Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its Instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection

A	For t	the 2014 c	alendar year, or tax year beginning $04/01/14$, and ending $03/31/15$									
В	Check if	if applicable:	C Name of organization	Employe	r identification number							
	Address	s change	HURON RIVER WATERSHED COUNCIL									
	Name o	ohanao	Doing business as	λΩ_1	806452							
믉		-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E		e number							
	Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated											
一			ANN ARBOR MI 48104-1059	Gross rec	eipts \$ 1,384,149							
님	Amenue	ed neturn '	F Name and address of principal officer:									
	Applicati	tion pending	LAURA R. RUBIN H(a) Is this a group of	etum for s	subordinates? Yes X No							
			1100 N. MAIN STREET, STE 210 H(b) Are all subordi	nates incl	luded? Yes No							
					(see instructions)							
	Tax-exe	empt status:	V		(*** modulatio)							
	Websit		MW HPMC OPC									
<u> </u>		f organization:	They cloub exempling									
· -	art i			,4	M State of tegal domicile: MI							
			ımmary									
	1	Briefly de	scribe the organization's mission or most significant activities:									
9		TO	NSPIRE ATTITUDES, BEHAVIORS AND ECONOMIES THAT PROTECT, REHAB	ILIT	ATE							
Jan		AND	SUSTAIN THE ECOLOGICAL AND CULTURAL COMMUNITIES OF THE HURON	RIVE	R							
Governance	1		YSTEM.									
ő	2	Check this	s box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets	i.	**********************							
	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	39							
8	4	Number o	of independent voting members of the governing body (Part VI, line 1b)	4	39							
Activities &	5	Total num	aber of individuals employed in calendar year 2014 (Part V, line 2a)	5	16							
늉	6	Total num		6								
⋖	72	Total unre	Alated business revenue from Part VIII column (O) line 40	 - 	650							
	, a	Not uprok	elated business revenue from Part VIII, column (C), line 12	7a	0							
<u>. </u>	<u>"</u>	i ivet unitela	ated business taxable income from Form 990-T, line 34	7b	0							
	l a	Contribution	Prior Year	045	Current Year							
Revenue	٥	Program	ons and grants (Part VIII, line 1h) 744, service revenue (Part VIII, line 2g) 528,		948,011							
Ş.	1 40	Invostmon	Service revenue (Part VIII, line 2g) 528,		432,148							
Ş	10	investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)	185	2,850							
	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -13,		1,140							
	12	Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,263,	542	1,384,149							
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1–3)		0							
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)		0							
Ś	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	296	862,504							
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		0							
<u>e</u>	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶ 141,895	1.00	RATE A LAMAGE TO A COLUMN							
മ	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e) 368,	488	521,294							
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)									
	19	Revenue l	***************************************		1,383,798							
₽8	` *-		ess expenses. Subtract line 18 from line 12 46, Beginning of Current		351 End of Year							
왕 <u>등</u>	20	Total asse	ts (Part X, line 16) 906,									
t Assets or	21		Hoe (Ded V. Har 00)		1,151,958							
₹			s or fund balances. Subtract line 21 from line 20 572,		579,298							
	art II		nature Block	3091	572,660							

tai	ige cour	ect and cor	erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best on The property of preparer (other than officer) is based on all information of which preparer has any knowledge.	f my kn	owledge and belief, it is							
		T k	A property of preparer (other trial) officerly is based on all information of which preparer has any knowledge.	,								
۵.		_	Sc-fler.	<u></u>								
Sig		1:	nature of officer	Date								
Hei	e.		LAURA R. RUBIN EXECUTIVE DIRE	CTOR	<u>L</u>							
			pe or print name and title									
		Print/Type (preparer's name Preparer's signature Date	Check	if PTIN							
Paid	I	SUSAN R	GARDYNIK CPA 09/21/15	l .	∟ "							
Prenarer 2017 2017 2017 2017 2017 2017 2017 2017												
Use	Only	The real Property of the Prope	33762 SCHOOLCRAFT RD	CIN F	38-3146599							
	-	Firm's addre	\ T.TVONTA MT 401E0 1E06		724 407 0000							
May	the I		this return with the preparer shown above? (see instructions)	no.	734-427-2030							
			tion Act Notice, see the separate instructions.	<u></u>	X Yes No							
DAA	aheta	WOIN INCUUC	don not notice, see the separate instructions.		Form 990 (2014)							

Form 990 (2014) HURON RIVER WA	TERSHED COUNCIL	38-1806452	Page 2
Part III Statement of Program S	Service Accomplishments		
		y line in this Part III	
1 Briefly describe the organization's mission			
TO INSPIRE ATTITUDES,		NOMIES THAT PROTECT	, REHABILITATE
AND SUSTAIN THE ECOLOG	TCAT AND CITTURAL	COMMINITATES OF THE	HIDON DIVED
	SICALI AND CULIURAL	COMMONITIES OF THE	HORON RIVER
ecosystem.	,,		
2 Did the organization undertake any signifi	cant program services during the yea	r which were not listed on the	
prior Form 990 or 990-EZ?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No
If "Yes," describe these new services on	Schedule O.		
3 Did the organization cease conducting, or		conducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sche	dulo O		
			answerd by
4 Describe the organization's program servi			
expenses. Section 501(c)(3) and 501(c)(4		the amount of grants and allocations	to others,
the total expenses, and revenue, if any, f	or each program service reported.		
4a (Code:) (Expenses \$	390,181 including grants	of \$) (Rev	enue \$
CONTINUED DEVELOPMENT			EMENT PLANS
FOR FUTURE PROTECTION			TE PLANS FOR
TARGETED PHOSPHORUS R			
WORKING ON NATURAL AR		H LOCAL GOVERNMENTS	S, LANU
CONSERVANCIES AND THE	PUBLIC.		
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4b (Code:) (Expenses \$	188,225 including grants	of \$) (Rev	renue \$)
DEVELOPED ADVERTISING	MATERIALS AND MAR	KETING CAMPAIGNS	+ - 1
FOR PUBLIC DOMAIN & F			
	CREATE SUBSTANTI		
BEHAVIORS THAT PROTECT			• • • • • • • • • • • • • • • • • • • •
DEMAVIORS THAT PROTEC	I MATER QUALITY.		• • • • • • • • • • • • • • • • • • • •
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			• • • • • • • • • • • • • • • • • • • •
4c (Code:) (Expenses \$	555,071 including grants	of \$) (Rev	/enue \$)
EXPANDED VOLUNTEER MO	NITORING PROGRAM,	CHANNEL SHAPE &	
FLOW STUDIES CONTINUE	D AT ADDITIONAL SI	TES. ACTIVE	
VOLUNTEERS OVER 700.	OVER 70 SITES MOI	NITORED THROUGHOUT	
THE WATERSHED. CONDU		VOLUNTEER	
	.,	<u> </u>	
MONITORING GROUPS FOR	OTHER AREAS OF TH	IE STATE.	
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*		• • • • • • • • • • • • • • • • • • • •	
·	,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	adula ON		
4d Other program services (Describe in Sch			
 4d Other program services (Describe in School) (Expenses \$ 4e Total program service expenses ► 	edule O.) including grants of \$ 1,133,477) (Revenue \$)

Part II

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	884,699	669,640	755,529	744,846	948,011	4,002,725
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			·			
4	Total. Add lines 1 through 3	884,699	669,640	755,529	744,846	948,011	4,002,725
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.			2008/18/13 A - 18 W.M.			4,002,725
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	884,699	669,640	755,529	744,846	948,011	4,002,725
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,133	2,271	3,453	3,185	2,850	13,892
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			V MOSEX TO		"我们是一个专手	4,016,617
12	Gross receipts from related activities, etc.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	433,288
13	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	(c)(3)	
800	organization, check this box and stop her	е	4		······		.
	tion C. Computation of Public S						
14	Public support percentage for 2014 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	99.65 %
15 150	Public support percentage from 2013 Sche					15	99.55 %
16a	33 1/3% support test—2014. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	
h	box and stop here. The organization qual				r != 00 4/00/		► X
	33 1/3% support test—2013. If the organic check this box and stop here. The organi	zation qualifice se	a publicky supports	or roa, and line i	5 IS 33 1/3% OF M	ore,	. □
17a	10%-facts-and-circumstances test—201	Zalion qualifies as 4 If the omanization	a publicly supporte on did not check a	boy on line 12 16	a or 16h and line		- U
	10% or more, and if the organization mee						
b	Part VI how the organization meets the "forganization" 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization explain in Part VI how the organization means the statement of the organization me	acts-and-circumstar 3. If the organization i meets the "facts-a eets the "facts-and	nces" test. The org on did not check a and-circumstances' -circumstances" te	panization qualifies box on line 13, 16 test, check this best. The organizatio	as a publicly supplied, as a publicly supplied, as a formal stop here. In qualifies as a pu	d line	
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16	b, 1 7a, or 17b, che	ck this box and se	ee	· •
	instructions						▶ □

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

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

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

<u></u>	tion A Bublic Support	quality drider ti	ie tests listed t	elow, please o	ompicio i art ii.						
	tion A. Public Support dar year (or fiscal year beginning In) ▶	(a) 2010	(b) 2011	(a) 2012	(d) 2013	(e) 2014	(f) Total				
1	Gifts, grants, contributions, and membership	(a) 2010	(0) 2011	(c) 2012	(u) 2013	(e) 2014	(i) Total				
	fees received. (Do not include any "unusual grants.")										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		,								
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5										
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				L		·				
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6.)										
	tion B. Total Support										
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
9	Amounts from line 6										
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
С	Add lines 10a and 10b			,							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				<u></u>						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First five years. If the Form 990 is for the	e organization's firs	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)					
	organization, check this box and stop her				<u></u>		<u></u> ▶				
Sec	tion C. Computation of Public S				· ·	· · · · · · · · · · · · · · · · · · ·					
15	Public support percentage for 2014 (line 8						<u>%</u>				
16	Public support percentage from 2013 Sch										
	tion D. Computation of Investme			2! (8)		47	0/				
17	Investment income percentage for 2014 (iirie Tuc, column (t) aivided by line 1: 	o, column (T))		17	<u>%</u> %				
18 19a	Investment income percentage from 2013 33 1/3% support tests—2014. If the organization	ourieuule A, Pan anization did not o	no, iiiie 17	a 14 and line 15 2	s more than 22 1/2	<u></u>	76				
19a	17 is not more than 33 1/3%, check this b						▶ [
b	33 1/3% support tests—2013. If the orga		-								
	· ·						▶□				
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ł		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
O	complete Schedule D, Part III			7,-
. 9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		X
. 3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.	10		X
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1 - 34 - 11		
•	complete Schedule D. Port VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
, -	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
	of its total assets reported in Part X, line 162 If "Vas." complete Schedule D. Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11.5		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		• • •	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	·		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00-	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
<u>b_</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Part V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule Contains a response or note to any line in this Part V 1s. Enter the number reported in Box 3 of Form 1006, Enter 0-18 not applicable 1s. Enter the number reported in Box 3 of Form 1006, Enter 0-18 not applicable 1s. Enter the number reported in Box 3 of Form 1006, Enter 0-18 not applicable 1s. Enter the number reported in Box 3 of Form 1006, Enter 0-18 not applicable 1s. Enter the number of reported or Enter 0-18 not applicable 2s. Enter the number of employees proported on Form VS.2 Instantials of Wage and Tax Statements, field for five calendary year entire within the year covered by the natura. 2s. Enter the number of employees and, and the organization field and part of the enter tax returne? 3s. Enter the number of employees and, and the organization field and part of the enter tax returne? 3s. In it is set on a reported or line 2, and the organization field may be required to effect excellent tax returne? 3s. In it is set on a reported or line 2, and the organization field may be required to effect excellent tax returne? 3s. In it is set on a reported or line 2, and the organization have numbered to effect excellent tax returne? 3s. In it is set of the major to the xystem? If his is like 3 from 50 fr. or 18 years? If his is like 3 from 50 fr. or 18 years? If his is like 3 from 50 fr. or 18 years? If his is like 3 from 50 fr. or 18 years? If his is like 3 from 50 fr. or 18 years? If his is like 3 from 50 fr. or 18 years? If his is like 3 fr. or		1 990 (2014) HURON RIVER WATERSHED COUNCIL 38-1806	452			F	^o age	
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b Enter the number of Forms V-2C included at Jine 14. Enter 0-12 into applicable 10 0	4	Catas the number assessed to Day 0 of C. 1000 C. 1000 C. 1000 C.				Yes	N	0
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seportable garding (particiling) winnings to pitze winners? Einter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, filed for the callendar year ending with or within the year covered by this return? Statements, filed for the callendar year ending with or within the year covered by this return? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) Ja W. Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) Ja W. Trives, That it filed a Form 1902-T for the year? If I've' to line 3b, provide an ecoliaration in Schadule 0 Ja W. Trives, That it filed a Form 1902-T for the year? If I've' to line 3b, provide an ecoliaration in Schadule 0 Ja W. Trives, That it filed a Form 1902-T for the year? If I've' to line 3b, provide an ecoliaration in Schadule 0 Ja W. Trives, That it filed a Form 1902-T for the year? If I've' to line 3b, provide an ecoliaration in Schadule 0 Ja W. Trives, The state of the dark of the organization that a social to the country over, a familiar and the firefall of the organization file from 1902-T foreign Bank and Financial Accounts (FBAR). Ja W. State the organization file from 1902-T foreign Bank and Financial Accounts (FBAR). Ja W. Trives to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? Ja W. Trives to line 5a or 5b, did the organization file Form 1902-T foreign Bank and Financialor? Ja W. Trives to line 5a or 5b, did the organization file Form 1902-T foreign Bank and Financialor? Ja W. Trives to line 5a or 5b, did the organization file Form 1902-T foreign 1902-			10		_			4
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Form 990 (2014	4) HURON	RIVER	WATERSHED	COUNCIL	38-1806452
Part VI	Governand	ce, Manag	ement, and Dis	sclosure For each	"Yes" response to lines 2 through

Governance, Ivianagement, 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 instructi	ions.
Check if Schedule O contains a response or note to any line in this Part VI	X

Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	39								
	If there are material differences in voting rights among members of the governing body, or	1		3.73		iv					
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 39										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X					
6	Did the organization have members or stockholders?			. 6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?			7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	,	,1								
	stockholders, or persons other than the governing body?			7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by	the following	g: 🗔		: 31:					
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9	<u>.</u>	X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue	Code.)							
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the f	orm?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	and the second s										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to c	onflicts?	12b	X						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
	describe in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approval by			ji J							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				F.A.						
а	The organization's CEO, Executive Director, or top management official			15a	X	<u></u>					
b	Other officers or key employees of the organization			15b	Х	L					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?			16a	L.	Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					1.00					
	organization's exempt status with respect to such arrangements?			. 16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE		, . ,	, ,							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6	501(c)(
	available for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest po	olicy, and								
	financial statements available to the public during the tax year.		-								
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords: I	>								
	AURA RUBIN 1100 N. MAIN STREET										
A	NN ARBOR MI 481	04	7	34-76	<u>9 - 5</u>	<u> 123</u>					
						_					

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (F) Name and Title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of box, unless person is both an week from related other officer and a director/trustee) (list any the organizations compensation hours for organization (W-2/1099-MISC) from the (W-2/1099-MISC) related organization Tividual trustee stitutional organizations employee and related below dotted compensated organizations line) trustee (1) RUBIN, LAURA 40.00 EXECUTIVE DIRECTOR X X 0.00 101,491 0 21,444 (2) PRATT, **EVAN** 2.00 CHAIRMAN Х 0.00 X 0 0 0 (3) COUSINS, PAUL 2.00 VICE CHAIR 0.00 X X 0 0 0 (4) FARBER, GENE 2.00 TREASURER 0.00 X X 0 0 0 (5) DARNTON, CHERYL 2.00 BOARD MEMBER 0.00 X 0 0 0 (6) NORTON, RICHARD 2.00 EX COMMITTEE X 0.00 0 0 0 (7) ROBINSON, MOLLY 2.00 BOARD MEMBER 0.00 X 0 0 0 (8) BURNS, EUNICE 2.00 BOARD MEMBER X 0.00 0 ٥ 0 (9) DEMYANOVICH, 2.00 BOARD MEMBER 0.00 X 0 0 0 (10) BOBRIN, JANIS 2.00 EXEC COMMITTEE 0.00 X 0 0 0 (11) OCONNELL, DIANE 2.00 EXEC COMMITTEE 0.00 X 0 Form 990 (2014)

Part VII

(A) Name and title	(B) Average hours per week (list any	box	, unle	Pos heck ss pe	more rson i	than o is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	·	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) MACKRELL, CHERYI										
	2.00									
BOARD MEMBER	0.00	Х						0	0	0
(13) SUSAN SHINK	2 00									·
BOARD MEMBER	2.00 0.00	x						0	0	o
(14) WRIGHT, STEVEN	0.00		\vdash		\vdash	\vdash		-		
(14) (1111)	2.00									
BOARD MEMBER	0.00	X						0	0	0
(15) SCHAPPACH, PETEI										
	2.00									
BOARD MEMBER	0.00	X					-	0	0	0
(16) LONIK, BARRY	2.00				ĺ					
BOARD MEMBER	0.00	x						0	ĺ . o	
(17) MARTIN, JIM									·	**************************************
	2.00									
BOARD MEMBER	0.00	X			ļ	<u> </u>	ļ	0	0	. 0
(18) HANERT, FRED	2.00									
BOARD MEMBER	0.00	x	ļ		-		,	· 0	0) · · · · · · · · · · · · · · · · · · ·
(19) STANCZAK, DEEDA	0.00	1								
(,	2.00	1								
BOARD MEMBER	0.00	X	L.,	<u> </u>		<u></u>	L	0	0	
1b Sub-total							•	101,491		21,444
c Total from continuation she								101,491		21,444
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not l						bov		1 \$100.000 of	
reportable compensation from										
3 Did the organization list any fo	Semon officer dir	o oto		fr n. f	-	kov e		Javos, er highad gamaans	otad	Yes No
employee on line 1a? If "Yes,"	' complete Sche	dule	, or J for	ี SUC	:be, :hin	dividu	ial Jal	loyee, or highest compens	aleu	3 X
4 For any individual listed on line	e 1a, is the sum	of n	eport	able	con	npen	satio	on and other compensation	from the	
organization and related orgar individual	=							complete Schedule J for st		4 X
5 Did any person listed on line	1a receive or ac	crue	com	pens	satio	n froi	m a	ny unrelated organization o	r individual	
for services rendered to the or		'es,"	com	plete	e Sc	hedu	le J	for such person		5 X
Section B. Independent Contractor 1 Complete this table for your fire		enes	ted	inde	nenz	dent :	conf	tractors that received more	than \$100,000 of	
compensation from the organi	zation. Report co							dar year ending with or wit	hin the organization's tax y	
Name and	(A) business address						L	Descrip	(B) otion of services	(C) Compensation
							1			
							╀			
		-								
P-14************************************							\vdash			
2 Total number of independent	contractors (incli	ıdino	but	not	limit	ed to	the	nse listed above) who		
received more than \$100,000									0	
DAA									•	Form 990 (2014

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

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mp	loyee	es, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related	off	x, unto	Pos check ess pe	erson direct	then of is both or/trust	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	individual trustee or director	Institutional trustee	, eq.	employee	Highest compensated employee	, a			and related organizations
(12) STANCZAK, ROBERT	t .									· , , , , , , , , , , , , , , , , , , ,
ALTERNATE	2.00	x							0	l c
(13) BARB, SCOTT									, , , , , , , , , , , , , , , , , , ,	
BOARD MEMBER	2.00	x								
(14) BOLANG, MATT	0.00	· A	-			\vdash		0	0	<u>_</u>
<u> </u>	2.00							_		
BOARD MEMBER (15) BAJCZ, MARY	0.00	X					<u> </u>	0	0	C
(10) 2120 027 FEET	2.00									
EXECUTIVE COMMITTEE	0.00	x			ļ.,	<u> </u>		0	0	0
(16) IRISH, MARK	2.00									
BOARD MEMBER	0.00	x						٥	0	o
(17) BENEDICT, CHRIS										
EXEC COMMITTEE	2.00 0.00	x								
(18) WHITE, BARRY	0.00	 ^				-		0	O	
	2.00									
BOARD MEMBER (19) KANGAS, GERRY	0.00	X	ļ			ļ	ļ	0	0	0
(13) ICHIOAD, GBITCI	2.00									
BOARD MEMBER	0.00	X				<u> </u>		0	0	
1b Sub-total									···· <u>//</u> ·····	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>
c Total from continuation sheed d Total (add lines 1b and 1c)	ets to Part VII, a						•			
2 Total number of individuals (ind	cluding but not li	imite			e lis	ted a	bove	e) who received more than	\$100,000 of	
reportable compensation from	the organization	1 💌								Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"	ormer officer, din	ector	, or	trust	ee, l	key e	empl	oyee, or highest compensa	ited	
4 For any individual listed on line	e 1a, is the sum	of re	eport	able	con	pens	satio	n and other compensation	from the	3
organization and related organ individual										4
5 Did any person listed on line 1	a receive or acc	crue	com	oens	atioi	1 fror	n ar	ny unrelated organization or	' individual	W-14 1884 1 1 1
for services rendered to the or Section B. Independent Contracto		es."	com	plete	Sc	nedu	e J	for such person		5
1 Complete this table for your fiv	e highest comp	ensa	ted i	ndep	end	ent c	contr	actors that received more t	han \$100,000 of	
compensation from the organiz	zation. Report co	mpe	nsat	ion f	or th	e ca	lend I	ar year ending with or with	in the organization's tax ye	
Name and	(A) business address						<u> </u>	Descript	(B) ion of services	(C) Compensation
· "										
									· - ·····	<u></u>
					•					
										[
2 Total number of independent of								se listed above) who		
received more than \$100,000	or compensation	Tron	n the	org	aniz	ation	<u> </u>			<u> Pistry síri ú</u>

Part VII Section A. Officers	, Directors, Tru	stee	s, K	өу Е	mpi	oyec	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo. off	o not o x, unle icer a	Pos check ss pe	more rson i	s both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) LANGS, JOHN		<u> </u>	ļ. <u>"</u>			8	-			
BOARD MEMBER	2.00 0.00	x						0	0	0
(13) LAFLEUR, MATTHEV	2.00 0.00	x					į	0	. 0	
BOARD MEMBER (14) MCGILL, LISA	0.00	^	-			-		0	0	0
	2.00									1
BOARD MEMBER (15) MUNZEL, SCOTT	0.00	X		_		├	┢	0	0	0
	2.00								_	
BOARD MEMBER (16) FRANCOEUR, STEVI	0.00	X	_		_			0	0	0
ALTERNATE	2.00	X						0	0	0
(17) HOWELL, MICHAEL	0.00									
	2.00	7.5		-					0	
BOARD MEMBER (18) LUSK, SALLY	0.00	X	├	-	-	┼	-	0	<u>U</u>	0
BOARD MEMBER	2.00	x						0	0	0
(19) ANDRESEN, NORM	2.00									
BOARD MEMBER	0.00	X		<u></u>			Ļ	0	0	0
1b Sub-total	ets to Part VII,	Sect	ion /	 4			>			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from		imite			e ils	ted a	▶ abov	ve) who received more than	\$100,000 of	
3 Did the organization list any fo	ormer officer, dir	ecto	r, or	trus	tee,	key	emp	oloyee, or highest compens	ated	Yes No
employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ	e 1a, is the sum	of r	epor	table	con	npen	ısati	on and other compensation	from the	3
5 Did any person listed on line for services rendered to the or	1a receive or ac	crue	com	pens	satio	n fro	m a		r individual	4 8 8 8 9 9 9 9 9 9 9 9 9 9
Section B. Independent Contractor		CO,	COII	ipici			<i></i>	TOT SUCH DEISON		·····
 Complete this table for your fit compensation from the organit 										/ear.
	(A) business address								(B) of services	(C) Compensation
								-		
	٠							÷		
	· · · · · · · · · · · · · · · · · · ·						\top		·	
2 Total number of independent received more than \$100,000										

Part VII Section A. Off	icers, Directors, Tru	ıstee	s, K	ey E	mp	oyee	s, a	nd Highest Compensate	d Employees (continued)	ı aye t
(A) Name and title	(B) Average hours per week (list any hours for	bo of	o not o x, unle	Pos check ess pe nd a	rson i	s both or/trust	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) WILSON, DAVID	2.00								-	
BOARD MEMBER (13) WOZNIAK, LISA	0.00	Х						0	0	0
BOARD MEMBER	2.00 0.00	x						0	·	0
(14) PETROVSKIS, E	2.00									
ALTERNATE (15) BEJIN, SUE	0.00	X						0	0	0
BOARD MEMBER	2.00	x						0	0	0
(16) ZAKSEK, MELIS	SA							J		
ALTERNATE	0.00	x						0	0	0
(17)										
(18)		\vdash								
	.,									
(19)										
1b Sub-total c Total from continuation d Total (add lines 1b and 1	sheets to Part VII, S	Secti	on A	٠	• · • •		A A A			
Total number of individual reportable compensation f	s (including but not li	mite					bove	e) who received more than	\$100,000 of	
 Did the organization list aremployee on line 1a? If "\u00e4 For any individual listed or organization and related or individual 	es," complete Sched I line 1a, is the sum rganizations greater	tule of re than	J for porta \$150	suci able 0,000	o inc com	lividu pens "Yes	al sations," c	n and other compensation	from the	Yes No
5 Did any person listed on li for services rendered to the	ine 1a receive or acc	rue ·	comp	ens	atior	ı fron	n an	y unrelated organization or for such person	r individual	5
Section B. Independent Control 1 Complete this table for you		nea	tod i	ndor	and	ont o	antr	potern that received many		
compensation from the org	ganization. Report co	mpe	nsati	on fo	or th	e cal	lend	ar year ending with or with	nin the organization's tax ye	
Nam	(A) e and business address							Descrip	(B) tion of services	(C) Compensation
		·								
	·			•••						
		· · · · · · · · · · · · · · · · · · ·								
2 Total number of independe	ent contractors (inclu	ding	but i	not li	mite	d to	thos	e listed above) who		
received more than \$100,0	000 of compensation	fron	n the	org	aniz	ation	<u> </u>			F 990 (2014)

38-1806452

1.:4	rt V	Check if Schedule (response o	or note to any line	in this Part VIII	,,	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इड्ड	1a	Federated campaigns 1a						
일		b Membership dues 1b 138,553 c Fundraising events 1c 54,650 d Related organizations 1d e Government grants (contributions) 1e		138,553				
35				54,650	0 0 0 0 0 0 0 0 0			
뚩님								
Ē,	·е							
Š		All other contributions, gifts, grants,			これによってははなるの様形は予約して1877	ke in a second		
탾		and similar amounts not included above	1f	754,808				
들임	g	Noncash contributions included in lines 1a-	-1f: \$					
Program Service Revenue Contributions, Giffs, Grants	h	Total. Add lines 1a-1f		>	948,011			
Œ	-		•	Busn. Code	为了于2.1g (数数			
Š	2a	GOVERNMENT SERVICE	REVENUE		410,114			
~	b	OTHER PROGRAM INCOME			22,034	22,034		
vice.	C							
S	d					<u> </u>		
듩	е				·			
ğ	f	All other program service reve	nue					
9	g	Total. Add lines 2a-2f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		432,148		Kills in the con-	
	3	Investment income (including	dividends, inter	rest,				
					2,850			2,850
	4	Income from investment of tax	k-exempt bond	proceeds >				
	5	Royalties		<u></u>		1 12 A21 B 411 - 10 B 2 B 411 - 10 B 2		
		(i) Real	(11)	Personal				
	6a	Gross rents						
İ	b	Less: rental exps.				1200mm (13.64 20 0)。		
	С	Rental inc. or (loss)						
	d	Net rental income or (loss) Gross amount from			Not a respect to the respect to the	The Company of the John Company	4.08/02 1 78	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	, a	sales of assets (i) Securities	5 (ii) Other				
		other than inventory						
	b	b Less: cost or other basis & sales exps.			CALADOR STANCE CO.	FW 105 Section		
					- Care representation			
		Gain or (loss)						
		Net gain or (loss)		<u></u>	Control of the wholest the table	A STATE OF THE WAY IN A POSSES	1 100 000 100 100 100 100 100 100 100 1	an and an
힏	8a	Gross income from fundraising even					Bunda da da	
enne		(not including \$ 54,			Contraction Con-		(7) (3) (4)	
è		of contributions reported on line 10	s).					
-		See Part IV, line 18						
Other Rev		Less: direct expenses						
Ŭ		Net income or (loss) from fund		<u></u>	947 5 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Last the west for Company	n Hasta in the Carlo America
	9a	Gross income from gaming activities	es.					
		See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gar		<u>.,,.</u>			La la la la Ligaçõe	
	10a	Gross sales of inventory, less						
		returns and allowances	a					
		Less: cost of goods sold	b					
	С	Net income or (loss) from sale				7 (4) A (4) A (4) A (4)		and the second second
	, .	Miscellaneous Revenue		Busn. Code				
	11a				1,140	1,140		
	b	· · · · · · · · · · · · · · · · · · ·				+		
	C			<u> </u>				
	d	All other revenue			7 746	<u> </u>	 	The annual of the second of the second
		Total. Add lines 11a-11d			1,140			1.70 <u> </u>
	112	Total revenue. See instruction	ns		1,384,149	433,288	\$ C	2,850

	ion 501(c)(3) and 501(c)(4) organizations must co		er organizations must co	molete column (A)	***
0000	Check if Schedule O contains a response			implete coldinit (A).	X
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			7 1 8 4 7 4 4 1 5 3	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	102,663	61,475	38,934	2,254
-6	Compensation not included above, to disqualified	·			
	persons (as defined under section 4958(f)(1)) and	•			
	persons described in section 4958(c)(3)(B)				
· 7	Other salaries and wages	605,502	507,164	20,590	77,748
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	98,607	70,685	14,349	13,573 6,316
10	Payroll taxes	55,732	44,736	4,680	6,316
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	7,301	5,734	689	878
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	.:			
f	Investment management fees				
g	, ,				
	(A) amount, list line 11g expenses on Schedule O.)	278,854	270,237	5,376	3,241
12	Advertising and promotion	14,459	13,481	948	
13	Office expenses	90,588	76,956	3,185	
14	Information technology	3,017	2,369	285	363
15	Royalties				
16	Occupancy	34,075	26,763	3,216	4,096
17	Travel	25,183	19,735	4,664	784
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,064	3,381	301	382
23	Insurance	3,778	2,967	357	454
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		SERVICE AND	2000 1000 Mexico	以上,这种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种
а	OTHER EXPENSE	37,628	12,129	5,678	19,821
b	SUPPLIES AND EQUIPMENT	22,347	15,665	5,174	1,508
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,383,798	1,133,477	108,426	141,895
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ 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 520 Cash—non-interest bearing 40 Savings and temporary cash investments 770,398 2 927,157 3 Pledges and grants receivable, net Accounts receivable, net 114,531 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 6,437 4,979 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ________10a 81,144 b Less: accumulated depreciation 10b 9,726 9,179 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 5,000 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 906,612 1,151,958 16 16 107,102 17 98,338 17 Accounts payable and accrued expenses 18 Grants payable 18 227,201 480,960 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 334,303 579,298 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 572,309 572,660 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 572,309 572,660 Total liabilities and net assets/fund balances 906,612 1,151,958

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

			HURON	RIVER	WATERSHED	COUNC	!IL			38-180	6452	
Р	art I	Reas	on for Pub	lic Charity	Status (All orga	nizations	must co	omplete t	his part.) See	instructio	ns.	<u> </u>
Γhe	orga	nization is not	a private four	ndation becaus	se it is: (For lines 1 th	rough 11,	check only	one box.)				
1		A church, co	nvention of ch	iurches, or ass	sociation of churches	described	in section	1 170(b)(1)	(A)(i).			
2		A school des	scribed in sec t	tion 170(b)(1)((A)(ii). (Attach Sched	lule E.)						
3	П				ice organization desc		ection 170	(b)(1)(A)(ii	i).			
4	П				d in conjunction with					Enter the h	nospital's name.	
		city, and stat				,					,	
5	\Box	An organizat	ion operated fe	or the benefit (of a college or unive	rsity owned	or operat	ed by a go	vernmental unit d	escribed in		
				Complete Part		•		- · · · , - · · Q -				
6	П				governmental unit de	scribed in s	section 1	70(b)(1)(A)((v).			
7	X				substantial part of its				• •	eneral public	•	
					Complete Part II.)					anoral page		•
8					170(b)(1)(A)(vi). (Co	mplete Par	t II Y					
9	П				1) more than 33 1/39			contribution	ns memhershin f	ees and on	nee	
	ш				npt functions—subjec				-	-	500	
					nd unrelated busines							
					30, 1975. See sectio				•	iii icooço		
10			-		exclusively to test fo	, ,, ,						
11	Н	=	_		exclusively for the be	•	-			ut the numo	ises of	
	_				tions described in se							
					scribes the type of su							
а					ed, supervised, or co							
	_				to regularly appoint of						a	
					V, Sections A and I		iajonity of		0 0, 11 00 10 00 01 10	ю сарротин	9	
b	П	_		•	vised or controlled in		with its s	supported o	organization(s) by	having		
					organization vested							
					rt IV, Sections A an		- p-1-00110		or thankage are			
С			•	-	orting organization of		connectio	n with and	functionally inter	rated with		
	٠ا				ctions). You must co					,,		
d	\Box				supporting organizat					nanization(s)	•	
	II				ganization generally							
				-	t complete Part IV,	-		•		.011.1011.000		
e					ed a written determina		-			e III		
	_				inctionally integrated				po 1, 13pc 11, 13p	- III		
f	Ent		r of supported			55655.0.9	organima.					
a				-	supported organizatio	n(s).						
(e of supported	T	EIN	(III) Type of organ	· ·	(iv) Is the	organization	(v) Amount of m	onetary	(vi) Amour	at of
	org	anization			(described on line		listed in you	ur governing	support (s		other suppor	
					above or IRC se		docui	nent?	instructions	5)	instruction	1S)
					(see instructio	119]]	Yes	No				
A)										-		
B)					-					 ,	-	
•												•
C)		** *					· · · · · · · · · · · · · · · · · · ·			• • • •		
-,			[
D)							1	 			<u> </u>	
-,												
E)							 					
-,					1							
			t albude	i jagner		gykar <u>y</u> natins	- 1,12,11,15,15,15	145. 4 SA41.40				
'ota	ıl			and the second							ĺ	

Form	n 990 (2014) HURON RIVER WATERSHED COU	NCIL 3	8-1806452		Pag	<u>e 12</u>
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note	e to any line in this Pa	rt XI		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			1,38	3 4, 1	49
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,38	33,7	798
3			3		3	351
4	Net assets or fund balances at beginning of year (must equal Par			5'	72,3	309
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedu	ile O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 thro					
	33, column (B))	**********	10	5'	72,6	560
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note	e to any line in this Pa	rt XII	4		
		<u></u>	_		Yes	No
1	Accounting method used to prepare the Form 990:	X Accrual	Other			
	If the organization changed its method of accounting from a prior	year or checked "Other,	" explain in	Mari J		
	Schedule O.					76, 16,12 No. 16,12
2a	Were the organization's financial statements compiled or reviewe	ed by an independent ac	countant?	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial state	ements for the year were	compiled or			
	reviewed on a separate basis, consolidated basis, or both:					r jijî y
	Separate basis Consolidated basis Both co	nsolidated and separate	basis		- 64	100
b	Were the organization's financial statements audited by an indep	pendent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial state	ements for the year were	audited on a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both co	nsolidated and separate	basis			2.25
C	If "Yes" to line 2a or 2b, does the organization have a committee	that assumes responsib	ility for oversight			
	of the audit, review, or compilation of its financial statements an	d selection of an indepe	ndent accountant?	2c	X	
	If the organization changed either its oversight process or selecti	on process during the ta	x year, explain in			
	Schedule O.					. 50
3a	ι As a result of a federal award, was the organization required to ι	ındergo an audit or audit	s as set forth in			
				3a		_ <u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits	? If the organization did	not undergo the			
	required audit or audits, explain why in Schedule O and describe	any steps taken to unde	ergo such audits.	3b	<u> </u>	<u></u>
				For	m 990	(2014)

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supp	orting Orga	nizations
---------------------	-------------	-----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

					
	Yes	No			
] 1	Mirro				
2					
3a	43.64				
3b					
3c					
49					
\$ 10 m					
NATE OFFICE	Handley Manager				
4 C					
5b	Pagaran Pagaran				
5c					
7		A Maria Alexanda Alex			
8					
9a	70 SA				
9b					
9c					
10a					
10b		\$ \$147 t			

Par	rt IV Supporting Organizations (continued)			
		- 18 18 18 18 18 18 18 18 18 18 18 18 18	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ligh.	M AR	,0000 33.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		便是被	
	below, the governing body of a supported organization?	11a		ļ
þ	A family member of a person described in (a) above?	11b		ļ
c		11c		<u> </u>
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	· Freir	Yes	No.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		4.4	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	ig.75.		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	[경우]경	111111	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1 1 5 1 4 4 5 1	1 4 4 7 T
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	A Post	Esta.	4557
04	supervised, or controlled the supporting organization.	2	L	
Sect	ion C. Type II Supporting Organizations			Г
		F-Value	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		BARTA	
Cont	the supported organization(s).	1		<u> </u>
Sect	ion D. All Type III Supporting Organizations	·		T
4	Did the assessmention was ide to each of its supported assessmentations, but the least day of the fifth month of the	F 5.86	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	# 1 # A 1		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1	Tan arbb	[x6][x6][s
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1.750 6.400	(5) Luis	142543
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1976 55	J. W. W.	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	DATE OF WAR	480E16
•	By reason of the relationship described in (2), did the organization's supported organizations have a	1	TE CHARLE	
3	significant voice in the organization's investment policies and in directing the use of the organization's			14.7 24.7
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Willems	. I Pagare
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
' a	The organization satisfied the Activities Test. Complete line 2 below.	, ,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			*
c		tructions).		
-				
2	Activities Test, Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	i Algij	198	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		4.5.6		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	2,5		grand (
	reasons for the organization's position that its supported organization(s) would have engaged in these		13 180 Z	J-3-3-1
	activities but for the organization's involvement.	2b	No. 12 tir.	
3	Parent of Supported Organizations. Answer (a) and (b) below.	37	4.5	, S
a		1980	The state of	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	100 MAN 15 mg	' '
b			Andrew Control	1.0
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		'

Bort V Tune III Non Functionally Interest I COOK NO.		38-18064	452 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			· · · · · · · · · · · · · · · · · · ·
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.			
Section A - Adjusted Net Income	uons A u	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	·	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	4.3	開始 大編:	
instructions for short tax year or assets held for part of year):	44 N		
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		<u></u>
e Discount claimed for blockage or other	192	15/便比:4/ 201 0/03/2019	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		··· <u> </u>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	90°	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated		supporting organization (s	96
instructions).	,,- "	1. 1. 1. 1. 2. 2. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

Schedule A	(Form 990 or 990-EZ) 2014	HURON	RIVER	WATERSHED	COUNCIL	38-18
Part V	Type III Non-Funct	ionally Int	tegrated 5	09(a)(3) Suppor	ting Organizations	(continued)

3 · . · . · · · · ·	Typo in tront and any integration coefu/(e)			
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	Ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	•		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	関係の必要をはある。		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a			林道统统为	(A. H. A.
b			工程中等基本企业的经	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
С				数 5 0 0 Minutes 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
d				
.0	From 2013	-146 Maria 12 15 15 15	April (1. júlic do tál	MAX 12 10 15 15 15 15 15 15 15 15 15 15 15 15 15
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount		ada Paras A	
i	Carryover from 2009 not applied (see instructions)	例: () 第二章形 [6]		
ī	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:	a rendres to 1900 set		
a	Applied to underdistributions of prior years	五十二次数字的一位在下板		
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			分割的 的一点或的形式
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		:	
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
-			↑ Parts (1247年) 文字是 经设施的	【图图】 电热流流流压力

Schedule A (Form 990 or 990-EZ) 2014

Breakdown of line 7:

d Excess from 2013
e Excess from 2014

Schedule A (F	orm 990 or 990-EZ)	2014	HURON	RIVER	WATERSHED	COUNCIL	38-1806452 F	age 8
Part VI	Supplemental	Info	rmation. F	Provide the	explanations rec	quired by Part I	, line 10: Part II, line 17a or 17b: and	
	Paπ III, line 12	. Also	o complete	this part i	for any additional	information. (S	ee instructions.)	——
								4 - 1 - 2 - 2
							·	
• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		* > + > + + + + + + + + + + + + + + + +		***************************************	• • • • • • • • • • • • • • • • • • • •		
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

2014

HURON RIVER W	ATERSHED COUNCIL	38-1806452					
Organization type (check one	a):	,					
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						
	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See					
General Rule							
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ property) from any one contributor. Complete Parts I and II. See instructions for determ tributions.						
Special Rules							
regulations ûnder sect 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support testions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pathat received from any one contributor, during the year, total contributions of the greater amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	art II, line of (1)					
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, total contributions of more than \$1,000 exclusively for religious, charitable, scien purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, a	atific,					
contributor, during the contributions totaled n during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were recexclusively religious, charitable, etc., purpose. Do not complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contributions that were during the year	eived the					
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file Schedule B st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,	n 990-EZ or on its					

Name of organization
HURON RIVER WATERSHED COUNCIL

Employer identification number
38-1806452

and the second	THE THE TRANSPORT OF TH	-	-1800452
Part I		art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 215,542	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 80,318	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 **2014**

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From micome rax order section surje; and section sur

▶ Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

Name	of organization HURON RIVER WATERSH	ED COUNCIL		Employer ident 38-18064!	ification number				
Pai	I-A Complete if the organization is exem	pt under section 501(c)	or is a section						
1 2 3	Provide a description of the organization's direct and indire Political expenditures Volunteer hours								
Pai	Complete if the organization is exen	npt under section 501(c	(3).						
1	Enter the amount of any excise tax incurred by the organiz	zation under section 4955		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2	Enter the amount of any excise tax incurred by organization			. <i>.,</i> ,,,,,,,,					
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No				
4a	Was a correction made?				Yes No				
	If "Yes," describe in Part IV. t.I-C Complete if the organization is exen	nnt under section 501/c	Avcent section	n 501(c)(3)					
<u>ाःखाः</u> 1	Enter the amount directly expended by the filing organizati	•	•	311 00 1(0)(0):	31.5				
•	activities	•		▶ \$					
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection						
	527 exempt function activities			> \$					
3	Total exempt function expenditures. Add lines 1 and 2. En		•						
	line 17b				· · · · · · · / · · · · · · · · · · · · ·				
-	4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing								
5	organization made payments. For each organization listed	` '	_	•					
	the amount of political contributions received that were pro-								
	as a separate segregated fund or a political action commit			=					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's	contributions received and promptly and directly				
				funds. If none, enter -0	delivered to a separate				
					political organization. If none, enter -0				
(1)		·			Holle, Giller -V-				
(1)									
(2)		·		, , <u>, , , , , , , , , , , , , , , , , </u>					
(3)									
(4)									
(5)		 							
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(6)		***************************************							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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	edule C (Form 990 or 990-EZ) 2014 HUROI Int II-A Complete if the organi					806452 5769 (ala	ation	Page 2
5. 7 . 9	section 501(h)).	zadon is exemp	t under Section :	oricital and	i illed Fonn	5/00 (ele	ction u	naer
A	Check ▶ ☐ if the filing organizati	on belongs to an	affiliated group (a	nd list in Par	t IV each aft	iliated gro	up mem	nber's
_	name, address, EIN,	expenses, and s	share of excess lo	bbying exper	nditures).			
B	Check ► ☐ if the filing organizati			trol" provisio	ns apply.			
	Limits on Lo (The term "expenditures"	bbying Expendit			(a) Filing organization's			Affiliated up totals
1a	Total lobbying expenditures to influence p							
ı	Total lobbying expenditures to influence a	legislative body (dire	ect lobbying)					
•		and 1b)					•	
•	Other exempt purpose expenditures							
•	Total exempt purpose expenditures (add li				· · · · · · · · · · · · · · · · · · ·			
	 Lobbying nontaxable amount. Enter the au- columns. 	mount from the follow	ving table in both					
	If the amount on line 1e, column (a) or (b) is	: The lobbying no	ntaxable amount is:					
	Not over \$500,000	20% of the amour	nt on line 1e.					
	Over \$500,000 but not over \$1,000,000		% of the excess over \$50					
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,					
	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,5	00,000.				
	Over \$17,000,000 Grassroots nontaxable amount (enter 25%)	\$1,000,000.		<u> </u>		Lysakes (Stacks), Mill		
	Subtract line 1g from line 1a. If zero or les							
	i Subtract line 1f from line 1c. If zero or less							
	j If there is an amount other than zero on e							
	reporting section 4911 tax for this year?	<u> </u>				.,		Yes No
		-	ing Period Under s	, ,		•		-
	(Some organizations that mad					five colum	ıns belo	w.
-		ee the separate i	nstructions for line	es za urrougn	ZT.)			
	<u> </u>	obbying Expenditu	ures During 4-Year	Averaging P	eriod			
	Calendar year (or fiscal-year beginning in)	(a) 2011	(b) 2012	(c) 2013	(0	d) 2014		e) Total
28	Lobbying nontaxable amount							
ŀ	Lobbying ceiling amount		40 M - 200				Ä	
	(150% of line 2a, column(e))					157 - 1880 1880.		
. (Total lobbying expenditures							
(Grassroots nontaxable amount					•		
•	Grassroots ceiling amount (150% of line 2d, column (e))			NT.			1	
	Grassroots lobbying expenditures							

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Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? X b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? d Mailings to members, legislators, or the public? X Х e Publications, or published or broadcast statements? 2,177 f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X X i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Х b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1 STAFF TIME TO WRITE BLOG TO PROMOTE EPA WETLAND LEGISLATION THAT IS EMAILED TO RECIPIENTS ON EMAIL LISTSERVE AND POSTED ON COUNCIL WEBSITE. STAFF TIME TO PRESENT INFORMATION BEFORE MI STATE SENATE RECREATION COMMITTEE.

Schedule	C (Form	990 or 990-EZ) 2014	HURON	RIVER	WATERSHED	COUNCIL	38-1806452	Page 4
<u>Part</u>	IV	Supplemental	Information	on (contin	ued)			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

Employer identification number

OMB No. 1545-0047

Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 Delian for the public use (e.g., recreation or education) Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization their a qualified conservation in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 Delian purpose of conservation easements 2 Delian purpose of conservation easements on a certified historic structure included in (a) 2 C C Unimber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Nounber of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Num	н	JRON RIVER WATERSHED COUNCIL		38-1806452
Total number at end of year	Pa	rt I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or	
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Policy are application inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization grants and grants. A grant and a grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible proble benefit? Part II		Complete if the organization answered "Yes" to F	orm 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year) Aggregate value at grant from (during year) 1 Aggregate value at end of year 1 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 1 durinds are the organization property, subject to the organization's exclusive legal control? 2 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 2 only for charitable purposes and not for the benefit of the donor of onor advisor, or for any other purpose 2 confering Impermisable private benefit? 3 Purpose(9) of conservation Easements. 3 Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 4 Purpose(9) of conservation essements held by the organization (check all that apply). 5 Preservation of land for public use (e.g., recreation or advisor, or for any other purpose 6 Complete lines 2s through 2st if the organization in the day of the protection of natural habitat 7 Preservation of open space 2 Complete lines 2s through 2st if the organization held a qualified conservation contribution in the form of a conservation 8 a Total number of conservation easements 9 Total acrees restricted by conservation easements 10 Total acrees restricted by conservation easements 11 Total acrees restricted by conservation easements included in (c) acquired after 817,08, and not on a 1 historic structure listed in the National Register 1 Number of conservation easements included in (c) acquired after 817,08, and not on a 1 historic structure listed in the National Register 2 Number of conservation easements included in (c) acquired after 817,08, and not on a 1 historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 817,08, and not on a 1 historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 817,08, and not on a 1 historic structure listed in the National Register 3 N			(a) Donor advised funds	(b) Funds and other accounts
Aggregate value of grains from (cluring year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization and donor advisors in writing that the grain trains are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of long heads are all the organization answered "Yes" to Form 990, Part IV, line 7. 2 Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of open space 2 Complete inse 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement and a can be a conservation easement and the last day of the tax year. a Total number of conservation easements. b Total acreage restricted by conservation easements. 2 A Total number of conservation easements included in (c) acquired after 8/17/05, and not on a historic structure listed in the National Register Number of conservation easements modified (transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of conservation easements modified (transferred, released, extinguished, or terminated by the organization during the tax year ▶ No details of the organization have a written policy regarding the periodic monitoring, inspection, and enforcing conservation easements during the year ▶ \$ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, and enforcing conservation easements that describes the organiza	1	Total number at end of year		
4. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's property, subject to the organization's property and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose or ordering impermisable private benefit? Part II Conservation Casements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Preservation of natural habitat Preservation of open space Complete lines 2s through 2d if the organization held a qualified conservation casement on the last day of the tax year. In the conservation casements held the tax year. To tolal number of conservation easements and the tax year by the organization held a qualified conservation of the tax year by the tax year by the organization held and the part of the tax year. Number of conservation easements included in (a) to a part of the conservation easements included in (a) to a part of the tax year by the part of the tax year by the part of the part	2	Aggregate value of contributions to (during year)		
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organizations propenty, subject to the organizations exclusive legals control?	4	Aggregate value at end of year		
go bit the organization Inform all grantees, donors, and donor advisors in writing that grant funds can be used only for challable purposes and not for the benefit of the donor or donor advisor, or for any other purpose onferring impermissible private benefit? Part II	5			
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impaemiasible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or aducation) Preservation of a historically important land area Protection of natural habitat Preservation of pen space		funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., rereation or education)	6			
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., rereation or education)				
Part II: Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).				Yes No
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of land for public use (e.g., recreation or education) Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total arreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/05, and not on a historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/05, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	Pa			
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a Revenue included in Form 990, Part VIII, line 1	~			process was
h Assets included in Form 990 Part X	_	· · · · · · · · · · · · · · · · · · ·		▶ \$
		Accete included in Form 000 Part Y		\$

Sche	edule D (Form 990) 2014 HURON RI				38-18064	52		P	age 2
Pa	art III Organizations Maintaining	g Collections of	Art, Historical	Treasures,	or Other Sim	lar Assets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	s, check any of the f	following that a	are a significant us	e of its			
а	Public exhibition	d 🗍	Loan or exchange p	ornarams					
b									
c		• 🗆	Other	• • • • • • • • • • • • • • • • • • • •					
4	Provide a description of the organization's of	ollections and evoluin	how thou further th	a arganization	'a aucomont au-	In David			
•	XIII.	olicotoria arta explair	i now they future th	e organization	rs exempt purpose	ın Pan			
5	During the year, did the organization solicit	or receive denotions	of ord biotoxical taxa		• - • - • - •				
•							<u> </u>		1
Pa	art IV Escrow and Custodial A	rangemente	part of the organizat	ion's collection	1?		Y	es	No
1 6			the Form COO D	nut 13.7 15m n . 4	0		_		
	Complete if the organization	Tanswered Tes	to Form 990, P	art IV, line s	a, or reported a	in amount d	n Form	1	
4-	990, Part X, line 21.				7-7-3-				
та	Is the organization an agent, trustee, custoo	lian or other intermed	liary for contributions	or other asse	ets not		_	_	
	included on Form 990, Part X?						. ∐ Y	es 📙	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	flowing table:					•	
		•			:		Amoun	t	
C	Beginning balance	,,,,				1c			
d	Additions during the year		*******			1d			
6	Distributions during the year		•••			1e			
f	Ending balance					1f			
2a	Did the organization include an amount on I	Form 990, Part X, line	21, for escrow or c	ustodial accou	ınt liability?		T Ye	s	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	xplanation has been	provided in Pa	art XIII		٬۰ لسا		''
Pa	rt V Endowment Funds.			1				<u> </u>	
	Complete if the organization	n answered "Yes"	to Form 990, Pa	art IV, line 1	10.				
	1	(a) Current year	(b) Prior year	(c) Two ye		ree years back	(e) Fou	r years t	ack
1a	Beginning of year balance						1	,	
b	Contributions						 		
	Net investment earnings, gains, and						 		
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and						ļ		
	·		•						
	programs Administrative expenses								
	Administrative expenses	······································			·		-		
g	End of year balance						<u> </u>		
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:			•		
a	Board designated or quasi-endowment ▶								
	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
_	The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held ar	nd administere	d for the				
	organization by:						, ,	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	in res to satily, are the related organization	is listeo as requireo o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.						
Pa	rt VI Land, Buildings, and Equ								
	Complete if the organization	answered "Yes"	to Form 990, Pa	art IV, line 1	1a. See Form	990, Part X	line 1	٥.	
	Description of property	(a) Cost or other b	l l	or other basis	(c) Accumulate		(d) Book		
		(investment)	(0	ther)	depreciation			-	
1a	Land		,						
b	Buildings					-			
С	Leasehold improvements	·							
	Equipment			81,144	71	,965		9,1	70
	Other			<u> </u>	, , ,			7,1	. , ,
	. Add lines 1a through 1e. (Column (d) must	equal Form 990 Part	X column (R) line	10c \	<u> </u>			0 7	70
	The state of the s	Syduli Jill JOU, Fall	. A, column (b), line	100.7		P		9,1	. / 9

(i) Description of security) (ii) Financial derivatives (iii) Financial derivatives (iii) Financial derivatives (iii) Financial derivatives (iii) General description of security) (iii) Other (iii) Other (iii) Other (iii) Other (iii) Other (iii) Other Assets (iii) Description of investment of security) (iii) Other Assets (iii) Other As	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to F	form 990. Part IV. line	11b See Form 990 Part X line 12
(Cosely-hald equily interests				· · · · · · · · · · · · · · · · · · ·
(2) Closely-hade equity interests (3) Other (4) (6) (7) (9) (9) (9) (17) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10			, ,	Cost or end-of-year market value
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(3) Other (4) (6) (7) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (17) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (10) (10				
(6)	700 O.			
(C)				
(C)	(B)			
(E) (C) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P	(C)			- · · · · · · · · · · · · · · · · · · ·
(F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(D)	***************************************		
(S) ((H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related.	(E)			
Cotat. (Cotumn (b) must equal Form 990, Part X, col. (6) line 12.) Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.) ▶ Part Vill Investments — Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Network or evaluation (Cont or end-dysper material value) (1) (2) (3) (4) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	. ,			
Part XII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				[설문] : : : : : : : : : : : : : : : : : : :
(a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year manet value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII		orm 000 Part IV line	11c See Form 990 Part V line 13
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		n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	financial statements that reports the
	organization's	liability for uncertain tax positions under FIN 48 (ASC 740). Ch	neck here if the text of the t	footnote has been provided in Part XIII

-	dule D (Foilil 990) 2014 HORON KIVER WAI ERBRED COL		1800452	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
1	Complete if the organization answered "Yes" to Form 9 Total revenue, gains, and other support per audited financial statements			1 304 140
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••••••••		1,384,149
- а	Net unrealized gains (losses) on investments	2a		
b		2b		
c	Recoveries of prior year grants	2c		
d		2d		
е			2е	
3	Subtract line 2e from line 1	*************************	3	1,384,149
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4
b				
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,384,149
Pa	rt XII Reconciliation of Expenses per Audited Financial		nses per Return.	
4	Complete if the organization answered "Yes" to Form 9	390, Part IV, line 12a.		
1			1	1,383,798
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما		
a		2a		
b				
c d	Other (Describe in Part VIII.)	2c 2d		
	Other (Describe in Part XIII.)	20		
3		************	2e 3	1,383,798
4	Subtract line 2e from fine 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,363,796
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	<u>-</u>	4b		
	Add lines 4s and 4s		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	1,383,798
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V. line 4: Part X. line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
	ART XI, LINE 2D - REVENUE AMOUNTS INCLU			₹.
****		*************************		
E.	UNDRAISING DIRECT EXPENSES	***********	. Ş	0
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P	ART XII, LINE 2D - EXPENSE AMOUNTS INC	LUDED IN FINANC	CIALS - OTH	ER
731	TIDDATATAA DIDBAH MARAKATA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4-	
F !	JNDRAISING, DIRECT EXPENSES	************************	\$	
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Schedule D (F	orm 990) 2014	HURON	RIVER	WATERSHED	COUNCIL	38-1806452	Page 5
Part XIII	Supplementa	l Inform	ation (cor	watershed ntinued)			
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number HURON RIVER WATERSHED COUNCIL 38-1806452 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vI) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 2 7 8 10 > Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

Sche		orm 990 or 990-EZ)		HURON	RIVER	WATERSHED	COUNCIL	<u> 38-18064</u>	52		Page 3
11 .	Does th	e organization condu	uct gamin	g activities with	n nonmembe	ers?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
12	is the o	rganization a grantor,	, beneticia	ary or trustee o	if a trust or a	a member of a partn	ership or other entity				_
	formed	to administer charital	ble gamin	ng?						Yes	☐ No
13	Indicate	the percentage of g	aming ac	tivity conducted	d in:				. —		
а	The org	anization's facility					· · · · · · · · · · · · · · · · · · ·	138	1		<u>%</u>
b	An outs	ide facility						131	,		%
14	Enter th	e name and address	of the po	erson who prep	pares the or	ganization's gaming/	/special events books	and			
	records:										
	Name 🕨	.						*****************			
	Address	▶						**************************			
15a		e organization have			-	•			_		
	revenue	?							. 🔲	Yes	No.
b	If "Yes,"	enter the amount of	gaming i	revenue receive	ed by the or	ganization 🕨 💲		and the			
	amount	of gaming revenue re	etained b	y the third part	y ▶ \$						
С	If "Yes,"	enter name and add	dress of th	ne third party:							
	Name 🕨	·									
			r								
	Address	· >						***********************			
16	Gaming	manager information	n:								
•								e e			
	Name •	•									
	Gaming	manager compensa	ation 🕨 \$								
	Descript	ion of services provi	ded ▶					·			
	—		ш _		—						
	Dire	ector/officer	∐ En	nployee	Ind	lependent contracto	r				
		U 1 24 22									
17		ory distributions:									
а							e gaming proceeds to				—
										Yes	∐ No
D			•				exempt organizations	or			
Doi		the organization's or	wn exemp	ot activities dur	ing the tax y	/ear ► \$	and less Don't I. Bara	Ole and war (III) and I	, 		···
Lai	t IV							2b, columns (iii) and (
		instructions).	3D, 10L), 150, 150,	io, anu i	ru, as applicable	e. Also provide ai	ny additional information	n (se	3	
		iriştructions).						· · · · · · · · · · · · · · · · · · ·			
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								Schedule G (Form 9	90 or 9	390-E	Z) 2014

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HURON RIVER WATERSHED COUNCIL

38-1806452

FORM 990, PART I, LINE 6

VOLUNTEERS SERVE ON THE BOARD OF DIRECTORS AND TO ASSIST IN THE COUNCIL'S PROGRAMS TO STUDY AND PROTECT THE HURON RIVER.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

EACH MEMBER GOVERNMENT SHALL FILE WITH THE EXECUTIVE DIRECTOR OF THE

COUNCIL A WRITTEN DESIGNATION OF ITS OFFICIAL REPRESENTATIVE OR

REPRESENTATIVES, AND OFFICIAL ALTERNATE OR ALTERNTES, GIVING THE ADDRESS OF

EACH, WHICH SHALL REMAIN IN EFECT FOR A TERM OF 2 YEARS UNLESS OTHER SUCH

DESIGNATION IS FILED WITH THE EXECUTIVE DIRECTOR BY THE SAME MEMBER

GOVERNMENT.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS GENERAL POWERS AND DUTIES

THE BUSINESS AND AFFAIRS OF THE COUNCIL SHALL BE MANAGED BY ITS BOARD OF DIRECTORS. THE POWERS AND DUTIES OF THE BOARD OF DIRECTORS SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING:

- A) ESTABLISH POLICIES AND PROGRAMS FOR COMPLETION OF THE COUNCIL'S MISSION,
 AND TO SERVE AS LIASON BETWEEN MEMBER GOVERNMENTS AND THE COUNCIL IN ITS
 FUNCTION AS A FORUM FOR HEARING ISSUES INVOLVING THE PROTECTION, MANAGEMENT
 AND USE OF SHARED WATER RESOURCES WITHIN THE HURON RIVER WATERSHED.
- B) APPOINT SUCH FISCAL AGENTS, CONSISTING ONLY OF FINANCIAL INSTUTIONS WITH FULL TRUST POWERS, AS THEY DEEM NECESSARY, TO INVEST AND REINVEST AVAILABLE FUNDS OR GIFTS, WITH SUCH REQUIREMENTS OF REPORTS FROM SUCH FISCAL AGENTS FOR SERVICES, PROVIDED THAT ANY DONOR MAY DESIGNATE A FISCAL AGENT RELATIVE

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

HURON RIVER WATERSHED COUNCIL

Employer Identification number 38-1806452

- TO HIS/HER GIFT. THE BOARD MAY AUTHORIZE ANY FISCAL GENTS TO HOLD ASSETS
 IN ITS OWNE NAME OR THE NAME OF ITS NOMINEE. IT MAY DIRECT THAT
 DISBURSEMENTS BE MADE BY THE FISCAL AGENTS.
- C) APPOINT ADVISORY COMMITTEES, EITHER OF OR OUTSIDE ITS OWN MEMBERS, AS
 THE SAID BOARD SHALL DEEM ADVISABLE, APPOINT AND ENGAGE A CPA TO EXAMINE OR
 AUDIT THE RECORDS OF THE COUNCIL AND TO PAY THE EXPENSES OF SUCH SERVICES,
 ENGAGE AND EMPLOY EMPLOYEES OF THE COUNCIL, AGENTS, OR OTHER
 REPRESENTATIVES FOR ANY AND ALL PROPER PURPOSE, INCLUDING NCESSARY LEGAL
 COUNSEL.
- D) CAUSE AN ANNUAL AUDIT TO BE MADE OF THE FUNDS, GIFTS, INVESTMENTS AND BOOKS OF THE COUNCIL.
- FORM 990, PART VI, LINE 11B ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 WAS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING.
- FORM 990, PART VI, LINE 12C ENFORCEMENT OF CONFLICTS POLICY
 THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY ANNUALLY
 AT A BOARD OF DIRECTORS' MEETING.
- FORM 990, PART VI, LINE 15A COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE DIRECTOR SALARY IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.
- FORM 990, PART VI, LINE 15B COMPENSATION PROCESS FOR OFFICERS

 N/A, THE EXECUTIVE DIRECTOR IS THE ONLY COMPENSATED OFFICER.
- FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PAGE 1 OF 2

ame of the organization HURON RIVER WATERSHED COUNCIL		Employer identification number 38-1806452				
GOVERNING DOCUMENTS ARE AVAILABL	E UPON R	EQUEST	,			
FORM 990, PART IX, LINE 11G - OT DESCRIPTION	THER FEES	FOR SERVICES				
PROGRAM SERVICE	MGT 8	GENERAL	FUND	FUNDRAISING		
CONSULTANTS		.,,,,		7		
	\$	5,376	\$	3,241		
FORM 990, PART XI, LINE 9 - RECO	ONCILIATIO	ON OF CHANGES	- OTHER			
FUNDRAISING DIRECT EXPENSES		·····	\$	0		
FUNDRAISING, DIRECT EXPENSES			\$	0		
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