Form	990	
(Rev.	January 2020)	

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

OMB No. 1545-0047

19

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. ►

20 Open to Public

	artment of rnal Reven	the Treasury	► Go to www.irs.gov/Fo	rm990 for instructions ar	-	•		Inspection
A			endar year, or tax year beginning		, and er			
в		applicable:		Legacy Partnership	1		yer identifi	cation number
$\square$	Address	change	Doing business as Itasca Waters					
$\square$	Nome ch	0000	Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	27-44118	375	
님	Name ch	ange	PO Box 881			E Teleph	one numbe	r
Ш	Initial retu	urn	City or town	State	ZIP code			
$\square$	Final return	n/terminated	Grand Rapids	MN	55744			
$\square$	Amendeo	1	Foreign country name Foreigr	province/state/county	Foreign postal	G Gross	ragginta ¢	186,859
님	Amended	return				G Gloss	receipts \$	100,039
Ш	Applicatio	on pending	<b>F</b> Name and address of principal officer:			H(a) Is this a group ret	urn for subord	inates? Yes X No
			David Lick, President 36514 Birch L	ane, Grand Rapids, MN	55744	H(b) Are all subordin	nates includ	ed? Yes No
Т	Tax-exe	mpt status:	X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. (see ii	nstructions)
J	Website	: ► www	v.itascawaters.org			H(c) Group exempti	on number	►
к	Form of	organization	: X Corporation Trust Associ	ation Other ►		r of formation: 20		tate of legal domicile: MN
	Part I	-			1.100	20		
			<b>nmary</b> escribe the organization's mission or	most significant activition	c: Tho r	nission of IWLP	ic to ovo	loro and onact
ë		-	es to maintain and improve water qua	•			is to expl	
anc			ght the importance of the area's impr		lect watershe			
Activities & Governance			·			af man the second	)/	
Š	2		nis box ▶ if the organization dis					
න්	3		of voting members of the governing					17
es	4		of independent voting members of the				4	15
۲İİ	5		mber of individuals employed in cale				6	2
\cti	6		mber of volunteers (estimate if neces				б 7а	0
4	7a b		related business revenue from Part \ elated business taxable income from				7a 7b	0
	U	Net unit		Form 990-1, mile 39.		Prior Year		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h) .		+	FIIUITea	73,539	185,622
Revenue	9		n service revenue (Part VIII, line 2g) .				10,000	00,022
ver	10	-	ent income (Part VIII, column (A), line		-		-239	622
Å	11		venue (Part VIII, column (A), lines 5,				0	022
	12		enue—add lines 8 through 11 (must equ		· •		73,300	186,244
	13		and similar amounts paid (Part IX, co				0	0
	14		paid to or for members (Part IX, colu		÷		0	0
s			other compensation, employee benefits				9,749	18,374
Expenses	16a		onal fundraising fees (Part IX, colum		· · · · ·		0	0
bel	b.		ndraising expenses (Part IX, column		1,977			
й	17		penses (Part IX, column (A), lines 1				47,144	54,374
	18		penses. Add lines 13–17 (must equa		25)		56,893	72,748
	19	Revenue	e less expenses. Subtract line 18 from	n line 12......	[		16,407	113,496
s or	ces					Beginning of Curr	ent Year	End of Year
Net Assets or	20		sets (Part X, line 16)......				110,046	223,703
et As	21		bilities (Part X, line 26)				141	302
			ets or fund balances. Subtract line 21	from line 20			109,905	223,401
	art II		nature Block					
	-		<li>I declare that I have examined this return, incl ct, and complete. Declaration of preparer (other</li>				-	9
				than oneer is based on an inte			owiedge.	
	gn		Signature of officer			Dat	e	
He	ere	l k				200		
			Type or print name and title					
		Prin	/Type preparer's name	Preparer's signature		Date		PTIN
Pa	nid						Check	if
	eparei	r Kirk	G Gilbertson			11/5/2020	self-empl	
	se Only		's name 🛛 🕨 Kirk Gilbertson CPA, P.A	Firm's EIN	▶ 82-28	17782		
			's address 🕨 1111 NW 4th St, Grand F	Phone no.	(218)	326-1241		
Ma	ay the IF	RS discus	s this return with the preparer shown	above? (see instructions	s)			. X Yes No
			uction Act Notice, see the separate ir	,				Form <b>990</b> (2019)

Form 9	90 (2019)	Itasca Water Legacy Partnership	27-4411875	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Brieflv d	escribe the organization's mission:		
	To work diverse	collaboratively on water issues and mobilize on-the-ground actions that encourage		
2	Did the	organization undertake any significant program services during the year which were not listed on		
2	the prior	Form 990 or 990-EZ?	X Yes	No
3	services	brganization cease conducting, or make significant changes in how it conducts, any program ?	🗌 Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program service as. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al expenses, and revenue, if any, for each program service reported.		
4a	on shore local pro zone, sh than 40 provides	elands. Through seminars, literature, visits to restored shorelands and consultations with fessionals and experts the project will educate the public in the areas of the aquatic oreland, erosion/runoff, septic/excavation, and private forest management. In 2019, more volunteers participated in training as part of the Shoreland Advisor Program. The program		
4b	(Code:	) (Expenses \$ 18,207 including grants of \$ ) (Reven	ue\$	)
		water. The process supports engaging all stakeholders in designing a community-wide plan t the water quality in the lakes, rivers, and streams of Itasca County. Over 1,000 Itasca		
		estidents were encoded in a variety of ways including online survey, one on one interviews		
		tenviews, focus groups, and human contered design sessions to better understand how we as		
		unity can ensure high-quality water in perpetuity. The stakeholders reached include area		
	lake ass	ociations, local government, business owners, fishing guides, resort owners, realtors, and		
	the gene	eral public.		
4c	(Code:	) (Expenses \$ 8,583 including grants of \$ ) (Reven	ue \$	)
	Itasca W	aters hosted the "We Are Water" exhibit, which took place in 2019. The six-week exhibit		
		duced in partnership by the MN Humanities Center, MN Pollution Control Agency, and several		
		te agencies. The exhibit will provide information about clean water and related		
		nental issues, including: septics, unused/unsealed wells, native shoreland plants, ens, reducing summer landscaping, AIS, nontoxic cleaners, disposing medications, pet		
		ertilizer/pesticide usage and participating in decisions about water in communities.		
	indete, it			
4d	Other pr	ogram services (Describe on Schedule O.)		
	(Expens		0)	
4e	Total pro	ogram service expenses       65,881		

Itasca Water Legacy Partnership .

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,"			
		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3		-	~	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•		v
	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				v
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	•		v
4.0		9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
D D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	446		v
		11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	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		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		х
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZd	Did the organization obtain separate, independent addited inancial statements for the tax year? If Yes, complete	4.0		v
	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,"			l
	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				
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	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			
15				v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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			
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		v
40		10		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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2019)

Par	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<b> </b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	If"Yes," complete Schedule L, Part IV.	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b> </b>
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
07	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		I	
		• •	• •	
4-	Enter the number reported in Day 2 of Form 4000. Enter 0, if not emplicable		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
_				

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
4.0		40		V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Form	990 (2019)	Itasca Water Legacy Partnership	27-44	1875	P	age <b>6</b>
Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 throu				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	ges on Schedule O. S	ee ins	struct	ions.
		Check if Schedule O contains a response or note to any line in this Part VI				Х
Sec	tion A.	Governing Body and Management				
					Yes	No
1a	Enter t	ne number of voting members of the governing body at the end of the tax year	<b>1a</b> 17			
	If there	are material differences in voting rights among members of the governing body, or				
	if the g	overning body delegated broad authority to an executive committee or similar				
	commi	tee, explain on Schedule O.				
b	Enter t	ne number of voting members included on line 1a, above, who are independent	<b>1</b> b 15			
2		officer, director, trustee, or key employee have a family relationship or a business relation	ship with			
		er officer, director, trustee, or key employee?		2	Х	
3	-	organization delegate control over management duties customarily performed by or under	the direct			
		sion of officers, directors, trustees, or key employees to a management company or other		3		х
4		organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
5		organization become aware during the year of a significant diversion of the organization's a		5		Х
6		organization have members or stockholders?		6		Х
- 7a		organization have members, stockholders, or other persons who had the power to elect or	appoint			
		more members of the governing body?	appoint	7a	х	
b		y governance decisions of the organization reserved to (or subject to approval by) members	2	10	~	
D D		blders, or persons other than the governing body?	,	7b		х
8		organization contemporaneously document the meetings held or written actions undertake		10		~
0		ir by the following:	in during			
а	-	verning body?		8a	Х	
b		ommittee with authority to act on behalf of the governing body?		8b	X	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		00	~	
5		organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		х
Soc		Policies (This Section B requests information about policies not required by the		-	)	~
000	LION D.				/ Yes	No
10a	Did the	organization have local chapters, branches, or affiliates?		10a		Х
b		" did the organization have written policies and procedures governing the activities of such	chanters	100		
~		s, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body before	•	11a	Х	
b		be in Schedule O the process, if any, used by the organization to review this Form 990.		114	~	
12a		organization have a written conflict of interest policy? If "No," go to line 13.		12a	Х	
b		fficers, directors, or trustees, and key employees required to disclose annually interests that could	aive rise to conflicts?	12b	X	
c c		organization regularly and consistently monitor and enforce compliance with the policy? If		120	~	
U		e in Schedule O how this was done		12c	х	
13		organization have a written whistleblower policy?		13	X	
14		organization have a written document retention and destruction policy?		14	~	Х
15		process for determining compensation of the following persons include a review and appro		14		~
13		ndent persons, comparability data, and contemporaneous substantiation of the deliberation	-			
-		ganization's CEO, Executive Director, or top management official.		15a		Y
a b		ficers or key employees of the organization		15a		X X
U		to line 15a or 15b, describe the process in Schedule O (see instructions).		150		^
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrange	rement			
104		axable entity during the year?		160		v
<b>b</b>		" did the organization follow a written policy or procedure requiring the organization to evalu		16a		Х
b		ation in joint venture arrangements under applicable federal tax law, and take steps to safe				
		anization's exempt status with respect to such arrangements?	-	16h		
800				16b		
<u>Sec</u>		Disclosure e states with which a copy of this Form 990 is required to be filed ► MN				
18		1 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	) and 990 T (Section	501(2)		
10		ly) available for public inspection. Indicate how you made these available. Check all that ap		501(0)	,	
	, in the second s		pry. xplain on Schedule O)			
19		be on Schedule O whether (and if so, how) the organization made its governing documents,	• •			
19		ancial statements available to the public during the tax year.	, connot of interest po	ncy,		
20		ne name, address, and telephone number of the person who possesses the organization's l	oooks and records	•		
		Pat Leistikow	040 050 7704			

Part VII Compensation of Officers, Dire Employees, and Independent C	ontractors		-		-	-				_
Check if Schedule O contains a r				_						📘
Section A. Officers, Directors, Trustees, K										
<b>1a</b> Complete this table for all persons required to be organization's tax year.	listed. Report co	mper	nsati	ion f	or t	he ca	lend	dar year ending v	with or within the	•
• List all of the organization's current officers, d						luals	or o	rganizations), re	gardless of amo	unt
of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.										
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>										
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.										
<ul> <li>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.</li> </ul>										
• List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.										
See instructions for the order in which to list the pers	ons above.									
X Check this box if neither the organization nor any	y related organiz	ation	cor	npe	nsa	ted ar	пу с	urrent officer, di	ector, or trustee	
				(0	C)			Ť		
(A)	(B)	(do i	not cl		ition more	e than o	one	(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	rson	is both	an	Reportable	Reportable	Estimated amount
	hours per week				14	or/trust 		compensation from the	compensation from related	of other compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key e	ghe	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	dual	tiona	<b>_</b>	employee	st co yee	Ä	(,	(,	related organizations
	organizations below		altru		yee	mpe				
	dotted line)	ee	Istee			Highest compensated employee				
						ed				
(1) David Lick	1.00									
President	0.00	X		Х		-				
(2) Pat Leistikow Treasurer	1.00 0.00	x		х						
(3) Jan Sandberg	1.00			^						
Secretary	0.00			х						
(4) Brian Whittemore	1.00									
Vice President	0.00	Х		х						
(5) Shirley Loegering	0.50									
Director	0.00	Х								
(6) Kathy Cone	0.50									
Director	0.00	Х								
(7) Sandy Anderson Director	0.50 0.00	х								
(8) Jan Best	0.00	^								
Director	0.00	х								
(9) Ben Benoit	0.50									
Director	0.00	Х								
(10) Jesse Davis	0.50									
Director	0.00	Х								
(11) John Downing	0.50									
	0.00	Х								
(12) William Marshall	0.50	v		1						
Director (13) Davin Tinquist	0.00	X	-		<u> </u>					
Director	0.00	х		1						
(14) Tim Scherkenbach	0.50			1						
Director	0.00	X		1						

Form 990 (2019)

Itasca Water Legacy Partnership

Form **990** (2019)

27-4411875

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	90 (2019)	Itasc	a Water Le	gacy Partr	nership	0								27	′-441 <sup>·</sup>	1875	Page <b>8</b>
Pa	rt VII	Section A	A. Officers	, Directors	s, Trus	stees, Key Em	ploye	ees,	and	d Hi	ghes	t Co	ompensated En	ployees (c	ontinı	ıed)	
										C)							
		(A)	)			(B)	Position (do not check more than d					one	(D)	(E)			(F)
		Name a				Average	box,	unle	ss pe	erson	is both	n an	Reportable	Reportabl			ated amount
						hours per week				<b>T</b>	or/trust	ŕ	compensation from the	compensat from relate			of other
						(list any	or d	Insti	Officer	Key	High emp	Former	organization	organizatio			om the
						hours for related	/idu irec	tutic	ĕ	em	iest iloye	ner	(W-2/1099-MISC)	(W-2/1099-M	ISC)		ization and
						organizations	tor tor	nal		Key employee	con e					related	organizations
						below	Individual trustee or director	Institutional trustee		ee	Iper						
						dotted line)	Ð	tee			Highest compensated employee						
											ğ						
(15)	Meghan C	Christianson	<u> </u>			0.50											
Direc						0.00											
		jes				0.50											
Direc						0.00											
		atzka				0.50											
Direct						0.00	Х										
(18)																	
(19)																	
<u></u>																	
(20)										7							
										_							
(21)																	
(22)																	
()																	
(23)																	
(24)																	
(05)																	
(25)																	
1b	Subtotal			,									0		0		0
c	Total from	n continua	tion sheet	s to Part V	/II, Sec	ction A.							0		0		0
													0		0		0
2												ved	more than \$100	),000 of			
		compensa				•			,								0
																	Yes No
3		•	•			tor, trustee, ke	•	•			•		•				
	employee	on line 1a?	' If "Yes," c	complete So	chedu	le J for such in	dividu	ual .	•	• •	• •	•			·	3	X
	•					•	•						npensation from				
	-				-						-	e Sc	hedule J for suc	h			
												•				4	X
	• •					•			-			-	anization or indiv				
		es rendered ependent (			It "Yes	s," complete So	chedi	ile J	l for	suc	ch per	rson	1			5	Х
1					omnen	sated indepen	dent	cont	ract	tors	that r	ece	eived more than	\$100 000 of			
													with or within the			ax yea	ar.
				(A)									(B)			(C)	
			Nam	e and busines	ss addre	SS							Description of ser	vices	С	ompen	
																	0
																	0
																	0
																	0
2	Total num	ber of inde	pendent co	ntractors (i	includi	ing but not limi	ted to	b the	se l	liste	d abo	ove)	who received				
					-	rganization						0					

	990 (201				27-4411	875 Page <b>9</b>
Par	t VIII	Statement of Revenue				<b>—</b>
		Check if Schedule O contains a response or note to any lin				
			<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			Total Totoliao	function revenue	business revenue	from tax under
	10	Federated campaigns	0			sections 512–514
nts	1a b	Membership dues	-			
Gra	c	Fundraising events	0			
ts, Arr	d	Related organizations	0			
Gif ilar	e	Government grants (contributions) <b>1e</b>	0			
ons, Sim	f	All other contributions, gifts, grants, and	-			
utio er \$		similar amounts not included above <b>1f</b> 177,6	43			
tributions, Gifts, Grants Other Similar Amounts	g	Noncash contributions included in				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f <b>1g</b> \$	0			
a C	h	Total. Add lines 1a–1f	▶ 185,62	2		
		Business Code				
vice	2a			0		
Program Service Revenue	b	·		0		
	C			0		
	d			0		
	f	All other program service revenue		0		
	a	Total. Add lines 2a–2f.         .		0		
	3	Investment income (including dividends, interest, and		0		
	•	other similar amounts).	55	5		
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
		(i) Real (ii) Personal				
	6a	Gross rents	_			
	b	Less: rental expenses . 6b	_			
	C	Rental income or (loss) 6c 0	0			
	d 7a	Net rental income or (loss)	•	0		
	7 a	sales of assets	-			
		other than inventory <b>7a</b> 682	0			
nue	b	Less: cost or other basis				
		and sales expenses 7b 615	0			
kev	С	Gain or (loss)	0			
er F	d	Net gain or (loss)	▶ 6	7		
Other Reve	8a	Gross income from fundraising				
0		events (not including \$ 0				
		of contributions reported on line 1c).	0			
	h	See Part IV, line 18	0			
	b C		<u> </u>	0		
	9a	Gross income from gaming activities.				
	vu	See Part IV, line 19	0			
	b	Less: direct expenses	0			
	с		•	0		
	10a	Gross sales of inventory, less				
		returns and allowances	0			
	b	Less: cost of goods sold 10b	0			
	С	Net income or (loss) from sales of inventory		0		
sn		Business Code		0		
Miscellaneous Revenue	11а ь			0	+	+
llar ven	b			0	+	+
Re	c d	All other revenue		0		
Mis	e			0		
	12	Total revenue. See instructions.	186,24	<b>`</b>	0	0

	t IX Statement of Functional Expenses				<u> </u>
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all o				
	Check if Schedule O contains a response or note	to any line in this Pa			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic			A	
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified			r	
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	0	47.040		
7	Other salaries and wages	17,042	17,042	·	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	0			
9 10	Other employee benefits	1,332	1,332	├	
10	Fees for services (nonemployees):	1,332	1,332		
	Management	o			
a b		0			
C C		2,802		2,802	
d		0		2,002	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	26,770	26,770		
12	Advertising and promotion	3,564	3,564		
13	Office expenses	2,382	2,382		
14	Information technology	1,431	1,431		
15	Royalties	0			
16	Occupancy	3,524	3,524		
17	Travel	955	955		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21 22	Depreciation, depletion, and amortization	0	0	0	0
22		2,088	0	2,088	0
24	Other expenses, Itemize expenses not covered	2,000		2,000	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	4,079	4,079		
b	MEMBERSHIP DRIVE	1,977	, , , , , , , , , , , , , , , , , , , ,		1,977
С	GRANT ADMINISTRATIVE FEE	1,856	1,856		,
d	DUES AND MEMBERSHIP FEES	1,220	1,220		
е	All other expenses SEE SCHEDULE O	1,726	1,726		
25	Total functional expenses. Add lines 1 through 24e	72,748	65,881	4,890	1,977
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>I</b> if				
	following SOP 98-2 (ASC 958-720)				

	n 990 (20	,			27-4411875 Page <b>11</b>
Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X .			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	50,291	1	63,726
	2	Savings and temporary cash investments	59,427	2	159,977
	3	Pledges and grants receivable, net	0	3	C
	4	Accounts receivable, net	0	4	C
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
		controlled entity or family member of any of these persons	0	5	(
	6	Loans and other receivables from other disqualified persons (as defined			
6		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	(
Assets	7	Notes and loans receivable, net	0	7	(
¶Si €	8	Inventories for sale or use	0	8	(
	9	Prepaid expenses and deferred charges	0	9	(
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	C
	11	Investments—publicly traded securities	0	11	C
	12	Investments—other securities. See Part IV, line 11	0	12	C
	13	Investments—program-related. See Part IV, line 11	0	13	(
	14	Intangible assets	0	14	C
	15	Other assets. See Part IV, line 11	328	15	C
	16	Total assets. Add lines 1 through 15 (must equal line 33)	110,046	16	223,703
	17	Accounts payable and accrued expenses	141	17	302
	18	Grants payable	0	18	C
	19		0	19	C
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	C
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
iat		controlled entity or family member of any of these persons	0	22	C
	23	Secured mortgages and notes payable to unrelated third parties	0	23	C
	24	Unsecured notes and loans payable to unrelated third parties	0	24	C
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete		~-	
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	141	26	302
Ses		Organizations that follow FASB ASC 958, check here ► X			
an		and complete lines 27, 28, 32, and 33.			
Bal	27	Net assets without donor restrictions	109,905		223,401
פ	28	Net assets with donor restrictions	0	28	C
5		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ŝ	29	Capital stock or trust principal, or current funds	0	29	(
sel	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	(
As	31	Retained earnings, endowment, accumulated income, or other funds	0		0
Net Assets or Fund Balances	32	Total net assets or fund balances	109,905		223,401
~	33	Total liabilities and net assets/fund balances	110,046	33	223,703 Form <b>990</b> (2019)

Form 9	990 (2019) Itasca Water Legacy Partnership	2	27-4411875	Page	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. Г	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		186	,244
2	Total expenses (must equal Part IX, column (A), line 25).	2			,748
		2			
3	Revenue less expenses. Subtract line 2 from line 1	3 4			8,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			109	,905
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		223	,401
Part		•		-	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	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:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		. 3b		
			Form	<b>990</b> ()	2019)
				(	/

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.

2019 Open to Public Inspection

OMB No. 1545-0047

	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
	Name of the organization Employer identification number							
	a Water Legacy Pa		ity Ctotus (All and		nonlata th	aia mant )		11875
Part				ganizations must co				
1	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) <b>1</b> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3				zation described in <b>sec</b>			i).	
4		-		nction with a hospital c	-			ter the
	hospital's name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)							
6	A federal, state	e, or local goverr	nment or governmer	ntal unit described in <b>se</b>	ection 170	D(b)(1)(A)(	v).	
7			eceives a substantia <b>(A)(vi).</b> (Complete F	al part of its support fro Part II.)	om a gove	rnmental ι	unit or from the gene	ral public
8				A)(vi). (Complete Part				
9				section <b>170(b)(1)(A)(ix</b> ure (see instructions).				
10	An organizatio receipts from a support from g	activities related to ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ed business taxable in See <b>section 509(a)(2)</b> .	exception come (les	is, and (2) is section {	no more than 33 1/3 511 tax) from busine	3% of its
11	An organizatio	n organized and	operated exclusive	ly to test for public safe	ety. See <b>se</b>	ection 509	9(a)(4).	
12	of one or more	publicly support	ted organizations de	ly for the benefit of, to escribed in <b>section 509</b> bes the type of suppor	9(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).
а	the support	ed organization(		pervised, or controlled b larly appoint or elect a tions A and B.				
b	<b>Type II.</b> A s control or m	upporting organi anagement of th	zation supervised o	r controlled in connecti ization vested in the sa				
C	Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,
d	<b>Type III no</b> that is not fu	n-functionally in unctionally integr	tegrated. A suppor ated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nnection w	ith its supported org uirement and an att	
е	Check this	box if the organiz	zation received a wr	blete Part IV, Sections itten determination from ally integrated supporting	m the IRS	that it is a	<b>v.</b> Type I, Type II, Typ	e III
f	•	er of supported						0
g			n about the support					
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you docui	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
<i>(</i> <b>, )</b>					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total						1	Λ	٥

Sche	dule A (Form 990 or 990-EZ) 2019 Itasca Wat	er Legacy Partne	ership			27-441187	75 Page <b>2</b>
Ра							
	(Complete only if you checke						der
	Part III. If the organization fa	ils to qualify un	nder the tests lis	sted below, plea	ase complete F	Part III.)	
	tion A. Public Support	( ) 00 ( 5	(1) 00 (0	( ) 00 (7	( 1) 00 ( 0	( ) 00 ( 0	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").	047.040	240.004	40.000	70 500	44 500	000 740
2	Tax revenues levied for the	217,043	316,884	19,662	73,539	11,582	638,710
2	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	217,043	316,884	19,662	73,539	11,582	638,710
5	The portion of total contributions by						<u> </u>
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						638,710
-	tion B. Total Support	(-) 2015	(1) 2016	(c) 2017	(4) 2019	(a) 2010	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016		(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	217,043	316,884	19,662	73,539	11,582	638,710
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	113	128	137	270	555	1,203
9	Net income from unrelated business	110	120	101	210		1,200
	activities, whether or not the business is			×			
	regularly carried on .		ľ l				0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						639,913
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or			-			
	organization, check this box and stop here						•
	tion C. Computation of Public Su			<u></u>		44	00.040/
14	Public support percentage for 2019 (line 6, c					14 15	<u>99.81%</u> 99.90%
15	Public support percentage from 2018 Sched					-	99.90 //
104	6a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test—2018. If the organiz		-				
	box and <b>stop here</b> . The organization qualified						
17a	10%-facts-and-circumstances test-2019	. If the organizatio	n did not check a b	ox on line 13. 16a.	or 16b. and line 14	4	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in						
	Part VI how the organization meets the "facts		-	•			. —
	organization.						
b	<b>10%-facts-and-circumstances test—2018</b> 15 is 10% or more, and if the organization m	•				ine	
	Explain in Part VI how the organization meet					ly	
	supported organization			•		•	
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						►
_							

Part III

Page **3** 

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513.						0
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf					•	0
=	The value of services or facilities						0
5							
	furnished by a governmental unit to the						0
•	organization without charge	0	0			0	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		-				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or	ganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2019 (line 8, co	olumn (f), divided l	by line 13, column	(f))		15	0.00%
16	Public support percentage from 2018 Schedu	ule A, Part III, line	15			16	0.00%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2018 Sc					18	0.00%
	33 1/3% support tests—2019. If the organiz					and line 17 is	
	not more than 33 1/3%, check this box and <b>s</b>						
b	33 1/3% support tests-2018. If the organiz				-		
	line 18 is not more than 33 1/3%, check this l						🕨 🗌
20	Private foundation. If the organization did n	ot check a box on	line 14 19a or 19	b check this box a	and see instructions	8	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

		27-4411875	Р	age <b>5</b>
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	<i>VI.</i> 11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	d d		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	t		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pri	or tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t	he		
	organization's governing documents in effect on the date of notification, to the extent not previously provided	1? <b>1</b>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	I		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2019 Itasca Water Legacy Partnership			411875 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nization	s must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u> </u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			-
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			<u> </u>
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	y intear	rated Type III supporting of	organization (see
instructions)		,	5

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3									
Section	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe	empt purposes								
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported									
	organizations, in excess of income from activity									
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations									
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)		A							
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.			0						
8	Distributions to attentive supported organizations to which the	ne organization is respo	nsive							
	(provide details in <b>Part VI</b> ). See instructions.									
9	Distributable amount for 2019 from Section C, line 6			0						
10	Line 8 amount divided by line 9 amount			0.000						
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019						
1	Distributable amount for 2019 from Section C, line 6			0						
2	Underdistributions, if any, for years prior to 2019									
	(reasonable cause required—explain in <b>Part VI</b> ). See									
	instructions.									
3	Excess distributions carryover, if any, to 2019									
a	From 2014 0									
b	From 2015 0									
C	From 2016 0									
d	From 2017									
e		-								
f	Total of lines 3a through e	0								
<u> </u>	Applied to underdistributions of prior years		0							
<u>n</u>	Applied to 2019 distributable amount			0						
<u> </u>	Carryover from 2014 not applied (see instructions)	· ·								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0								
4	Distributions for 2019 from Section D, line 7: \$ 0									
	Applied to underdistributions of prior years		0							
	Applied to underdistributions of phot years		0	0						
	Remainder. Subtract lines 4a and 4b from 4.	0		0						
5	Remaining underdistributions for years prior to 2019, if	0								
5	any. Subtract lines 3g and 4a from line 2. For result									
	greater than zero, explain in <b>Part VI</b> . See instructions.		0							
6	Remaining underdistributions for 2019. Subtract lines 3h									
Ū	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.			0						
7	Excess distributions carryover to 2020. Add lines 3j			Ŭ						
-	and 4c.	0								
8	Breakdown of line 7:									
a	Excess from 2015 0									
b	Excess from 2016 0									
C	Excess from 2017 0									
d	Excess from 2018 0									
е										

Par V Supplemental Information. Provide the explanations required by Part II. Ine 10. Part II. Section T. Ime 11. Bar 17: Part IV. Section B. Ime 12. Part IV. Section A. Ime 12. Bar 30. Sch 40. Sch 80. Bg, 80. Sch 31. This and 11: Part IV. Section E. Ime 3 and 30. Part V, Im 11. Part V. Section B. Ime 5; Part IV. Section F. Ime 11. Part V. Section B. Ime 5; Part IV. Section F. Ime 11. Part V. Section B. Ime 5; Part IV. Section F. Ime 11: Part V. Section B. Ime 5; Part IV. Section F. Ime 12: Sch 30. Bar 40. Sch 30. Sch 40.  Schedule A (Fo	orm 990 or 990-EZ) 2019	Itasca Water Legacy Partnership	27-4411875	Page <b>8</b>	
	Part VI	III, line 12; Part IV, Se B, lines 1 and 2; Part 3a, and 3b; Part V, lir	nation. Provide the explanations required by Part II, line 10; Part II, line 17a or ection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines ne 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V	<sup>-</sup> 17b; Part , Section s 1c, 2a, 2b,	
			<b>_</b>		
			·····		

Schedule B	
(Form 990, 990-EZ	,

# or 990-PF)

#### , Department of the Treasury

Internal Revenue Service

# Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Name of the organization	Employer identification number
Itasca Water Legacy Partnership	27-4411875
Organization type (check 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 private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### General Rule

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

#### **Special Rules**

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

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

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

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

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

Name of organization

Itasca Water Legacy Partnership

Employer identification number

27-4411875

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Bush Foundation         101 5th St E, Ste 2400         Saint Paul       MN         Foreign State or Province:         Foreign Country:	\$114,040	Person X Payroll I Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Blandin Foundation         100 N Pokegama Ave         Grand Rapids       MN         Foreign State or Province:         Foreign Country:	\$50,000	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		
	Minnesota Humanities Center         987 Ivy Ave E         Saint Paul       MN         Foreign State or Province:         Foreign Country:	\$ <u>10,000</u>	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		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number Itasca Water Legacy Partnership 27-4411875 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I \_\_\_\_\_ \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I -----\$ \_\_\_\_\_ (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I -----\$ (a) No. (C) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ \_\_\_\_\_ (a) No. (C) (b) Description of noncash property given (d) FMV (or estimate) from Date received (See instructions.) Part I -----\$\_\_\_\_\_ \_\_\_\_\_ (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I -----\$\_\_\_\_\_

Name of org					Employer identification number	
	er Legacy Partnership			de e cuile e d'in	27-4411875	
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the ye Use duplicate copies of Part III if addition	e <b>year from any o</b> s completing Part ear. (Enter this inf	one contributor. III, enter the tota formation once. S	Complete co Il of <i>exclusive</i>	lumns <b>(a)</b> through <b>(e) and</b> <i>Iy</i> religious, charitable, etc.,	
(a) No.		1-				
from Part I	(b) Purpose of gift	(c	) Use of gift		(d) Description of how gift is held	
		(e) T	ransfer of gift			
	Transferee's name, address, and		Re		transferor to transferee	
	For. Prov. Country				•	
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Re	lationship of	f transferor to transferee	
	 For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(	(d) Description of how gift is held	
		(e) T	ransfer of gift			
	Transferee's name, address, and	d ZIP + 4	Re	lationship of	f transferor to transferee	
	For. Prov. Country	 	 	 		
(a) No. from Part I	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Re	lationship of	f transferor to transferee	
	For. Prov. Country					

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	ns on	OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection	
Name of the organization		Employer identifi	cation number	
Itasca Water Legacy F	Partnership	27-4411875		
Form 990, Part III, Line	e 4d: Program Service Expenses: 4,288, Grants and allocations: 0,			
Revenue: 0 Itasca Wa	aters held a Youth Water Summit at the Itasca County Fairgrounds for			
around 425 5th grader	s from Grand Rapids, Bigfork, Greenway and St. Josephs schools. Student	3		
participated in several	of the forty-six, 30-minute sessions concerning water education. 70+			
adult volunteers partic	ipated in the event.			
Form 990, Part IX, Line	e 24 (e): Other Expense: Printing and Copying 1,010; Board Development			
691; MN Charities Fee	25			
Form 990, Part VI, Sec	ction A, Line 2: DIRECTORS JAN BEST AND BRIAN WHITTEMORE, FAMI	ILY		
RELATIONSHIP				
Form 990, Part VI, Sec	ction B, Line 11(b): FORM 990 APPROVED BY BOARD OF DIRECTORS P	RIOR TO		
FILING.				
Form 990, Part VI, Sec	ction B, Line 12(c): CONFLICTS OF INTEREST ARE TO BE REPORTED A	T THE NEXT		
SCHEDULED MEETIN	NG OF THE BOARD OF DIRECTORS.			
Form 990, Part VI, Sec	ction C, Line 19: DOCUMENTS AVAILABLE TO PUBLIC ON WEBSITE OR	UPON		
REQUEST.				
Form 990, Part IX, Lin	e 11(g): OTHER FEES FOR SERVICES: UNTAPPED INC 16,980 CONSI	ULTING FOR		
COMMUNITY DRIVEN	WATER PROTECTION INITIATIVE; UNIVERSITY OF MINNESOTA - 5,46	62 SHORELANI	)	
ADVISORS PROGRA	M; S&S EXCAVATING INC - 1,325 SHORLAND SEPTIC INSPECTIONS; IC	CTV - 882 SHOF	RELAND	
VIDEO PRODUCTION	I; YOUTH WATER SUMMIT PRESENTERS - 850; BARBS CORNER KITCI	HEN - 558 WE A	ARE WATER	
LUNCHEON; SCHOO	L DISTRICT - 210 SUBSTITUTE TEACHERS FOR YOUTH WATER SUMM	1IT; TIMBERLAH	KE LODGE -	
141 BOARD RETREAT; CREATIVE NORTH GRAPHICS - 140 LOGO UPDATE; SCHOOL DISTRICT 318 - 121				
SUBSTITUTE TEACHERS FOR YOUTH WATER SUMMIT; BOB CONZEMUS - 100 DEMONSTRATION BOOTH.				

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Itasca Water Legacy Partnership	27-4411875

Website Address www.ag.state.mn.us/charity SECTION A: Organization Information Legal Name of Organization <u>Itasca Water Legacy P</u> Federal EIN: <u>27-4411875</u>	(Pursuant to Minn. Stat. ch. 309)
Legal Name of Organization Itasca Water Legacy P	Partnership
	Fiscal Year-End: 12/31/2019
	Did the organization's fiscal year-end change? Yes X No
Mailing Address:	Physical Address:
Pat Leistikow	Pat Leistikow
Contact Person	Contact Person
PO Box 881	
Street Address	Street Address
Grand Rapids, MN 55744	
City, State, and Zip Code	City, State, and Zip Code
(218) 259-7781	(218) 259-7781
Phone Number	Phone Number
patandrodlestikow@gmail.com	patandrodlestikow@gmail.com
Email Address	Email Address
1. Organization's website: www.itascawaters.org	
2. List all of the organization's alternate and forn Itasca Waters	Ther names (attach list if more space is needed).
	olicits contributions (attach list if more space is needed).
Itasca Waters	
4. Is the organization incorporated pursuant to M	/linn. Stat. ch. 317A? X Yes No
5. Total amount of contributions the organization	n received from Minnesota donors: \$186,8
6. Has the organization's tax-exempt status with	the IRS changed?
Yes X No If yes, attach explanation	on.
<ol> <li>Has the organization significantly changed its</li> </ol>	purpose(s) or program(s)?
Yes X No If yes, attach explanation	

Itasca Water Legacy Partnership

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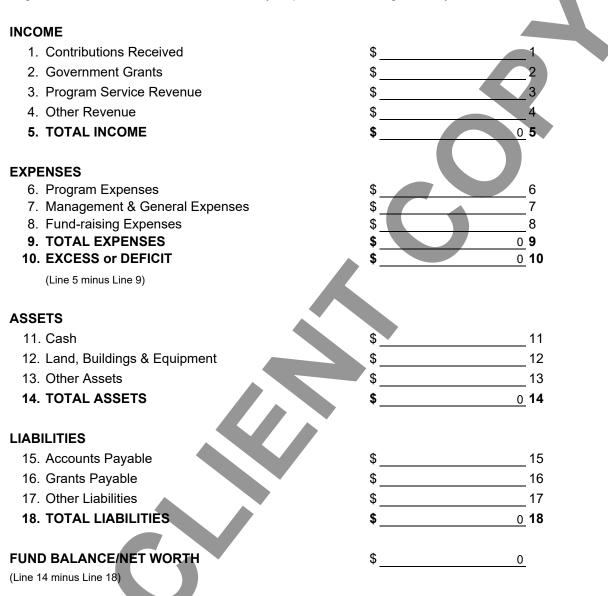
## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.				
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?				
	If yes, provide the following information for each (attach list if more space is needed):				
	Name of Professional Fundraiser Compensation				
	Street Address     City, State, and Zip Code				
10.	Is the organization a food shelf?				
	If yes, is the organization required to file an audit? Yes, audit attached No				
11	<b>Note:</b> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.				
11.	. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000?				
	If yes, provide the following information for the five highest paid individuals:				
	Name and title Compensation * Other compensation				
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. <i>See</i> Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.				

#### CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.



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# Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

2. 3. 4. 5. 6. 7. 8.	Grants and other assistance to governments and organizations in the U.S.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and	<b>(D)</b> Fundraising
2. 3. 4. 5. 6. 7. 8.				ivia layement and	
2. 3. 4. 5. 6. 7. 8.		_	expenses	general expenses	expenses
2. 3. 4. 5. 6. 7. 8.		0		general expenses	expensee
3. 4. 5. 6. 7. 8.	Grants and other assistance to individuals in the U.S.	0			
4. 5. 6. 7. 8.	Grants and other assistance to governments, organizations,	, v			
5. 6. 7. 8.	and individuals outside the U.S.	0			
5. 6. 7. 8.	Benefits paid to or for members	0			
6. 7. 8.	Compensation of current officers, directors, trustees, and key employees	0			
7. 8.	Compensation not included above, to disqualified persons (as defined				
7. 8.	under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0			
	Other salaries and wages	0			
	Pension plan contributions (include section 401(k) and				
	section 403(b) employer contributions)	0			
9.	Other employee benefits	0			
10.	Payroll taxes	0			
11.	Fees for services (non-employees):				
	a. Management	0			
	b. Legal	0			
	c. Accounting	0			
	d. Lobbying	0			
	e. Professional fundraising services	0			
	f. Investment management fees	0			
	g. Other	0			
12.	Advertising and promotion	0			
13.	Office expenses	0			
14.	Information technology	0			
15.	Royalties	0			
16.	Occupancy	0			
17.	Travel	0			
18.	Payments of travel or entertainment expenses for any federal,				
	state, or local public officials	0			
19.	Conferences, conventions, and meetings	0			
-	Interest	0			
	Payments to affiliates	0			
22.	Depreciation, depletion, and amortization	0			
-	Insurance	0			
24.	Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
	a.	0			
	b.	0			
	C.	0			
	d.	0			
25.	Total functional expenses. Add lines 1 through 24d.	0	0	0	0
	<b>Joint costs.</b> Check here <b>I</b> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation	0			

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### CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

## Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization,

and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Name	(Print)	Name	(Print)
Signature		Signature	
Title		Title	
Date	G	Date	