Form

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013 Open to Public Inspection

For the 2013 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization The Freshwater Trust Address change Doing Business As 93-0843521 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 200 503-222-9091 65 SW Yamhill Street Terminated City or town, state or province, country, and ZIP or foreign postal code Portland 97204 5,378,430 Amended return G Gross receipts\$ Name and address of principal officer: Application pending Yes X No H(a) Is this a group return for subordinates? Joe Whitworth 65 SW Yamhill Street, Suite 200 H(b) Are all subordinates included? If "No," attach a list. (see instructions) Portland OR 97204 **X** 501(c)(3) ) (insert no.) 4947(a)(1) or 501(c) ( 527 Tax-exempt status: www.thefreshwatertrust.org Website: **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Year of formation: 1985 Association M State of legal domicile: **OR** Part I Summary 1 Briefly describe the organization's mission or most significant activities: To preserve and restore freshwater ecosystems. Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 23 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 22 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 44 5 6 Total number of volunteers (estimate if necessary) 6 184 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year 8 Contributions and grants (Part VIII, line 1h) 4,001,862 2,967,403 Revenue 9 Program service revenue (Part VIII, line 2g) 1,445,022 2,1<u>13,782</u> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3<u>,836</u> 202,051 80,232 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,645,099 5,166,188 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 2,031,925 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,873,337 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,462 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) ...... 3,267,382 2,738,259 <del>5,2</del>99,307 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 5,611,596 **-445,408** 19 Revenue less expenses. Subtract line 18 from line 12 345**,**792 **Beginning of Current Year** End of Year 4,480,979 5,213,390 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 2,439,049 1,408,847 22 Net assets or fund balances. Subtract line 21 from line 20 2,774,341 **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign President Here Joe Whitworth Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Jeffrey A Hart Jeffrey A Hart 06/23/14 self-employed **Preparer** Prior LLC Hart, Firm's EIN ▶ Firm's name **Use Only** 6915 SW Macadam Ave Ste 145 Portland, OR 97219-2382 503-281-5213 May the IRS discuss this return with the preparer shown above? (see instructions)

orm 990 (2013) <b>The Freshwa</b>		93-0843521	Page <b>Z</b>
	ram Service Accomplishment		
Cneck if Schedule C     Briefly describe the organization's	•	any line in this Part III	<u>L</u>
	mission: <b>store freshwater ec</b>	osvatems.	
10 properve and re	Decre II Chimacoi	<u> </u>	
• • • • • • • • • • • • • • • • • • • •			
2 Did the organization undertake any	significant program services during the	e year which were not listed on the	
			Yes X No
If "Yes," describe these new service			
3 Did the organization cease conduc	ting, or make significant changes in how	w it conducts, any program	
			Yes X No
If "Yes," describe these changes o			
expenses. Section 501(c)(3) and 5	The state of the s	its three largest program services, as measu eport the amount of grants and allocations to d.	
engaging in restor thermal energy is Freshwater Trust g facilities and pow	ation actions. By avoided on a river enerates credits th er plants to offset is done in partner	to achieve regulatory calculating and quanti by planting streamside at are then purchased their impacts to impaship with agencies, ir	fying how much trees, The by wastewater ired rivers and rigators,
collaboratively wi of cooperative sol assistance and exp	th willing landowne utions, including f	stream flows by workin rs. The Organization inancial compensation, more water in our stre	g uses a variety technical
*			
Habitat - The Fres through its Habita create river compl provide shade to 1 science-based, eco	hwater Trust active t Restoration progr exity and planting ower water temperat	(Revenue \$\) ly restores aquatic hat am. From placing logs trees to stabilize strure, the Organization toration projects to rity.	bitat in Oregon instream to eambanks and advances
•			
• • • • • • • • • • • • • • • • • • • •			
4d Other program services. (Describe	in Schedule O.)		
(Expenses \$	including grants of\$	) (Revenue \$	)
A. Tatalananana ami'aa a	4 30E 31 <i>E</i>		

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 (see instructions)?	2	Х	
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		Х
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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			٠,,
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1_	3.5	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1 _		٠,,
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			7.
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1.0	3.5	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	14-	v	
L.	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	11h		х
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		Λ
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		<u> </u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
. <b>_</b> u	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	17		Х
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," 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		

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Part IV Checklist of Required Schedules (continued)

_			Yes	No
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
2	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Σ
3	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	
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		2
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		7
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		2
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		2
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			-
	Schedule L, Part IV	28b		2
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		3
		29	Х	
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١,
	conservation contributions? If "Yes," complete Schedule M	30		2
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١,
	Part I	31		2
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		2
3	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		7
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		7
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		- 1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	,		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		2
•	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 \/I	37		2
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
3	G	1	i	ı

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Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 64 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year ..... X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders ..... Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **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. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013) The Freshwater Trust 93-0843521 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section 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 \_\_\_\_\_\_ 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 22 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 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? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ...... X Section 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? Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 Х 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- - X Own website Another's website X Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

65 SW Yamhill Street , Ste 200 organization: **Kenny Weiner** 

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OR 97209

Portland

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Hunter Brown										
Director	2.00 0.00	x						0	0	0
(2)Mark Long	0.00									
Director	2.00 0.00	х						0	0	0
(3) David Chen	0.00	Λ						U	U	0
(3) Davia Cilcii	2.00									
Director	0.00	X						0	0	0
(4)Janet Neuman										
	2.00									
Director	0.00	X						0	0	0
(5) Gary Fish										
B3	2.00	3.5						•	_	
Director (6) Paul T. Fortino	0.00	Х						0	0	0
(6) Paul I. FOICING	2.00									
Director	0.00	х						0	0	0
(7) Randy Labbe	0.00	22							•	
(1)-1	2.00									
Director	0.00	X						0	0	0
(8) David Laurance										
	2.00									
Director	0.00	X						0	0	0
(9)Will Neuhauser	0.00									
Director	2.00	х						0	o	0
(10)Tim O'Leary	0.00	Λ						0	0	0
(10) IIII O Heary	2.00									
Director	0.00	х						0	0	0
(11)Michael Pohl		<u> </u>								
	2.00									
Director DAA	0.00	X						0	0	0 Earm 990 (2012)

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	Em	ploy	ees/	, and Highest Compens	ated Employees (continu	red)		
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average hours per	(de	not o		ition more	than	one	Reportable compensation	Reportable compensation from		imated ount of	
	week	bo	x, unle	ess pe	rson	is both	n an	from	related		ther	
	(list any hours for	off	icer a	nd a c	lirecto	or/trust	tee)	the organization	organizations (W-2/1099-MISC)		ensation m the	
	related	or c	Inst	Officer	Key	emp	For	(W-2/1099-MISC)	(W 2/1035-WIGO)		nization	
	organizations	direc	ituti	cer	em/	hest	mer				related	
	below dotted line)	tor tr	onal		employee	con				organ	nizations	
		Individual trustee or director	Institutional trustee		/ee	Highest compensate employee						
		W.	ee			ated						
(12)Brad Preble	2 00											
Director	2.00							_	0			,
(13) Hadley Robbins	0.00	X						0	0	<del>                                     </del>		
(13)Hadley Robbins	2 00											
Dimaghan	2.00							_	0			,
Director (14)Steve Shropshir	0.00	X						0	0			_
(14)Steve SHIOPSHII	2.00											
Director	0.00	X						0	0			(
(15)Margaret R. Tuc												_
(10,1101 ) (110 )	2.00											
Director	0.00	X						0	0			(
(16)Scott Demorest												
	2.00											
Director	0.00	X						0	0			(
(17)Brian Rice												
	2.00											
Director	0.00	X						0	0			_(
(18)Lynn Loaker												
<u></u>	2.00	۱										
Director	0.00	X						0	0	<u> </u>		_(
(19)Joe Whitworth	40.00											
President	40.00	-		х				102 500	0		16,57	, ,
1b Sub-total	0.00		<u> </u>	Λ				182,500 182,500			16,57	
c Total from continuation sh	oote to Bart VII	 I Co	 oti o:			• • •		374,827			28,99	
d Total (add lines 1b and 1c)		•						557,327			45,57	
2 Total number of individuals (							d ab		han \$100,000 in		13/3/	_
reportable compensation from						11010	u ub	water who received more t				
											Yes N	0
3 Did the organization list any temployee on line 1a? If "Yes										3	x	
4 For any individual listed on li	ne 1a. is the su	m of	repo	ortab	ile c	omp	ensa	ม ation and other compensa	tion from the			
organization and related orga	anizations great	ter th	ıan \$	3150	,000	? If '	'Yes	," complete Schedule J fo	r such			
individual										4	X	
5 Did any person listed on line for services rendered to the or										5		X
Section B. Independent Contract		160	s, cc	Прі	CIC .	OCITIC	Juuic	e o for such person		J		÷
1 Complete this table for your		npen	sate	d inc	depe	nde	nt cc	ontractors that received m	ore than \$100,000 of			_
compensation from the organ		con	npen	satio	n fo	r the	cale				(C)	_
	(A) d business address								(B) ution of services		(C) Compensation	
Aquatic Contracting		_				L6 :		Lombard #374				
Portland		2 9	72				_	Restoration			632,8	6
Willamette Partners	=		77			ŧ0		Macadam Ave.,	Ste 50			
Portland River Design Group	OF	2 9	1 / 2			00		Consulting 7 93 South			184,6	9
Whitefish	МП	r =	aa	37		, 0	_	Consultation			172 2	
Botanical Developme			,,,,			N (		Franklin Ave			173,3	-
Bend		2 9	77					Restoration			165,3	5
-	<del> </del>							-			-,-	
										130303300000000000000000000000000000000		2222
2 Total number of independent received more than \$100,000									A			
16061460 HIOLE (Hall \$100,000	o or corriberisati	<u>101</u> 111	OHI	<u> </u>	лyal	ııı∠al	IUI	<u> </u>	4			

Part VII Section A. Officers	s, Directors, T	ruste	ees,	Key	Em	ploy	ees/	, and Highest Compens	ated Employees (continu	ned)
(A) Name and title	(B) Average hours per week (list any hours for	offi	k, unle	Pos check ess pe	erson i directo	s both	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(,	organization and related organizations
(12)Hank A. Ashfort	h 2.00									
Immediate Past Chair (13)Pat Reiten				x				0	0	0
Co-Chairman	2.00 0.00			x				0	0	o
(14)Scott E. Sandbo										
Co-Chairman	2.00 0.00			x				0	o	0
(15)Peter Doubleday	2.00									
Treasurer	0.00			x				0	0	0
(16)Alan Horton	40.00					x		121 050	0	0 022
Managing Director (17)David Primozich	0.00					Λ		131,050	0	9,932
Ecosystems Director	40.00					x		130,500	0	9,907
(18)Joseph A. Furia	40.00									
Sr Pol Dir/Gen Couns (19) Timothy P. Boyl						Х		113,277	0	9,157
Emeritus	2.00						x	0	0	0
1b Sub-total							<b>•</b>	374,827		28,996
<ul><li>c Total from continuation she</li><li>d Total (add lines 1b and 1c)</li></ul>							<b>&gt;</b>			
Total number of individuals (i reportable compensation from	ncluding but no	t lim	ited			liste	d ab	ove) who received more t	han \$100,000 in	Voc No
3 Did the organization list any f	former officer,	direc	tor,	or tru	uste	e, ke	y en	mployee, or highest compe	ensated	Yes No
employee on line 1a? If "Yes.  4 For any individual listed on lir organization and related organization."	ne 1a, is the su anizations great	m of ter th	repo an \$	ortab 3150	le co ,000	omp ? If '	ensa 'Yes	ation and other compensa s," complete Schedule J fo	tion from the r such	
individual	1a receive or a	ccru	e co	mpe	nsat	ion t	rom	any unrelated organization	on or individual	
Section B. Independent Contract				مما لم	J =	مام ما		antro stare that received re	are then \$400,000 of	
Complete this table for your f compensation from the organ	nization. Report							endar year ending with or	within the organization's	
Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent received more than \$100,000										

Pa	rt V	VIII Statement of Revenue Check if Schedule O contains a response	e or note to any lin	e in this Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c 283,250  Related organizations 1d  Government grants (contributions) 1e 1,456,717				0.20%
Contribution and Other	f g	All other contributions, gifts, grants, and similar amounts not included above  1 1,227,436  Noncash contributions included in lines 1a-1f: \$ 100,076  Total. Add lines 1a-1f: \$	2,967,403			
Revenue	2a	Program Service Revenue	2,113,782	2,113,782		
gram Service	b c d e					
Pro	f g	All other program service revenue  Total. Add lines 2a–2f	2,113,782			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties	892			892
	6a b c	(i) Real (ii) Personal  Gross rents Less: rental exps. Rental inc. or (loss)				
		Gross amount from sales of assets other than inventory Less: cost or other basis & sales exps.				
		Gain or (loss)       3,879         Net gain or (loss)       ▶	3,879	3,879		
Other Revenue	8a	Gross income from fundraising events (not including \$ 283,250 of contributions reported on line 1c). See Part IV, line 18 a 292,473 Less: direct expenses b 212,241	37075	37073		
δ	С	Net income or (loss) from fundraising events	80,232			
		Gross income from gaming activities.  See Part IV, line 19 a  Less: direct expenses b				
	С	Net income or (loss) from gaming activities				
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b  Net income or (loss) from sales of inventory				
	11a	Miscellaneous Revenue Busn. Code				
	b c	All other revenue				
		Total. Add lines 11a–11d				
		Total revenue. See instructions.	5,166,188	2,117,661	0	892

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (C) (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 69,790 199,075 129,285 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 2,186,484 1,542,773 581,367 62,344 Pension plan accruals and contributions (include 102,050 section 401(k) and 403(b) employer contributions) 63,173 38,877 Other employee benefits ..... 167,233 108,760 58,473 9 Payroll taxes ..... 218,495 152,394 61,983 4,118 10 Fees for services (non-employees): a Management ..... 74,819 73,066 1,753 **b** Legal c Accounting 13,671 13,67113,500 13,500 e Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . . . 164,057 164,057 101,994 110,733 8,739 12 Advertising and promotion 45,951 11,865 34,086 13 Office expenses Information technology ..... Royalties 168,432 118,659 49,773 Occupancy 16 159,933 173,000 13,067 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 46,574 42,878 3,696 19 20 Payments to affiliates ..... 38,580 26,348 12,232 Depreciation, depletion, and amortization 36,702 27,158 9,544 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,115,698 1,107,208 8,490 Contracted services  $552,43\overline{1}$  $552,43\overline{1}$ Water fees/lease payments 46,663 46,663 Program supplies Meals and entertainment 8,188 31,633 23,445 e All other expenses ..... 105,815 82,476 23,339 1,149,818 5,611,596 4,395,316 66,462 25 Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Pa	art )	***************************************					
		Check if Schedule O contains a response or	note to any line	e in this Part X	(A)	······	(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			170,324	1	772,803
	2	Savings and temporary cash investments			452,579		809,691
	3	Pledges and grants receivable, net			1,644,403		1,253,655
	4	A			2,011,100	4	1,255,055
	5	Loans and other receivables from current and form	er officers dire	ectors		-	
	·	trustees, key employees, and highest compensate		501010,			
		Complete Part II of Cohedule I				5	
	6	Loans and other receivables from other disqualified	d persons (as o	defined under section			
	·	4958(f)(1)), persons described in section 4958(c)(3			1		
		sponsoring organizations of section 501(c)(9) volume		888	_		
s		organizations (see instructions). Complete Part II of				6	
Assets	7					7	
As	8	la cantania a fan ania an con				8	
	9	Prepaid expenses and deferred charges			60,042		62,874
		Land, buildings, and equipment: cost or			00,011		<u> </u>
		other basis. Complete Part VI of Schedule D	10a	170.431			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	102.037	59,520	10c	68,394
	11	Investments—publicly traded securities	[102]		103,867		116,380
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 1	 1			13	
	14	Intangible assets			7,515		
	15	Other assets. See Part IV, line 11			1,982,729		2,129,593
	16	Total assets. Add lines 1 through 15 (must equal I	4,480,979		5,213,390		
	17	Accounts payable and accrued expenses			805,834		259,625
	18	Grants payable			333,332	18	
	19	Deferred revenue			200,967	19	63,064
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par	t IV of Schedu	le D		21	
	22	Loans and other payables to current and former of					
Liabilities		trustees, key employees, highest compensated em		-,			
abil		disqualified persons. Complete Part II of Schedule	1			22	
Ë	23					23	
	24	Unsecured notes and loans payable to unrelated the	nird parties		364,656	24	2,056,606
	25	Other liabilities (including federal income tax, paya			•		
		parties, and other liabilities not included on lines 17					
		of Schedule D			37,390	25	59,754
	26	Total liabilities. Add lines 17 through 25			1,408,847		59,754 2,439,049
S		Organizations that follow SFAS 117 (ASC 958),					
Se		complete lines 27 through 29, and lines 33 and					
lar	27	Unrestricted net assets		L	2,606,877	27	2,525,984
Ä	28	Temporarily restricted net assets		L	377 <b>,</b> 872	28	150,338
ur	29	Permanently restricted net assets		L	87 <b>,</b> 383	29	98,019
F.		Organizations that do not follow SFAS 117 (AS	C 958), check	here and			
S O		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		30			
As	31	Paid-in or capital surplus, or land, building, or equip	oment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income				32	
-	33	Total net assets or fund balances			3,072,132		2,774,341
	34	Total liabilities and net assets/fund balances			4,480,979	34	5,213,390

Form **990** (2013)

Pa	art 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	5,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,61		
3	Revenue less expenses. Subtract line 2 from line 1		-44	٤5 <b>,</b> 4	408
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		3,07	<sup>1</sup> 2,:	132
5	Net unrealized gains (losses) on investments	5		8,2	<u> 268</u>
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13	39 <b>,</b> 3	349
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,77	4,	<u>341</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>. LL</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule 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 on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	X	
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 in Schedule O and describe any steps taken to undergo such audits.		3b	X	

Form **990** (2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

vame	or the	e organization	The Freshwa	ter Trust					-	-	3521	er	
Pa	art I	Reas		y Status (All organization	ns mus	t compl	ete thi	s part.					
The	orga			use it is: (For lines 1 through					<u>,                                      </u>				
1				ssociation of churches describ				)(i).					
2		A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E.)									
3	П	A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).						
4		-		ted in conjunction with a hosp					(A)(iii)	. Enter	the hospital'	s name	e,
		city, and stat	= :										
5		An organizat	tion operated for the benefi	t of a college or university ow	ned or ope	erated by	a gove	rnmenta	ıl unit d	escribe	d in		
		=	(b)(1)(A)(iv). (Complete Pa	=	·	•	•						
6				governmental unit described	in <b>sectio</b> i	170(b)(	1)(A)(v)	)_					
7	X		<del>-</del>	a substantial part of its suppo					the ge	eneral p	ublic		
		=	section 170(b)(1)(A)(vi).							·			
8		A community	y trust described in section	170(b)(1)(A)(vi). (Complete	Part II.)								
9		An organizat	tion that normally receives:	(1) more than 33 1/3% of its	support fro	m contri	butions,	membe	ership f	ees, an	d gross		
		=		empt functions—subject to cer							-		
		-		and unrelated business taxab	-								
		acquired by	the organization after June	30, 1975. See section 509(a	<b>1)(2).</b> (Con	nplete Pa	ırt III.)						
10		An organizat	tion organized and operate	d exclusively to test for public	safety. Se	e sectio	n 509(a	a)(4).					
11		An organizat	tion organized and operate	d exclusively for the benefit of	, to perfor	m the fur	nctions o	of, or to	carry o	ut the			
		purposes of	one or more publicly suppo	orted organizations described	in section	509(a)(1	) or sec	tion 509	(a)(2).	See se	ction		
		<b>509(a)(3).</b> C	heck the box that describes	s the type of supporting organ	ization an	d comple	te lines	11e thre	ough 1	1h.			
	_	а Туре	e I <b>b</b> Type II	<b>c</b> Type III–Functio	nally integ	rated	d	Тур	e III–N	on-func	tionally integ	grated	
е		By checking	this box, I certify that the o	rganization is not controlled d	irectly or i	ndirectly	by one o	or more	disqua	lified pe	ersons		
		other than fo	oundation managers and ot	her than one or more publicly	supported	l organiza	ations d	escribe	d in sec	tion 50	9(a)(1)		
		or section 50											
f		-		termination from the IRS that	it is a Typ	e I, Type	II, or Ty	ype III s	upporti	ng			
		•	, check this box										. Ш
g		=	=	ration accepted any gift or cor	ntribution f	rom any	of the						
		following pe			• • • • • • • • • • • • • • • • • • • •								
				controls, either alone or togetl	ner with pe	ersons de	escribed	ın (ii) a	nd		44 (1)	Yes	No
			w, the governing body of the								11g(i)		
			member of a person description	***************************************							11g(i		
<b>L</b>		` '	• •	described in (i) or (ii) above?							11g(i	11)	
11	Nome			t the supported organization(s		organization	(v) Did v	ou notify	(vi)	ls tha	(vii) Amount	of more	ntanı'
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9		sted in your	the organ	nization in	organizat	ls the ion in col.	(vii) Amount sup	port	alary
				above or IRC section	governing	document?	col. (i)	of your oort?	(i) organi	zed in the S.?			
				(see instructions))	Yes	No	Yes	No	Yes	No No			
A)					1.00								
, ,													
(B)													
,													
C)													
•													
D)													
E)					1								

Page 2

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

Support Solication of gamzations bescribed in Sections 17 (b)(1)(A)(17) and 17 (b)(1)(A)(17)
(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	tion A. Public Support	•	•		•	,	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,014,625	3,480,697	3,694,335	4,001,863	2,967,403	17,158,923
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3  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	3,014,625	3,480,697	3,694,335	4,001,863	2,967,403	17,158,923
_	shown on line 11, column (f)						416,246
6	Public support. Subtract line 5 from line 4.						16,742,677
	tion B. Total Support	(-) 0000	(1.) 0040	4-2-0044	/ IN 0040	(.) 0040	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	3,014,625	3,480,697	3,694,335	4,001,863	2,967,403	17,158,923
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,454	3,806	2,001	709	892	10,862
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 IV.)			495	528		1,023
11	<b>Total support.</b> Add lines 7 through 10						17,170,808
12	Gross receipts from related activities, etc.	c. (see instructions	)			12	2,406,255
13	First five years. If the Form 990 is for th	e organization's fi					
	organization, check this box and stop he						▶
Sec	tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2013 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	97.51%
15	Public support percentage from 2012 Sc		in a 11			4.5	82.99%
16a	33 1/3% support test—2013. If the orga	nization did not ch	neck the box on li	ne 13, and line 14	l is 33 1/3% or mo	ore, check this	
	box and <b>stop here.</b> The organization qua	alifies as a publicly	supported organ	nization			<b>&gt;</b> X
b	33 1/3% support test—2012. If the orga						
	check this box and stop here. The organ	nization qualifies a	s a publicly supp	orted organization	١		▶ ∐
17a	10%-facts-and-circumstances test—2	<b>013.</b> If the organiz	ation did not ched	ck a box on line 13	3, 16a, or 16b, an	d line 14 is	
	10% or more, and if the organization me	ets the "facts-and-	circumstances" te	est, check this box	and stop here.	Explain in	
	Part IV how the organization meets the "	facts-and-circums	tances" test. The	organization qual	ifies as a publicly	supported	
	organization						▶ ∐
b	10%-facts-and-circumstances test—2	012. If the organiz	ation did not ched	ck a box on line 13	3, 16a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization				-		
	Explain in Part IV how the organization n	neets the "facts-ar	d-circumstances	" test. The organiz	zation qualifies as	a publicly	
							▶ □
18	<b>Private foundation.</b> If the organization of	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see	
	instructions						▶ ∐

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

500	ction A. Public Support	quality under	ו נווט נטטנט ווטנט	su below, piea	se complete i	art II.)	
	ndar year (or fiscal year beginning in)	(a) 2000	<b>(b)</b> 2010	(a) 2011	(4) 2012	(a) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
_	grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's f	first second third	fourth or fifth ta	y vear as a sectio	n 501(c)(3)	
	organization, check this box and <b>stop he</b>	•			•		▶ □
Sec	ction C. Computation of Public S						·····
15	Public support percentage for 2013 (line			dumn (f))		15	%
16	Public support percentage from 2012 Scl						<del>/</del> 0
_	ction D. Computation of Investm						70
17	Investment income percentage for 2013			2 13 column (f))		17	%
18	Investment income percentage for 2013					4.0	
19a				line 14 and line		<u> </u>	70
·Ja	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2012. If the org	-	-				🗲 🗀
	line 18 is not more than 33 1/3%, check t						·-
20	Private foundation. If the organization of	-	_	•			

Schedule A	(Form	990 or 990	)-EZ) 2013	The I	reshwa	ter Tr	ust		9	3-084352	1	Page 4
Part IV	Sı	ıppleme	ntal Info	rmation	<b>.</b> Provide the the this part	ne explan	ations req	uired by Pa information	art II, line 1	0; Part II, line	e 17a or 1	7b; and
Part					r Incom							
							\$	1,0	23			
• • • • • • • • • • • • • • • • • • • •												

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

**Employer identification number** 

2013

The Freshwa	ter Trust	93-0843521
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priv	vate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private to	foundation
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General	l Rule and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, y one contributor. Complete Parts I and II.	\$5,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % su 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, of \$5,000 or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h, or and II.	during the year, a contribution of
For a section 501	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive	ed from any one contributor,
= -	otal contributions of more than \$1,000 for use exclusively for religious rposes, or the prevention of cruelty to children or animals. Complete	· · · · · · · · · · · · · · · · · · ·
during the year, one total to more year for an exclusion.	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receives contributions for use exclusively for religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total contributions to sively religious, charitable, etc., purpose. Do not complete any of the granization because it received nonexclusively religious, charitable, etc.	es, but these contributions did that were received during the parts unless the <b>General Rule</b> c., contributions of \$5,000 or
990-EZ, or 990-PF), but i	that is not covered by the General Rule and/or the Special Rules do t <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the b 2, to certify that it does not meet the filing requirements of Schedule	pox on line H of its Form 990-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
The Freshwater Trust

Employer identification number 93-0843521

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <b>1</b>	Bureau of Land Management PO Box 2965 Portland OR 97208-0000	\$ 111,935	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Bella Vista Foundation 1660 Bush Street Suite 300 San Francisco CA 94109-0000	\$ 150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Columbia Basin Water Program 421 SW 6th Avenue, Suite 950 Portland OR 97204	\$ 831,984	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	National Resources Conservation Svo 1400 Independence Ave. Room 6219 South Bldg Washington DC 20250		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Oregon Watershed Enhancement Board 775 Summer Street NE, Suite 360 Salem OR 97301	\$ 64,413	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PacifiCorp 825 NE Multnomah Portland OR 97232	\$ 128,760	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
The Freshwater Trust

Employer identification number 93-0843521

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	Lynn and Jack Loacker 6135 SW Mill Street Portland OR 97221	\$ 100,076	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 8	The Kresge Foundation 3215 W. Big Beaver Road Troy MI 48084	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	M. J. Murdock Charitable Trust P.O. Box 1618  Vancouver WA 98668	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Meyer Memorial Trust 425 NW 10th Avenue, Suite 400 Portland OR 97209	\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.11	NW Natural Gas 220 NW 2nd Avenue Portland OR 97209	\$ 70,000	Person X 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page 3 Name of organization **Employer identification number** The Freshwater Trust 93-0843521

Part II	Noncash Property (see instructions). Use duplications	ate copies of Part II if additional	space is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	Common stock		
		\$ 100,076	12/31/13
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
		\$	

### **SCHEDULE C** (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule C (Form 990 or 990-EZ) and its Open to Public ► See separate instructions.

instructions is at www.irs.gov/form990.

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

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

Nan	ne of organization <b>The Freshwater Trust</b>	:		Employer identifica		
Pai	t I-A Complete if the organization is exe		(c) or is a sec			
1 2 3	Provide a description of the organization's direct and ind Political expenditures Volunteer hours	irect political campaign activit	ies in Part IV.	<b>▶</b> \$		
Pai	t I-B Complete if the organization is exe					
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955		<b></b> ▶\$		
2	Enter the amount of any excise tax incurred by organizate	tion managers under section	4955	▶ \$		<u></u>
3	If the organization incurred a section 4955 tax, did it file					No
					Yes	No
	If "Yes," describe in Part IV.  *t I-C Complete if the organization is exe	mnt under section 501	(c) except se	action 501(c)(3)		
1	Enter the amount directly expended by the filing organization		· · · · · · · · · · · · · · · · · · ·	, c. (c)(o).		
•	activities	· ·		▶\$		
2	Enter the amount of the filing organization's funds contrib	outed to other organizations for	or section			
	527 exempt function activities			▶\$		
3	Total exempt function expenditures. Add lines 1 and 2. E	inter here and on Form 1120-	POL,			
	line 17b			▶\$		
4	Did the filing organization file Form 1120-POL for this year	ear?	<u> </u>		Yes	No
5	Enter the names, addresses and employer identification	, ,			•	
	organization made payments. For each organization liste the amount of political contributions received that were p	•				
	as a separate segregated fund or a political action comm			•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of p	olitical
	.,	( )	. ,	filing organization's	contributions rece	ived and
				funds. If none, enter -0	promptly and of delivered to a se	,
					political organiz	ation. If
					none, enter	-0
(1)						
(2)						
(3)						
(-)						
(4)						
(5)						
(6)						
· · /						

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

Schedule C (Form 990 or 990-EZ) 2013

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

Sche	edule C (Form 990 or 990-EZ) 2013	reshwater Tr	rust	93-0843521	Page <b>2</b>
Pa	ert II-A Complete if the organ section 501(h)).	nization is exempt	under section 501(c)	(3) and filed Form 5768	3 (election under
	name, address, EIN	N, expenses, and sh	affiliated group (and list are of excess lobbying and "limited control" p		ed group member's
	Limits on Lo (The term "expenditures"	bbying Expenditure means amounts paid	es d or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1	Total lobbying expenditures to influence	e public opinion (grass ro	ots lobbying)	0	
ı	<ul> <li>Total lobbying expenditures to influence</li> </ul>	a legislative body (direc	t lobbying)	13,500	
(	Total lobbying expenditures (add lines 1	la and 1b)		13,500	
(	d Other exempt purpose expenditures			5 500 006	
•	Total exempt purpose expenditures (ad	d lines 1c and 1d)		5 611 596	
	f Lobbying nontaxable amount. Enter the	amount from the following	ng table in both		
	columns.			430,580	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable a	mount is:		
	Not over \$500,000	20% of the amount on line 16	e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			
(	Grassroots nontaxable amount (enter 2	5% of line 1f)		107,645	
ı	n Subtract line 1g from line 1a. If zero or l	one onter O		0	
	i Subtract line 1f from line 1c. If zero or le			0	

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total				
2a Lobbying nontaxable amount	341,986	362,586	414,965	430,580	1,550,117				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,325,176				
c Total lobbying expenditures			6,500	13,500	20,000				
d Grassroots nontaxable amount	85,496	90,646	103,741	107,645	387,528				
e Grassroots ceiling amount (150% of line 2d, column (e))					581,292				
f Grassroots lobbying expenditures				0					

Schedule C (Form 990 or 990-EZ) 2013

Yes

Part II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	1011	liea F	OIII 3766	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a)	(b)	
description of the lobbying activity.	Yes	No	Amount	
<ul> <li>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:</li> <li>a Volunteers?</li> </ul>				
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>				
d Mailings to members, legislators, or the public?				
<ul><li>e Publications, or published or broadcast statements?</li><li>f Grants to other organizations for lobbying purposes?</li></ul>				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		_		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)	(5) 0	r section	
501(c)(6).	01(0)	(3), 0	Section	
σσ. (σχο).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			4	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."			Part III-A, line	3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
and political expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	Part II-	-A, line	2; and	
Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 99	00 or 990-EZ) 2013	The	Freshwater	Trust	93-0843521	Page <b>4</b>
Part IV	Supplement	al Info	rmation (continue	<u>d)</u>		
			,	,		

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

lame	of the organization		Employer identificat	ion number
Tł	ne Freshwater Trust		93-08435	21
	ort I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to	unds or Other Similar Funds of Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3				
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advised		
	funds are the organization's property, subject to the organization's e	xclusive legal control?		. Yes No
6	Did the organization inform all grantees, donors, and donor advisors			
	only for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose		
				. Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (che			
	Preservation of land for public use (e.g., recreation or education)		•	a
	Protection of natural habitat	Preservation of a certified histor	ric structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a co		
	easement on the last day of the tax year.		_	ne End of the Tax Yea
a				3
b	Total acreage restricted by conservation easements		2b	827.00
C	Number of conservation easements on a certified historic structure in		2c	
d	Number of conservation easements included in (c) acquired after 8/1		2d	
,	historic structure listed in the National Register  Number of conservation easements modified, transferred, released,	ovtinguished or terminated by the orga		•
3	tax year > 0	extinguished, or terminated by the orga	inization during th	е
4	Number of states where property subject to conservation easement	is located <b>\^1</b>		
5	Does the organization have a written policy regarding the periodic m			
,	violations, and enforcement of the conservation easements it holds?			Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enf			100 110
	<b>▶</b> 0	-	-	
1	Amount of expenses incurred in monitoring, inspecting, and enforcin <b>&gt;</b> \$	ig conservation easements during the year	ear	
0	Does each conservation easement reported on line 2(d) above satis	furthe requirements of section 170(h)(4)	(/D)	
0			. ,	☐ Yes ☐ No
9	(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expense state	ement and	105 110
3	balance sheet, and include, if applicable, the text of the footnote to the	•		
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" to		ner Similar As	sets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	, not to report in its revenue statement a	and balance shee	t
	works of art, historical treasures, or other similar assets held for pub			
	public service, provide, in Part XIII, the text of the footnote to its final	ncial statements that describes these ite	ems.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	, to report in its revenue statement and	balance sheet	
	works of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	furtherance of	
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	
			▶ \$	
2	If the organization received or held works of art, historical treasures,	•	n, provide the	
	following amounts required to be reported under SFAS 116 (ASC 95	- · · · ·		
а	Revenues included in Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X	<u></u>	<b>&gt;</b> \$	

Pa	rt III Organizations Maintaini	ng Collections	of Art, Historical	Treasures, or O	ther Simil	ar Ass	ets (cor	ntinu	ued)	
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	ords, check any of the	following that are a s	ignificant use	of its				
а	Public exhibition	d 🗌	Loan or exchange pro	grams						
b	Scholarly research	е 🗌	Other							
С										
4	Provide a description of the organization's XIII.	s collections and expl	ain how they further the	he organization's exe	mpt purpose	in Part				
5	During the year, did the organization solid	it or receive donation	s of art, historical trea	sures, or other simila	ır					
	assets to be sold to raise funds rather tha		s part of the organizat	ion's collection?			Yes		No	
Pa	<b>Part IV Escrow and Custodial Arrangements.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No									
b	If "Yes," explain the arrangement in Part	KIII and complete the	following table:				Amount			
•	Paginning halanga				1c		Amount			
	Additions during the year									
e	Additions during the year Distributions during the year				1e					
	Ending balance									
2a	Did the organization include an amount of	n Form 990, Part X, li	ine 21?				Yes		No	
	If "Yes," explain the arrangement in Part									
Pa	rt V Endowment Funds.									
	Complete if the organizat			· · · · · · · · · · · · · · · · · · ·		ı				
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year		(e) Four y			
	Beginning of year balance	103,867	94,111	97,305	9	5,423	-/	9,0	027	
	Contributions  Net investment earnings, gains, and									
	losses	12,513	9,756	-3,194	1	0,591	1	6,3	396	
d	Grants or scholarships									
е	Other expenditures for facilities and programs					8,709				
f	Administrative expenses					-				
	End of year balance	116,380	103,867	94,111	9	7,305	9	5,4	423	
2	Provide the estimated percentage of the o	current year end bala	nce (line 1g, column (	a)) held as:						
	Board designated or quasi-endowment									
	Permanent endowment ► 85.00 %									
С	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2c s	•								
3a	Are there endowment funds not in the pos	ssession of the organ	ization that are held a	nd administered for ti	ne		[v	es	No	
	organization by: (i) unrelated organizations							X	No	
	(ii) related ergenizations						3a(ii)	22	X	
b	If "Yes" to 3a(ii), are the related organizat	ions listed as require	d on Schedule R?				3b			
4	Describe in Part XIII the intended uses of									
Pa	rt VI Land, Buildings, and Eq									
	Complete if the organizat	<u>ion</u> answered "Ye	es" to Form 990, F	Part IV, line 11a.	See Form	990, Pa	art X, lin	e 1	0	
	Description of property	(a) Cost or other b	` '	` ,	ccumulated		(d) Book va	lue		
		(investment)	(othe	r) de	preciation					
	Land									
	Buildings									
	Leasehold improvements		1 7	0,431	102,03	7	69	٤ ٢	94	
	Equipment Other			J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	102,00		- 00	, , ,	, <u>, ,                                </u>	
	I. Add lines 1a through 1e. (Column (d) mu		Part X, column (B), line	e 10(c).)		<b>&gt;</b>	68	3,3	94	
				· · · · · · · · · · · · · · · · · · ·						

Part VII	Investments—Other Securities.
	Complete if the organization answered "Ves" to Form 900, Part IV, line 11h, See Form 900, Part V, line 13

Complete if the organization answered fes to	o Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments—Program Polated		

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

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

### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Water rights interest	1,167,666
(2) Streambank software	961,927
(3) Capitalized loan fees	
(4) Accumulated amortization	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,129,593

### Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Pension obligation	30,532
(3)	Landowner payable	15,000
(4)	Accrued interest	14,222
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	59,754

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

Page 4

	art XI Reconciliation of Revenue per Audited Financial State	tements W	/ith Revenue per	Retu	rn.
	Complete if the organization answered "Yes" to Form 99				
1	Total revenue, gains, and other support per audited financial statements			1	5,601,811
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	2 2 4 2		
_	Net unrealized gains on investments	2a	8,268		
b	Donated services and use of facilities	2b	215,114		
۲ C	Recoveries of prior year grants  Other (Peacribe in Part VIII.)	2c	212,241		
d e	Other (Describe in Part XIII.)	20		2e	435,623
3	Add lines 2a through 2d Subtract line 2e from line 1			3	5,166,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,166,188
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta			er Re	turn.
	Complete if the organization answered "Yes" to Form 99			1	6,038,951
1 2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	0,030,331
	Donated services and use of facilities	2a	215,114		
b			213/111		
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	212,241		
е	Add lines 2a through 2d			2e	427,355
3	Subtract line 2e from line 1			3	5,611,596
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				
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	5,611,596
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information			5	5,011,590
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1	Ib and 2b: Part V line	4· Part	X line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			1, 1 011	71, 1110
	art II, Line 9 - Accounting for Conserva	•			
. T.	he Organization has acquired title for p	partial	water rigr	lt 1	nterests among
s	everal basins in Oregon to preserve in-s	tream v	water flows	3. '	The water
r	ights are valued based on their original	. purch	ase cost.	Ann	ually, the
Ο.	rganization assesses the value of the wa	ter ri	aht interes	at s	held to
	rganizacion abbebbeb ene varue or ene we	100tt.	9110 111100101	,,,,	
d	etermine if any permanent impairment of	value 1	has occurre	ed.	If the value
0	f the water rights is determined to be i	.mpaire	d; the carr	yin	g value of the
W	ater rights would be reduced to their es	stimate	d fair valu	ıe i	n the period
	hat the impairment has occurred. For the				
0	rganization has not recognized any impai	rment	losses on t	he	value these
W	ater rights.				
P	art XI, Line 2d - Revenue Amounts Includ	led in	Financials	- O	ther
F"	undraising expenses			Þ	212,241

Schedule D (Form 990) 2013 The Freshwater Trust	93-0843521	Page 5
Part XIII Supplemental Information (continued)		
Part XII, Line 2d - Expense Amounts Included	in Financials - (	Other
Fundraising expenses	\$	212,241

### **SCHEDULE G** (Form 990 or 990-EZ

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service Name of the organization Employer identification number The Freshwater Trust 93-0843521 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions col. (i) Yes No 2 5 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2013 The Freshwater Trust Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Auction Golf Tournament (add col. (a) through (total number) col. (c)) (event type) (event type) Revenue 1 Gross receipts 351,275 208,000 16,448 575,723 283,250 2 Less: Contributions 283,250 **3** Gross income (line 1 minus 208,000 16,448 68,025 292,473 line 2) 4 Cash prizes ..... 5 Noncash prizes ...... Direct Expenses 6 Rent/facility costs .... **7** Food and beverages 8 Entertainment ...... 108,363 81,829 22,049 212,241 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 212,241 11 Net income summary. Subtract line 10 from line 3, column (d) ..... 80,232 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... **Direct Expenses** 3 Noncash prizes ...... 4 Rent/facility costs .... **5** Other direct expenses .....% 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2013  The Freshwater Trust	93-084352	L Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity operated in:		
a		13a	%
_	The organization's facility	13a	
b	An outside facility	13b	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and amount of gaming revenue retained by the third party ▶\$	the	
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year		
Dai	Supplemental Information. Provide the explanations required by Part I, line 2b,	columne (iii) an	d (v) and
ı aı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		
	additional information (see instructions).	part to provide	arry
	additional information (see instructions).		

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Attach to Form 990. ► See separate instructions.

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

2013

Open to Public Inspection

Employer identification number

The Freshwater Trust 93-0843521 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?\_\_\_\_\_\_ 2 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a **b** Any related organization? X If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a X a The organization? **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X

Regulations section 53.4958-6(c)?

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

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

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

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	reported as deferred in prior Form 990
Joe Whitworth	(i)	182,500	C	0	8,750	7,826	199,076	165,840
1 President	(ii)	0	C	0	0	0	_	C
Timothy P. Boyle	(i)	0	O	0	0	0	0	(
<sub>2</sub> Emeritus	(ii)	0	C	0	0	0	0	(
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)	•						

Schedule J (Form 990) 2013

Schedule J	(Form 990) 2013 <b>T</b>	ne Freshwater Information	Trust	93	3-0843521			Page <b>3</b>
Part III	Supplemental	Information						
Provide t	the information, exp	planation, or descript	ions required for P	art I, lines 1a, 1b,	3, 4a, 4b, 4c, 5a, 5b,	6a, 6b, 7, and 8, ar	nd for Part II. Also	complete this part
for any a	dditional informatio	n.						
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

The Freshwater Trust

Employer identification number 93-0843521

Pa	art I Types of Property				•		
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts		
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded	Х	1	100,076	Fair market value		
10	Securities — Closely held stock						
11	Securities — Partnership, LLC,						
	or trust interests						
12	Securities — Miscellaneous						
13	Qualified conservation						
	contribution — Historic						
	structures						
14	Qualified conservation						
	contribution — Other						
15	Real estate — Residential						
16	Real estate — Commercial						
17	Real estate — Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►( )						
26	Other ►( )						
27	Other ►( )						
28	Other ▶( )						
29	Number of Forms 8283 received by	the orgai	nization during the tax y	ear for contributions for			
	which the organization completed F	orm 8283	3, Part IV, Donee Ackno	wledgement	29		
						Yes	No
30a	During the year, did the organization	n receive	by contribution any pro	perty reported in Part I, lir	es 1 - 28, that		
	it must hold for at least three years						
	used for exempt purposes for the e	ntire holdi	ing period?		3(	)a	X
b	If "Yes," describe the arrangement	in Part II.					
31	Does the organization have a gift a	cceptance	e policy that requires the	e review of any non-stand	ard		
	contributions?				3	1	X
32a	Does the organization hire or use the	hird partie	s or related organization	ns to solicit, process, or se	ell noncash		
	contributions?				3:	2a	X
b	If "Yes," describe in Part II.						
33	If the organization did not report an	amount i	n column (c) for a type	of property for which colur	nn (a) is checked,		
	describe in Part II.						

Schedule M (Form	990) (2013) The	Freshwater	Trust	tion no accino al lecc	93-0843521	b, and 33, and whe	Page 2
Part II	the organizatio	n is reporting in P	art I, column (b),	the number of co	ontributions, the nu	mber of items rece	ived,
	or a combination	on of both. Also co	omplete this part	for any additiona	l information.		
• • • • • • • • • • • • • • • • • • • •							
		•••••			••••••	•••••	

SCHEDULE O (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public

Name of the organization

Employer identification number 93-0843521

The Freshwater Trust	93-0843521
Form 990, Part VI, Line 11b - Organization's Proce	ess to Review Form 990
A copy of the return is provided to the finance of	ficer, managing director,
and treasurer for review and approval prior to pre	paration for filing.
Form 990, Part VI, Line 12c - Enforcement of Confl	icts Policy
Each director, principal officer, and member of a	committee with governing
board delegated poweres shall annually sign a stat	ement which affirms such
person: has received a copy of the organization's	conflicts of interet
policy; has read and understands the policy; and h	as agreed to comply with
the policy.	
Form 990, Part VI, Line 15a - Compensation Process	for Top Official
The board of directors determines compensation for	organization's the
executive and managing directors.	
Form 990, Part VI, Line 15b - Compensation Process	for Officers
Executive and managing director determine compensa	tion for all other senion
staff based on budgets and prevailing wages in the	marketplace.
Form 990, Part VI, Line 19 - Governing Documents D	isclosure Explanation
The organization's governing documents are made av	ailable for public
inspection upon request from the party seeking acc	ess.
Form 990, Part XI, Line 9 - Reconciliation of Chan	ges - Other
Fundraising expenses	\$ 212,241

chedule O (Form 990 or 990-EZ) (2013) Page <b>2</b>				
Name of the organization  The Freshwater Trust	Employer identificate 93-08435			
		_		
Fundraising expenses	\$	-212,241		
Form 990, Part XI, Line 9 - Other Changes in Net Asse	ets Explan	ation		
Assets purchased w/restricted donations	\$	139,349		

Form **4562** 

Department of the Treasury

Internal Revenue Service

### **Depreciation and Amortization**

### (Including Information on Listed Property)

a Property)

► See separate instructions.

► Attach to your tax return.

2013

OMB No. 1545-0172

ttachment equence No. 179

Name(s) shown on return Identifying number The Freshwater Trust 93-0843521 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . (b) Cost (business use only) 6 (a) Description of property Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 21,749 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 9,316 MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental S/L 27.5 yrs. MM property MM S/L 27.5 yrs. Nonresidential real MM 39 yrs. S/I property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year 40 yrs. S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 31,065 and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

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The Freshwater Trust

Page 2 Form 4562 (2013) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes (i) (a) (b) (e) (f) (g) Business/ Elected section 179 Type of property (list vehicles first) Method/ Depreciation Date placed Basis for depreciation Recovery investment use Cost or other basis (business/investment period cost in service Convention deduction 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 26 Property used 50% or less in a qualified business use: S/L-S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (f) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles) Total commuting miles driven during the year 31 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal Yes No Yes No Yes No Yes Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? ...... Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 37 Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (e) (c) (d) (f) Amortization (a) Date amortization Amortizable amount Code section Amortization for this year period or Description of costs begins percentage 42 Amortization of costs that begins during your 2013 tax year (see instructions):

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43 44

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Amortization of costs that began before your 2013 tax year

Total. Add amounts in column (f). See the instructions for where to report

Form

Section I.

CT-12

**For Oregon Charities** 

**General Information** 

## Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410 VOIC Portland, OR 97201-5451 TTY Email: charitable.activities@doj.state.or.us FAX Website: http://www.doj.state.or.us

VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882 2013

For Accounting Periods Beginning in:

1.						ems and Correct me or accounting pe		
				Registration #	: 13671			
	(				Organization Name: The Freshwater Trust			
				Address: 65 S	SW Yamhill Street, S	suite 200		
				City, State, Zi	p: Portland, OR 972	04		
				Phone: 503.2 Email: kenny	22.9091 @thefreshwatertrust	Fax: 503.222.918	7 Amended Report?	
				•		<sup>3</sup> Period Ending: <sup>1</sup>	<u> </u>	
2.	Did a certified public accaccompanying notes, sc					financial statements,	Yes No	
3.	Is the organization a party to a contract involving person-to-person, advertising, vending machine or telep Oregon?			g machine or teleph	one fund-raising in	Yes V No		
4.	If yes, write the name of the fund-raising firm(s) who conducts the campaign(s):  Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.					Yes V No		
5.	organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.					Yes V No		
6.	Is the organization ceasi	ng operations a	nd is this the final repor	t? (If yes, see instruction	ons on how to close	your registration.)	Yes V No	
7.	Provide contact information for the person responsible for retaining the organization's records.							
	Name		Position	Phone	Mailin	g Address & Email A	ddress	
	Kenny Weiner		Finance Director	503.222.9090	65 SW Yamhill Street Portland, OR 97204			
8.	List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)							
	(A) Name, mailing address, daytime phone number and email address				(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)		
	Name:         See attach           Address:            Phone:         ()_	ed IRS schedule	) 					
	Email: Name:							
	Address:							
	Phone: ()_							
	Email:							
	Name: Address:							
	Phone: ( )							
	Email: \/_							

Sec	ction II.	Fee Calculation		ASSOCIATION OF THE PROPERTY OF			
9.	(From Line 12	enue	Form 990-PF; Line 9 on Form 1041;	2			
10.	(See chart bel Amount \$0 \$25,000 \$50,000 \$100,000 \$250,000 \$500,000	Now   Minimum fee is \$10, even if total revenue is a negative amount.		10. \$200.0			
11.	(From Line 22	s or Fund Balances at End of the Reporting Period 2 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 0-PF: or see page 3 of CT-12 instructions to calculate.)	11. \$2,774,341.00				
12.	(Generally, fro II, Line 14b on	Assets Used to Conduct Charitable Activities	\$68,394.00				
13.		ubject to Net Assets or Fund Balances Fee	13. \$2,705,947.00	<u>,                                    </u>			
14.	Net Assets (Line 13 multi	s or Fund Balances Fee	. Round cents to the nearest whole dollar )	14. \$271.0			
15.	Are you filling this report late? Yes No.  (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See instruction 15 for additional information or contact the \$0.00.						
16.	Total Amor	unt Due		16. \$471.0			
17.	Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing						
Ple Sig Her	1	Under penalties of perkry, I decline that have examin to the best of thy knowledge and belief it is true, correct Signature of officer	ned this return, including all accompanying forms, scheduct, and complete  LAY/4  Date  Title	ules, and attachments, and			
Paid Prep Use	arer's	Preparer's signature	503-281-5 Date Phone	5213			
	ĺ	Jeffrey A. Hart, CPA Preparer's name	6915 SW Macadam Ave., Ste. 145, Portland, OF	R 97219			