

Return of Organization Exempt From Income Tax

2021

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning, 2021, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Superior Rivers Watershed Association Inc. D Employer identification number: 04-3740575. E Telephone number: (715) 682-2003. G Gross receipts: \$ 95,997. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: www.superiorrivers.org. K Form of organization: Corporation. L Year of formation: 2002. M State of legal domicile: WI.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Mission of the Superior Rivers Watershed Association is to promot and protect clean water resources in Wisconsin's Lake Superior basin. 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) 3 7. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7. 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 4. 6 Total number of volunteers (estimate if necessary) 6. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (8-12) and Expenses (13-19). Total revenue: 136,231. Total expenses: 132,965. Revenue less expenses: 3,266.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include Net Assets or Fund Balances (20-22). Total assets: 39,738. Total liabilities: 39,388. Net assets or fund balances: 350.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Michelle Carlile Signature of officer Date Michelle Carlile, President Type or print name and title

Paid Preparer Use Only Angela Truchon Print/Type preparer's name Preparer's signature Date Angela Truchon Firm's name Ehlers & Pierce, CPAs Inc Firm's EIN P00490812 Firm's address 313 3rd Street West Ashland WI 54806 Phone no. 715-682-8353

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The Mission of the Superior Rivers Watershed Association is to promot and protect clean water resources in Wisconsin's Lake Superior basin.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 18,736 including grants of \$ ) (Revenue \$ )

WATER QUALITY MONITORING- SRWA engaged 50 volunteers in over 465 hours of water quality monitoring and published Water Quality Report Cards ; a data analysis on 18 years of water quality data.

4b (Code: ) (Expenses \$ 9,582 including grants of \$ ) (Revenue \$ )

WATERSHED RESTORATION-SRWA contnued a Slow the Flow tree planting restoration project by protect 186 acres of tree seedlings from grazing deer.

4c (Code: ) (Expenses \$ 7,367 including grants of \$ ) (Revenue \$ )

EDUCATION AND OUTREACH- SRWA published Water Quality Report Cards to provide outreach regarding water quality in our region. We also continued our partnership with the Lake Superior Reserve with a Rivers2Lake Education Mentor who engaged alumni of the South Shore Rivers2Lake Education program.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 5,104 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 40,789

Part IV Checklist of Required Schedules

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 1 through 21, with sub-questions a through f. Questions 1-11 are marked 'X' in the 'No' column. Questions 12a-12f are marked 'X' in the 'Yes' column. Questions 13-21 are marked 'X' in the 'No' column.

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules.

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No       |
|---|--|------------|----------|
| <b>2a</b>   | 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 . . . . .  | <b>2a</b>  | <b>4</b> |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                 | <b>2b</b>  | <b>X</b> |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  | <b>X</b> |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .  | <b>3b</b>  |          |
| <b>4a</b>   | 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)? . . . . .         | <b>4a</b>  | <b>X</b> |
| <b>b</b>  | If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |          |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  | <b>X</b> |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | <b>5b</b>  | <b>X</b> |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |          |
| <b>6a</b>   | 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? . . . . .  | <b>6a</b>  | <b>X</b> |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>  |          |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>  | 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? . . . . .  | <b>7a</b>  | <b>X</b> |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>  |          |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  | <b>X</b> |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | <b>7d</b>  |          |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | <b>7e</b>  | <b>X</b> |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | <b>7f</b>  | <b>X</b> |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | <b>7g</b>  | <b>X</b> |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | <b>7h</b>  | <b>X</b> |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | <b>8</b>   | <b>X</b> |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  | <b>X</b> |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>  | <b>X</b> |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |          |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |          |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>  | Gross income from members or shareholders . . . . .  | <b>11a</b> |          |
| <b>b</b>  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | <b>11b</b> |          |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> |          |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |          |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |          |
| <b>b</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 . . . . .  | <b>13b</b> |          |
| <b>c</b>  | Enter the amount of reserves on hand . . . . .   | <b>13c</b> |          |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> | <b>X</b> |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .  | <b>14b</b> |          |
| <b>15</b>   | 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? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.                           | <b>15</b>  | <b>X</b> |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | <b>X</b> |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .<br>If "Yes," complete Form 6069. | <b>17</b>  |          |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 2 columns: Question, Yes/No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee with authority... 9 Is there any officer, director, trustee...

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

Table with 2 columns: Question, Yes/No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed Wisconsin 18 Section 6104 requires an organization to make its Forms 1023... 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records Bill Route (715) 682-2003, PO Box 875, Ashland, WI 54806

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) <u>April Stone</u><br>Board Member     | 1.00   | X  |                       |         |              |                              | 0      | 0   | 0  |   |
| (2) <u>Erin Burkett</u><br>Board Member    | 1.00   | X  |                       |         |              |                              | 0      | 0   | 0  |   |
| (3) <u>Diane Daulton</u><br>Board Member   |  | X  |                       |         |              |                              | 0      | 0   | 0  |   |
| (4) <u>Phil Norgaard</u><br>Vice President | 1.00   |  |                       | X       |              |                              | 0      | 0   | 0  |   |
| (5) <u>Bill Route</u><br>Treasurer         | 1.00   |  |                       | X       |              |                              | 0      | 0   | 0  |   |
| (6) <u>Alissa Stutte</u><br>Secretary      | 1.00   |  |                       | X       |              |                              | 0      | 0   | 0  |   |
| (7) <u>Michelle Carlile</u><br>President   | 1.00   |  |                       | X       |              |                              | 0      | 0   | 0  |   |
| (8) _____                                  |  |  |                       |         |              |                              |        |   |  |   |
| (9) _____                                  |  |  |                       |         |              |                              |        |   |  |   |
| (10) _____                                 |  |  |                       |         |              |                              |        |   |  |   |
| (11) _____                                 |  |  |                       |         |              |                              |        |   |  |   |
| (12) _____                                 |  |  |                       |         |              |                              |        |   |  |   |
| (13) _____                                 |  |  |                       |         |              |                              |        |   |  |   |
| (14) _____                                 |  |  |                       |         |              |                              |        |   |  |   |

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|--|-----------------------|---------|--------------|------------------------------|---|--|---|
|                       |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee |   |  |   |
| (15) -----            |  |  |                       |         |              |                              |   |  |   |
| (16) -----            |  |  |                       |         |              |                              |   |  |   |
| (17) -----            |  |  |                       |         |              |                              |   |  |   |
| (18) -----            |  |  |                       |         |              |                              |   |  |   |
| (19) -----            |  |  |                       |         |              |                              |   |  |   |
| (20) -----            |  |  |                       |         |              |                              |   |  |   |
| (21) -----            |  |  |                       |         |              |                              |   |  |   |
| (22) -----            |  |  |                       |         |              |                              |   |  |   |
| (23) -----            |  |  |                       |         |              |                              |   |  |   |
| (24) -----            |  |  |                       |         |              |                              |   |  |   |
| (25) -----            |  |  |                       |         |              |                              |   |  |   |

|  |   |   |   |   |
|--|---|---|---|---|
| <b>1b Subtotal</b> .....   | ▶ |   |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | ▶ |   |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           | ▶ | 0 | 0 | 0 |

|  |          |          |
|--|----------|----------|
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶   |          | 0        |
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  | <b>3</b> | <b>X</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | <b>4</b> | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       | <b>5</b> | <b>X</b> |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  | (A)           | (B)                                | (C)                        | (D)  |
|---|--|---------------|------------------------------------|----------------------------|--|
|   |  | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts              | <b>1a</b> Federated campaigns  | <b>1a</b>     |                                    |                            |  |
|   | <b>b</b> Membership dues   | <b>1b</b>     | 7,142                              |                            |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>     | 5,981                              |                            |  |
|   | <b>d</b> Related organizations   | <b>1d</b>     |                                    |                            |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>     | 51,898                             |                            |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | <b>1f</b>     | 29,799                             |                            |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f   | <b>1g</b>     | \$                                 |                            |  |
|   | <b>h Total.</b> Add lines 1a-1f  |               | 94,820                             |                            |  |
| Program Service Revenue   | <b>2a</b>  | Business Code |                                    |                            |  |
|   | <b>b</b>   |               |                                    |                            |  |
|   | <b>c</b>   |               |                                    |                            |  |
|   | <b>d</b>   |               |                                    |                            |  |
|   | <b>e</b>   |               |                                    |                            |  |
|   | <b>f</b> All other program service revenue   |               |                                    |                            |  |
|   | <b>g Total.</b> Add lines 2a-2f  |               |                                    |                            |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |               | 1                                  | 1                          |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |               |                                    |                            |  |
|   | <b>5</b> Royalties   |               |                                    |                            |  |
|   |  | (i) Real      | (ii) Personal                      |                            |  |
|   | <b>6a</b> Gross rents  | <b>6a</b>     |                                    |                            |  |
|   | <b>b</b> Less: rental expenses   | <b>6b</b>     |                                    |                            |  |
|   | <b>c</b> Rental income or (loss)   | <b>6c</b>     |                                    |                            |  |
|   | <b>d</b> Net rental income or (loss)   |               |                                    |                            |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | <b>7a</b>     | (i) Securities                     | (ii) Other                 |  |
|   | <b>b</b> Less: cost or other basis and sales expenses  | <b>7b</b>     |                                    |                            |  |
|   | <b>c</b> Gain or (loss)  | <b>7c</b>     |                                    |                            |  |
|   | <b>d</b> Net gain or (loss)  |               |                                    |                            |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ 5,981 of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>     |                                    |                            |  |
|   | <b>b</b> Less: direct expenses   | <b>8b</b>     |                                    |                            |  |
|   | <b>c</b> Net income or (loss) from fundraising events  |               |                                    |                            |  |
| <b>9a</b> Gross income from gaming activities, See Part IV, line 19 | <b>9a</b>  |               |                                    |                            |  |
| <b>b</b> Less: direct expenses                                      | <b>9b</b>  |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from gaming activities                |  |               |                                    |                            |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances    | <b>10a</b>   |               |                                    |                            |  |
| <b>b</b> Less: cost of goods sold                                   | <b>10b</b>   |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from sales of inventory               |  |               |                                    |                            |  |
| Miscellaneous Revenue   | <b>11a Other Revenue</b>   | 900099        | 96                                 | 96                         |  |
|   | <b>b Reimbursed Expenses</b>   | 900099        | 1,080                              | 1,080                      |  |
|   | <b>c</b>   |               |                                    |                            |  |
|   | <b>d</b> All other revenue   |               |                                    |                            |  |
|   | <b>e Total.</b> Add lines 11a-11d  |               | 1,176                              |                            |  |
| <b>12 Total revenue.</b> See instructions                           |  | 95,997        | 1,177                              | 0                          | 0  |

**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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 39,736                | 26,560                          | 9,177                                  | 3,999                       |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .   | 4,017                 | 2,032                           | 1,679                                  | 306                         |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .  |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .   | 1,732                 | 184                             | 1,548                                  |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .   | 660                   |                                 | 627                                    | 33                          |
| <b>12</b> Advertising and promotion . . . . .   | 4,216                 | 1,157                           | 2,600                                  | 459                         |
| <b>13</b> Office expenses . . . . .   | 1,184                 | 154                             | 887                                    | 143                         |
| <b>14</b> Information technology . . . . .  | 1,733                 | 213                             | 1,520                                  |                             |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 2,640                 |                                 | 2,640                                  |                             |
| <b>17</b> Travel . . . . .  | 331                   | 256                             |  | 75                          |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| <b>23</b> Insurance . . . . .   | 877                   |                                 | 877                                    |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> <b>Program Expenses</b>  | 10,228                | 10,228                          |  |                             |
| <b>b</b> <b>Dues/Subscriptions</b>  | 327                   | 5                               | 232                                    | 90                          |
| <b>c</b> <b>Other Expenses</b>  | 233                   |                                 |  | 233                         |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . .   | 67,914                | 40,789                          | 21,787                                 | 5,338                       |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)               | (B)         |            |       |
|---|--|-------------------|-------------|------------|-------|
|   |  | Beginning of year | End of year |            |       |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 21,123            | 1           | 15,845     |       |
|   | <b>2</b> Savings and temporary cash investments  | 131               | 2           | 3,267      |       |
|   | <b>3</b> Pledges and grants receivable, net  |                   | 3           |            |       |
|   | <b>4</b> Accounts receivable, net  | 18,484            | 4           | 17,463     |       |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                   | 5           |            |       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                   | 6           |            |       |
|   | <b>7</b> Notes and loans receivable, net   |                   | 7           |            |       |
|   | <b>8</b> Inventories for sale or use   |                   | 8           |            |       |
|   | <b>9</b> Prepaid expenses and deferred charges   |                   | 9           |            |       |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>        |             |            |       |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b>        |             | <b>10c</b> |       |
|   | <b>11</b> Investments - publicly traded securities   |                   | 11          |            |       |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   |                   | 12          |            |       |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  |                   | 13          |            |       |
|   | <b>14</b> Intangible assets  |                   | 14          |            |       |
|   | <b>15</b> Other assets. See Part IV, line 11   |                   | 15          |            |       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) |  | 39,738            | 16          | 36,575     |       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 94                | 17          |            |       |
|   | <b>18</b> Grants payable   |                   | 18          |            |       |
|   | <b>19</b> Deferred revenue   | 32,285            | 19          |            |       |
|   | <b>20</b> Tax-exempt bond liabilities  |                   | 20          |            |       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                   | 21          |            |       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |                   | 22          |            |       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                   | 23          |            |       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                   | 24          |            |       |
|   | <b>25</b> 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  |                   | 7,009       | 25         | 8,143 |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   |                   | 39,388      | 26         | 8,143 |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                   |             |            |       |
|   | <b>27</b> Net assets without donor restrictions  | 350               | 27          | 28,432     |       |
|   | <b>28</b> Net assets with donor restrictions   |                   | 28          |            |       |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                   |             |            |       |
|   | <b>29</b> Capital stock or trust principal, or current funds   |                   | 29          |            |       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                   | 30          |            |       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                   | 31          |            |       |
| <b>32</b> Total net assets or fund balances                         |  | 350               | 32          | 28,432     |       |
| <b>33</b> Total liabilities and net assets/fund balances            |  | 39,738            | 33          | 36,575     |       |

Part XI Reconciliation of Net Assets

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

Table with 3 columns: Line number, Description, and Amount. Rows include Total revenue (95,997), Total expenses (67,914), Revenue less expenses (28,083), Net assets at beginning of year (350), Net unrealized gains (5), Donated services (6), Investment expenses (7), Prior period adjustments ((1)), Other changes (0), and Net assets at end of year (28,432).

Part XII Financial Statements and Reporting

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

Form with questions 1, 2a, b, c, 3a, and 3b regarding accounting methods, financial statement compilation, and audits. Includes checkboxes for 'Yes' and 'No' and 'Cash', 'Accrual', and 'Other' methods.

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization Employer identification number

**Superior Rivers Watershed Association Inc** **04-3740575**

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

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

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

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

**Total**

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

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

Section A. Public Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. 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 - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%. Row 19a: 33 1/3% support tests - 2021. Row 19b: 33 1/3% support tests - 2020. Row 20: Private foundation.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

|   |            |           |
|---|------------|-----------|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |            |           |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |            |           |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |            |           |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |            |           |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   | <b>Yes</b> | <b>No</b> |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b>  |           |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b>  |           |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |            |           |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  | <b>3a</b>  |           |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b>  |           |

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

|   |   |    |  |
|---|---|----|--|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |    |  |
| a | Average monthly value of securities   | 1a |  |
| b | Average monthly cash balances   | 1b |  |
| c | Fair market value of other non-exempt-use assets  | 1c |  |
| d | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d |  |
| e | <b>Discount</b> claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):                               |    |  |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets  | 2  |  |
| 3 | Subtract line 2 from line 1d.   | 3  |  |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4  |  |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5  |  |
| 6 | Multiply line 5 by 0.035.   | 6  |  |
| 7 | Recoveries of prior-year distributions  | 7  |  |
| 8 | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8  |  |

**Section C - Distributable Amount**

Current Year

|   |   |   |  |
|---|---|---|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |  |
| 2 | Enter 0.85 of line 1.   | 2 |  |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |  |
| 4 | Enter greater of line 2 or line 3.  | 4 |  |
| 5 | Income tax imposed in prior year  | 5 |  |
| 6 | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |  |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |  |

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>   | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2021 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions) | <b>(i)<br/>Excess Distributions</b>   | <b>(ii)<br/>Underdistributions<br/>Pre-2021</b> | <b>(iii)<br/>Distributable<br/>Amount for 2021</b> |
|--|---|---|--|
| <b>1</b>   | Distributable amount for 2021 from Section C, line 6  |   |  |
| <b>2</b>   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |   |  |
| <b>3</b>   | Excess distributions carryover, if any, to 2021   |   |  |
| <b>a</b>   | From 2016 . . . . .   |   |  |
| <b>b</b>   | From 2017 . . . . .   |   |  |
| <b>c</b>   | From 2018 . . . . .   |   |  |
| <b>d</b>   | From 2019 . . . . .   |   |  |
| <b>e</b>   | From 2020 . . . . .   |   |  |
| <b>f</b>   | <b>Total</b> of lines 3a through 3e   |   |  |
| <b>g</b>   | Applied to underdistributions of prior years  |   |  |
| <b>h</b>   | Applied to 2021 distributable amount  |   |  |
| <b>i</b>   | Carryover from 2016 not applied (see instructions)  |   |  |
| <b>j</b>   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |  |
| <b>4</b>   | Distributions for 2021 from Section D, line 7: \$   |   |  |
| <b>a</b>   | Applied to underdistributions of prior years  |   |  |
| <b>b</b>   | Applied to 2021 distributable amount  |   |  |
| <b>c</b>   | Remainder. Subtract lines 4a and 4b from line 4.  |   |  |
| <b>5</b>   | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |   |  |
| <b>6</b>   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |   |  |
| <b>7</b>   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |   |  |
| <b>8</b>   | Breakdown of line 7:  |   |  |
| <b>a</b>   | Excess from 2017 . . . .  |   |  |
| <b>b</b>   | Excess from 2018 . . . .  |   |  |
| <b>c</b>   | Excess from 2019 . . . .  |   |  |
| <b>d</b>   | Excess from 2020 . . . .  |   |  |
| <b>e</b>   | Excess from 2021 . . . .  |   |  |



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Superior Rivers Watershed Association Inc

04-3740575

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 not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

[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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the 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), 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).

Name of organization

Employer identification number

**Superior Rivers Watershed Association Inc**

**04-3740575**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | Northern State Bank<br><br>PO Box 617<br><br>Ashland WI 54806 | \$ 16,019                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/> |

(Complete Part II for noncash contributions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 2          | Duluth Superior Area Community Foun<br><br>324 West Superior Street<br><br>Duluth MN 55802 | \$ 6,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/> |

(Complete Part II for noncash contributions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/> |

(Complete Part II for noncash contributions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/> |

(Complete Part II for noncash contributions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/> |

(Complete Part II for noncash contributions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/> |

(Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

Superior Rivers Watershed Association Inc

04-3740575

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advised funds and grant fund usage.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose of conservation easements, total number, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures held for public exhibition or financial gain.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
2a Board designated or quasi-endowment %
2b Permanent endowment %
2c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
3a(i) Unrelated organizations Yes No
3a(ii) Related organizations Yes No
3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
1a Land
1b Buildings
1c Leasehold improvements
1d Equipment
1e Other

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

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, and (3) Other (A-H).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: (1) Federal income taxes. Row 2: (2) Payroll Liabilities 8,143. Rows (3) through (9) are blank.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 8,143

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Superior Rivers Watershed Association Inc**

**04-3740575**

**01. Organizational document changes (Part VI, line 4)**

Organization changed the name from Bad River Watershed Association to Superior Rivers

Watershed Association Inc

**02. Form 990 governing body review (Part VI, line 11)**

Governing body reviews form 990 at the following board meeting after acquiring tax return.

**03. Governing documents, etc, available to public (Part VI, line 19)**

Governing documents, etc, available to public upon request

**04. List of other fees for services expenses (Part IX, line 11g)**

Contract service work for restoration on Watershed

**Statement of Program Service Accomplishments**

**2021** PG01

Name(s) as shown on return

Your Social Security Number

**Superior Rivers Watershed Association Inc**

**04-3740575**

**Form 990-Part III(a)**  
**Statement of Service Accomplishment**

Statement #4

|  |        |
|--|--------|
| Program Service Code                             |        |
| Program Service Expenses                         | \$5104 |
| Grants and allocations included in above expense | \$0    |
| Program Services Revenue                         | \$0    |

**Explanation**

Watershed Action Planning: The 10-year revision of the Marengo River Watershed Action Plan began in July. SRWA is working closely with partners at the Mashkiiziibii Bad River Tribe, counties, non-profits, and other organization partners on this revision.

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

Superior Rivers Watershed Association Inc

04-3740575

**Fundraising Events**

| Description   | Amount          |
|---------------|-----------------|
| Annual Party  | \$ 5,981        |
| <b>Total:</b> | <b>\$ 5,981</b> |

**Government Grants**

| Description                    | Amount           |
|--------------------------------|------------------|
| 2021 Grant Revenue Receivables | \$ (1,021)       |
| 2021 Unearned Grant Income     | 32,285           |
| Federal Gov Grants             | 19,850           |
| In kind Donations              | 784              |
| <b>Total:</b>                  | <b>\$ 51,898</b> |

| Description         | Amount           |
|---------------------|------------------|
| Donations - General | \$ 11,773        |
| Donations-EOY       | 10,571           |
| Fourndation Grant   | 6,000            |
| Organization Grant  | 1,455            |
| <b>Total:</b>       | <b>\$ 29,799</b> |

**Advertising and Promotion**

| Description         | Amount          |
|---------------------|-----------------|
| Marketing           | \$ 12           |
| Website-Software    | 975             |
| Newsletter Printing | 170             |
| <b>Total:</b>       | <b>\$ 1,157</b> |

| Description         | Amount          |
|---------------------|-----------------|
| Website/Software    | \$ 482          |
| Newsletter Postage  | 162             |
| Newsletter Printing | 1,956           |
| <b>Total:</b>       | <b>\$ 2,600</b> |

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Overflow Statement

2021

Page 2

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

Superior Rivers Watershed Association Inc

04-3740575

| Description      | Amount        |
|------------------|---------------|
| Website/Software | \$ 223        |
| Marketing        | 236           |
| <b>Total:</b>    | <b>\$ 459</b> |

| Description     | Amount        |
|-----------------|---------------|
| Office Supplies | \$ 2          |
| Postage         | 99            |
| Equipment       | 53            |
| <b>Total:</b>   | <b>\$ 154</b> |

| Description     | Amount        |
|-----------------|---------------|
| Office Supplies | \$ 275        |
| Postage         | 359           |
| Equipment       | 253           |
| <b>Total:</b>   | <b>\$ 887</b> |

| Description   | Amount        |
|---------------|---------------|
| Postage       | \$ 66         |
| Printing      | 77            |
| <b>Total:</b> | <b>\$ 143</b> |

| Description   | Amount          |
|---------------|-----------------|
| Rent          | \$ 2,640        |
| <b>Total:</b> | <b>\$ 2,640</b> |

| Description   | Amount        |
|---------------|---------------|
| Mileage       | \$ 256        |
| <b>Total:</b> | <b>\$ 256</b> |

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**Overflow Statement**

2021

Page 3

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Name(s) as shown on return

Superior Rivers Watershed Association Inc

FEIN

04-3740575

**Travel**

| <b>Description</b> | <b>Amount</b> |
|--------------------|---------------|
| Meals & Ent        | \$ 48         |
| Mileage            | 27            |
| <b>Total:</b>      | <b>\$ 75</b>  |

| <b>Description</b> | <b>Amount</b> |
|--------------------|---------------|
| Rounding           | \$ (1)        |
| <b>Total:</b>      | <b>\$ -1</b>  |

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

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**2021**

Name(s) as shown on return

Tax ID Number

**Superior Rivers Watershed Association Inc**

**04-3740575**

2% of the amount on Schedule A, Part II, line 11, column (f) ..... **19,677**

| Name                                | (a)<br>2017 | (b)<br>2018 | (c)<br>2019 | (d)<br>2020 | (e)<br>2021 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limitation) |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| Northern State Bank                 |             |             |             | 16,017      | 16,019      | 32,036       | 12,359   |
| Duluth Superior Area Community Foun |             |             |             |             | 6,000       | 6,000        |  |

**Total** ..... **12,359**

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Tax Exempt  
Diagnostic Summary

2021

Name  
Superior Rivers Watershed Association Inc

Employer Identification #  
04-3740575

Demographics

Mailing Address:

Phone: (715) 682-2003

PO Box 875

Ashland, WI 54806

Resident State: WI

Diagnostics

Preparer: Angela Truchon

Invoice:

Date: 09-26-2022

Return Information

| Item on Return                 | 2021<br>Federal | 2020 Federal<br>(If available) |
|--------------------------------|-----------------|--------------------------------|
| Total Revenue                  | 95,997          | 136,231                        |
| Total Expenses                 | 67,914          | 132,965                        |
| Net Excess (Deficit)           | 28,083          | 3,266                          |
| Net Assets or Fund<br>Balances | 28,432          | 350                            |

State/City Information

| <u>State/City</u> | <u>Taxable<br/>Revenue</u> | <u>Total<br/>Expenses</u> | <u>Change Fund<br/>Balance</u> | <u>UBIT</u> | <u>Total<br/>Tax</u> | <u>Refund/<br/>(Balance Due)</u> |
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|