAD RHODES - (608) 251-9131			
	211 S. PATERSON ST. SUITE 270, MADISON, WI 53703-4501			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL CARLSON	40.00	-		х				81,154.	0.	11717
EXECUTIVE DIRECTOR	1.00			Δ		\vdash		01,134.	0.	14,747.
(2) MATT REETZ CHAIR	1.00	X		x				0.	0.	0.
(3) ROY THILLY	1.00	^		Δ		\vdash		0.	0.	0.
IMMEDIATE PAST CHAIR	1.00	X		x				0.	0.	0.
(4) KRISTINE EUCLIDE	1.00	┢		^		-		0.	0.	0.
VICE-CHAIR	1.00	X		X				0.	0.	0.
(5) MICHAEL KOUTNIK	1.00	122				\vdash		0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(6) CAROL FISHER	1.00							0.	•	•
TREASURER	100	x		x				0.	0.	0.
(7) CAROL ABRAHAMZON	1.00	 						0.0		
DIRECTOR		X						0.	0.	0.
(8) STEPHANIE VRABEC	1.00									
DIRECTOR		X						0.	0.	0.
(9) JEFF CRAWFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) NICK MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KEVIN THUSIUS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) VANESSA WISHART	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
032007 12-23-20										Form 990 (2020)

Form **990** (2020)

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploye	ees,	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			_ (C	•			(D)	(E)			(F)	
Name and title	Average		not cl		more	than		Reportable	Reportable		l	timate	
	hours per week					is bot or/trus		compensation from	compensation from related			nount o other	of
	(list any	tor						the	organization			pensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MI			om the	
	related	stee o	trustee			bensa		(W-2/1099-MISC)				anizati	
	organizations below	ual tru	ional 1		ploye	t com	١.					d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orge	ıınzatı	5115
			_		×		_						
		1											
		\vdash											
		1											
		$\frac{1}{1}$											
		-											
		H				\vdash							
1b Subtotal					<u> </u>	<u> </u>	▶	81,154.		0.	1	4,7	47.
c Total from continuation sheets to Part							•	0.		0.			0.
d Total (add lines 1b and 1c)								81,154.		0.	1	4,7	<u>47.</u>
2 Total number of individuals (including bu		nose	liste	ed at	bove	e) wł	no re	eceived more than \$100	,000 of reportab	ile			C
compensation from the organization	•											Yes	No
3 Did the organization list any former offic	er, director, trust	ee, k	еу е	empl	loye	e, o	hig	hest compensated emp	oloyee on	•			
line 1a? If "Yes," complete Schedule J fo	or such individual										3		Х
4 For any individual listed on line 1a, is the	•							•	the organization				
and related organizations greater than \$											4		X
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co					•			ed organization or indiv	idual for services	3	5		Х
Section B. Independent Contractors	ompiete Scriedui	e	טר אנ	ich j	pers	SOII .					3		
1 Complete this table for your five highest										npens	ation f	rom	
the organization. Report compensation f	or the calendar y	ear e	endi	ng w	vith	or w	ithir T	n the organization's tax (B)	year.		(C	•1	
(A) Name and busine	ess address	NO	NE	3				Description of s	ervices	С	ompe		า
							\downarrow						
2 Total number of independent contractors		not lin	nite	d to	tho	se lis	sted	l above) who received m	nore than				
\$100,000 of compensation from the orga	anization >					U					Form !	990 (c	2020)

Total revenue Total revenue Related or exempt function revenue Total revenue Related or exempt function revenue Total revenue Related or exempt function revenue Related or exempt function revenue Total revenue Related or exempt function revenue Related or exempt function revenue Total revenue Total revenue Related or exempt function revenue Total revenue Tot	e excluded ax under 512 - 514
Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 5 , 345.	
Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 5 , 345.	
Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 5 , 345.	
2 a b c d e f All other program service revenue g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest, and other similar amounts) 5 , 345.	
other similar amounts) 5 , 345 .	
	,345.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents 6a 6a	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 7a	
b Less: cost or other basis	
and sales expenses 7b	
and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss)	
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses8b	
c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns	
and allowances10a	
b Less: cost of goods sold10b	
c Net income or (loss) from sales of inventory	
Business Code	
Business code It a	
b	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See instructions 879,242. 0. 5	

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

	Check if Schedule O contains a respons		this Part IX(B)	(C) 1	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	05 001	77 240	4 622	14 000
	rustees, and key employees	95,901.	77,240.	4,633.	14,028
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	305,111.	245,740.	14,742.	44,629
	Other salaries and wages	303,111.	245,740.	14,742.	44,043
	rension plan accruals and contributions (include	11,303.	9,104.	546.	1 653
	ection 401(k) and 403(b) employer contributions)	21,083.	16,980.	1,019.	1,653 3,084
	Other employee benefits	24,672.	19,871.	1,192.	3,609
	Payroll taxes	24,072.	19,0/1.	1,192.	3,003
	ees for services (nonemployees):				
	Management				
	egal	14,302.		14,302.	
	Accounting	14,302.		14,302.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	85,816.	80,226.	5,399.	191
	olumn (A) amount, list line 11g expenses on Sch 0.)	32,435.	25,311.	2,536.	4,588
	Advertising and promotion	18,476.	9,309.	4,953.	4,214
	Office expenses	10,470.	9,309.	4,933.	4,214
	nformation technology				
	Royalties	36,237.	27,799.	3,391.	5,047
	Occupancy	1,124.	429.	675.	20
	ravel	1,124.	423.	073.	20
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	8,085.	7,124.	303.	658
	Conferences, conventions, and meetings	0,000.	1,144.	303.	030
	nterest				
	Payments to affiliates	3,416.	2,674.	257.	485
	Depreciation, depletion, and amortization	5,180.	4,124.	307.	749
	nsurance	3,100.	4,124.	307.	743
a li	other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	DUES, FEES, AND SUBSCRI	15,538.	11,589.	1,108.	2,841
b					
c					
d _					
e A	All other expenses				
	otal functional expenses. Add lines 1 through 24e	678,679.	537,520.	55,363.	85,796
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	theck here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Part.	^_	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			253,305.	1	150,524
	2	Savings and temporary cash investments			262,209.	2	363,574
	3	Pledges and grants receivable, net			200,800.	3	400,800
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	oed in se	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖ '	9	Prepaid expenses and deferred charges			14,460.	9	14,007
1	0a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		22,288.	- 100		4 505
	b	Less: accumulated depreciation		20,581.	5,123.	10c	1,707
1	1	Investments - publicly traded securities			207,911.	11	243,711
1	2	Investments - other securities. See Part IV, lin				12	
1	3	Investments - program-related. See Part IV, lir			13		
1	4	Intangible assets			14		
1	5	Other assets. See Part IV, line 11			0.42 0.00	15	1 1 7 4 2 0 2
	6	Total assets. Add lines 1 through 15 (must e		1	943,808.	16	1,174,323
	7	Accounts payable and accrued expenses	31,973.	17	29,928		
	8	Grants payable		18			
	9	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
_ ا _	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, su					
<u> </u>		controlled entity or family member of any of the		_		22	
	23	Secured mortgages and notes payable to uni		F		23	
	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
		of Schedule D	165 17-24	. Complete Part A		25	
9	26	Total liabilities. Add lines 17 through 25			31,973.	26	29,928
	.0	Organizations that follow FASB ASC 958, or			31/3/30	20	23,7320
Sec		and complete lines 27, 28, 32, and 33.					
<u> </u>	7	Net assets without donor restrictions			596,685.	27	644,645
B 2	28	Net assets with donor restrictions			315,150.	28	499,750
		Organizations that do not follow FASB ASC					
ב		and complete lines 29 through 33.	,	, —			
ō 2	9	Capital stock or trust principal, or current fund	ds			29	
3 3	80	Paid-in or capital surplus, or land, building, or				30	
8 3	81	Retained earnings, endowment, accumulated				31	
# I	2	Total net assets or fund balances		F	911,835.	32	1,144,395
_	3	Total liabilities and net assets/fund balances			943,808.	33	1,174,323

orm	m 990 (2020) GATHERING WATERS, INC.	39-18	05090	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	879		
2	Total expenses (must equal Part IX, column (A), line 25)	2	678		
3	Revenue less expenses. Subtract line 2 from line 1	3			63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			35.
5	Net unrealized gains (losses) on investments	5	31	.,9	97.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,144	.,3	95.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	•	3a		Х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GATHERING WATERS, INC. 39-1805090 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	260,388.	523,393.	901,381.	783,189.	873,897.	3342248.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.50	500 000	004 004	500 100		2212212
4	Total. Add lines 1 through 3	260,388.	523,393.	901,381.	783,189.	873,897.	3342248.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1286798.
	Public support. Subtract line 5 from line 4.						2055450.
	ction B. Total Support				г	r	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017 523, 393.	(c) 2018 901, 381.	(d) 2019 783,189.	(e) 2020 873,897.	(f) Total 3342248.
	Amounts from line 4	260,388.	5∠3,393.	901,381.	783,189.	8/3,89/.	3342248.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 010	0 022	10 150	14 700	F 24F	45 247
	and income from similar sources	4,919.	8,032.	12,152.	14,799.	5,345.	45,247.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						3387495.
	Total support. Add lines 7 through 10	-1- (!11	\			40	51,661.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	· ·		fourth or fifth tox		12	31,001.
13	organization, check this box and stop			•	•	. , . ,	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2020 (I			column (f))		14	60.68 %
	Public support percentage from 2019					15	67.03 %
	33 1/3% support test - 2020. If the o					L L	
	stop here. The organization qualifies						
b							
	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	_	· · · · · · · · · · · · · · · · · · ·		-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve						,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_			

Par	t IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations		I.,	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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		
	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b 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		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

	Sileddie A (1 0111 350 01 550-12) 2020 - 011111111110 - 11111111111 1111111111						
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continu}	ıed)			
Sect	tion D - Distributions	•	-	Current Year			
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior - pr		5				
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is responsive)				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount	10					
Sect	tion E - Distribution Allocations (see instructions)	ıs	(iii) Distributable Amount for 2020				

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
C	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization

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

GATHERING WATERS, INC. 39-1805090 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

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

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

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

39-1805090

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

Name of organization Employer identification number GATHERING WATERS, INC. 39-1805090

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

Name of organization Employer identification number

GATHERING WATERS, INC.

39-1805090

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** 39-1805090 GATHERING WATERS, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

		01(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of orga				Emp	loyer identification number
			NG WATERS, INC.			39-1805090
Pa	art I-A	Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 o	organization.
2	Political	campaign activity expendit	ration's direct and indirect politic ures gn activities		▶ \$	8
Pa	rt I-B	Complete if the org	janization is exempt und	er section 501(c)(3).	
1	Enter the	amount of any excise tax	incurred by the organization und	der section 4955	> 9	S
2	Enter the	amount of any excise tax	incurred by organization manage	ers under section 4955	▶ 9	3
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a co	orrection made?				Yes No
		describe in Part IV.				
Pa	art I-C	Complete if the org	janization is exempt und	er section 501(c),	<u> </u>	· /· /
			d by the filing organization for se	•	***************************************	S
2		0 0	ization's funds contributed to ot	· ·		
						<u> </u>
3			. Add lines 1 and 2. Enter here a			
	line 1/b		4400 DOL 6 H : 0		> \$	S
			1120-POL for this year?			
5	made pa	yments. For each organiza	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	from the filing organized separate political orga	ation's funds. Also enter t anization, such as a separa	he amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

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Schedule C (Form 990 or 990-EZ) 2020 GATHE			805090 Page 2
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
A Check if the filing organization belon expenses, and share of excess	, , ,	group member's name	e, address, EIN,
B Check ► ☐ if the filing organization check	ed box A and "limited control" provisions apply.		
	oying Expenditures seans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	0.	
	gislative body (direct lobbying)	5,000.	
c Total lobbying expenditures (add lines 1a and	d 1b)	5,000.	
		673,679.	
e Total exempt purpose expenditures (add line	s 1c and 1d)	678,679.	
f Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	126,802.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	31,701.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?		[Yes No
	4-Year Averaging Period Under Section 501(h)		
	a section 501(h) election do not have to complete all the separate instructions for lines 2a through 2f.)	of the five columns be	elow.
Lobi	oving Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	107,770.	139,734.	139,781.	126,802.	514,087.		
b Lobbying ceiling amount (150% of line 2a, column(e))					771,131.		
c Total lobbying expenditures	1,673.	4,219.	32,838.	5,000.	43,730.		
d Grassroots nontaxable amount	26,943.	34,934.	34,945.	31,701.	128,523.		
e Grassroots ceiling amount (150% of line 2d, column (e))					192,785.		
f Grassroots lobbying expenditures	0.	0.	0.				

Schedule C (Form 990 or 990-EZ) 2020

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

For ϵ	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?			-		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?			+		
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?			-		
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or s	ection		
. u.	501(c)(6).	311 00 1(0)	(0), 0. 0	COLIOII		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	r? 3			
Pai	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is	
	answered "Yes."		 	1		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai				
	expenses for which the section 527(f) tax was paid).					
	Current year			-		
	Carryover from last year			+		
C	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oonticai	4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)		4 5	+		
	rt IV Supplemental Information		3			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liet): Dart I	LΔ lines 1	and 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	noi, raiti	1-A, III 163 T	and 2 (000		
1113611	socions), and that it b, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GATHERING WATERS TNC **Employer identification number** 39-1805090

Pai	t I Organizations Maintaining Donor Advised		s or Accou	Ints Complete if the		
· u	organization answered "Yes" on Form 990, Part IV, line 6		0 01 710000	ditto: Complete il tile		
	organization answered Tes On Form 990, Fart IV, line C	(a) Donor advised funds	(b) Fun	nds and other accounts		
4	Total number at and of year	(a) Deriver davised rained	(2)			
1	Total number at end of year					
2						
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 wri	_				
•	are the organization's property, subject to the organization's ex			Yes No		
6	Did the organization inform all grantees, donors, and donor adv					
	for charitable purposes and not for the benefit of the donor or o	•	-			
Pai		-::				
	·		Part IV, line 7	·		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation			important land area		
	X Protection of natural habitat	Preservation o	f a certified hi	storic structure		
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserv			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			210 00		
b				210.00		
С	Number of conservation easements on a certified historic struc			0		
d	Number of conservation easements included in (c) acquired aft		I			
	listed in the National Register		2d	0		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organizatio	n during the tax		
	year ▶0	_				
4	Number of states where property subject to conservation ease	ment is located 1				
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it h	olds?		X Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	servation eas	sements during the year		
	▶ <u>10</u>					
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easeme	nts during the year		
	▶ \$500.					
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			X Yes No		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement a	and		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial staten	nents that des	scribes the		
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of A		Other Simil	ar Assets.		
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, $$	not to report in its revenue statement	and balance	sheet works		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial	ial statements that describes these ite	ms.			
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance shee	et works of		
	art, historical treasures, or other similar assets held for public ea	xhibition, education, or research in furt	herance of pu	ublic service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(ii) Assets included in Form 990, Part X			\$		
2	If the organization received or held works of art, historical treas			de		
	the following amounts required to be reported under FASB ASC					
а	Revenue included on Form 990, Part VIII, line 1	_		\$		
	Assets included in Form 990, Part X			· 		

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Schedule D (Form 990) 2020

		Collections of A		00011200 02	Othor	Simila	<u> </u>	to/		age Z
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d		hange program	1					
b	Scholarly research	е	U Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						se in Par	t XIII.		
5	During the year, did the organization solicit o							٦.,		٦
Dai	to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be material.							Yes		No
Fai	reported an amount on Form 990, Pal		ete ir the organizatio	n answered "Y	es" on Fo	orm 990,	Part IV,	line 9, or		
10	Is the organization an agent, trustee, custod	•	lian, for contribution	o or other see	to not in	aludad				
ıa								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							_ 1es		_ INO
Б	ii res, explain the arrangement in Fait Alli	and complete the to	nowing table.					Amount		
•	Beginning balance					1c		Amount		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•		•	•		00]
	t V Endowment Funds. Complete i									
	•	(a) Current year	(b) Prior year	(c) Two years I) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance	10,750.	10,750.	10,	750.	1	0,750.			750.
	Contributions									
	Net investment earnings, gains, and losses	723.	2,387.				1,828.			398.
d										
е	Other expenditures for facilities									
	and programs	723.	2,387.				1,828.			398.
f	Administrative expenses									
g	End of year balance	10,750.	10,750.	10,	750.	1	0,750.		10,	750.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 100	%								
С	Term endowment ► .0000	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administere	d for the	organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·							
	Description of property	(a) Cost or o	' '	or other		umulated	¹	(d) Bool	k valu	е
		basis (investn	nent) basis	(other)	depre	eciation				
	Land									
	Buildings						_			
	Leasehold improvements		1	2 200		00 50	1		<u>ד</u>	07
	Equipment			2,288.		20,58	<u> </u>		L,/	07.
e	Other	1	I	1			ı			

Schedule D (Form 990) 2020

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

1,707.

Schedule D (Form 990) 2020 GATHERING W	ATERS, INC.	39	-1805090 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			d - #
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Con Form 000 Part V line 15	
	Description	TIG. See Form 990, Part A, line 15.	(b) Book value
	Bescription		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	0 10./		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturn.	J
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	911,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	31,997.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	31,997.
3	Subtract line 2e from line 1			3	879,242.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	879,242.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Witl	h Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	678,679.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	678,679.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	678,679.
Pa	rt XIII Supplemental Information.				-
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV. lines 1b	and 2b; Part V, line	4: Part X.	line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	,
	, , , , , , , , , , , , , , , , , , , ,				
PAI	RT II, LINE 5:				
GA'	THERING WATERS' POLICY IS TO MONITOR EASE	EMENTS A	NNUALLY, D	OCUME	ENT THE
			-		
RE	SULTS OF ANNUAL MONITORING, AND COMMUNICA	ATE THE	RESULTS OF	' ANNU	JAL

MONITORING TO THE LANDOWNER. VIOLATIONS OF CONSERVATION EASEMENTS ARE RESOLVED ON A CASE-BY-CASE BASIS.

PART II, LINE 9:

GATHERING WATERS RECORDS THE PURCHASE OF EASEMENTS AS AN EXPENSE IN THE YEAR OF PURCHASE. NO ASSET OR LIABILITY IS RECOGNIZED IN CONNECTION WITH EASEMENT PURCHASES. DONATED EASEMENTS ARE NOT ASSIGNED A VALUE IN THE ACCOUNTING RECORDS.

Schedule D (Form 990) 2020

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GATHERING WATERS, INC.

Employer identification number 39-1805090

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONSERVATION COMMUNITY, THE MORE SUCCESSFUL WE ARE IN PROTECTING THE LANDS THAT PROVIDE SO MUCH VALUE TO ALL OF US.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAM DEVELOPMENT: PLANNING FOR THE FUTURE OF LAND AND WATER CONSERVATION IN WISCONSIN, THROUGH CONSULTATION WITH LAND TRUSTS AND OTHER CONSERVATION LEADERS AND STRATEGIC PLANNING ACTIVITIES.

EXPENSES \$ 29,600. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE EXECUTIVE COMMITTEE OF GATHERING WATERS, WHICH INCLUDES MEMBERS OF THE BOARD OF DIRECTORS, REVIEWS THE FORM 990 PRIOR TO FILING. IN ADDITION, GATHERING WATERS MAKES THE FORM AVAILABLE TO ALL MEMBERS OF THE BOARD FOR REVIEW AND COMMENT PRIOR TO FILING.

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

THE FINANCIAL MANAGER COLLECTS, AND THE EXECUTIVE DIRECTOR REVIEWS CONFLICT OF INTEREST STATEMENTS COMPLETED ANNUALLY BY MEMBERS OF THE BOARD OF DIRECTORS, AND COMMUNICATES TO APPLICABLE BOARD AND STAFF MEMBERS ANY POTENTIAL CONFLICTS OF INTEREST. BOARD 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 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AUTHORIZES THE EXECUTIVE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization GATHERING WATERS, INC.	Employer identification number 39-1805090			
DIRECTOR'S COMPENSATION ANNUALLY, 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 INTEREST			
POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO MEM	BERS OF THE			
GENERAL PUBLIC UPON REQUEST.				
FORM 990, PART IX, LINE 11G				
OTHER FEES FOR SERVICES CONSISTS PRIMARILY OF GOVERNMENT	RELATIONS			
CONSULTING (\$41,385), MEDIA PRODUCTION (\$31,471), GIS MAP	PING (\$2,400),			
CONSULTATION WITH LAND TRUSTS (\$3,270), AND OTHERS (\$7,29	0).			