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CLIENT'S COPY



November 15, 2023

ILLINOIS RIVER WATERSHED PARTNERSHIP P.O. BOX 205 CAVE SPRINGS, AR 72718

ILLINOIS RIVER WATERSHED PARTNERSHIP:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Your returns were prepared under the terms of our engagement letter previously sent to you. If you do not have a copy, please contact our office and we will provide you with one.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

John D. Evans

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity			F	OMB No. 1545-0047		
Form C	079-1L		"					
		For calendar yea	ar 2022, or fisc	cal year beginning			^{, 20}	2022
	ent of the Treasury Revenue Service		Coto	Do not send to the IRS. K www.irs.gov/Form8879T				
Name o			60 10	5 www.irs.gov/Form66791	E for the latest into	rmation.	EIN or SSN	
Numo o		TS RIVE	R WATT	ERSHED PARTNER	SHIP		20-40	46238
Nama a	nd title of officer or pe			IF KINDBERG	01111		20 10	40250
Name a				ECUTIVE DIRECT	OR			
Part	I Type of	Return and		Information	011			
Check				g this Form 8879-TE and en	ter the applicable ar	nount, if any.	from the return.	Form 8038-CP and
Form 5 or 10a whiche	330 filers may ente below, and the am	r dollars and co ount on that lin	ents. For a le for the re	I other forms, enter whole of eturn being filed with this for t, if you entered -0- on the re	dollars only. If you ch rm was blank, then l	eck the box of eave line 1b,	on line 1a, 2a, 3 2b, 3b, 4b, 5b, (a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check h	nere	Хь	Total revenue, if any (Form	990, Part VIII, colun	nn (A), line 12)	1b 742,248.
2a	Form 990-EZ che			Total revenue, if any (Form				
3a	Form 1120-POL	check here		Total tax (Form 1120-POL,				3b
4a	Form 990-PF che	ck here		Tax based on investment i				4b
5a	Form 8868 check	here		Balance due (Form 8868, li				5b
6a	Form 990-T chec			Total tax (Form 990-T, Part				6b
7a	Form 4720 check	here		Total tax (Form 4720, Part				7b
8a	Form 5227 check	here	b	FMV of assets at end of ta	x year (Form 5227,	ltem D)		8b
9a	Form 5330 check	here	b [·]	Tax due (Form 5330, Part II	, line 19)			9b
	Form 8038-CP cl	neck here		Amount of credit payment				10b
Part				Authorization of Offic		-		
Under	penalties of perjury	, I declare that	X I am	an officer of the above enti	ty or 🔲 I am a pe	rson subject	to tax with respe	ect to (name
of entit	zy)				, (EIN)		and that I have e	examined a copy of the
financi later th payme person	al institution to deb an 2 business days nt of taxes to receiv al identification nur	it the entry to t prior to the pa ve confidential	his accoun ayment (set informatior	n thé tax preparation softwa nt. To revoke a payment, I m ttlement) date. I also author n necessary to answer inqui re for the electronic return a	nust contact the U.S. ize the financial insti iries and resolve issu	. Treasury Fin tutions involv les related to	ancial Agent at 1 ed in the proces the payment. I h	I-888-353-4537 no sing of the electronic ave selected a
	heck one box only	NDMARK	PLC, (CPAS			to enter my PII	N 42877
				ERO firm name				Enter five numbers, but
								do not enter all zeros
		ncy(ies) regula	ting chariti	ctronically filed return. If I ha es as part of the IRS Fed/St n.				÷
	return. If I have i	indicated within	n this retur	h respect to the entity, I will n that a copy of the return i N on the return's disclosure	s being filed with a s	-	es) regulating ch	-
Signature Part	e of officer or person subje	ct to tax Ition and Au	uthentic	ation			Date	
ERO's	EFIN/PIN. Enter yo	our six-diait ele	ctronic filin	a identification				
	r (EFIN) followed by	-		-		8085388 not enter all ze		
submit		•	-	iich is my signature on the 2 rements of Pub. 4163, Mod	•	Information fo	or Authorized IRS	
ERO's s	ignature					Date <u>1</u>	1/15/23	
			EDO	Must Retain This Fo	rm - Soo Instru	otiono		
							0.50	
				it This Form to the IR	•	estea 10 D	0 30	- 0070 TF
LHA I	For Privacy Act and	d Paperwork F	Reduction	Act Notice, see instruction	ns.			Form 8879-TE (2022)
202521	12-16-22							

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer	identification	number (TIN)		
print	ILLINOIS RIVER WATERSHED PARTNERSHIP 20-					-4046238		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so							
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAVE SPRINGS, AR 72718								
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1		
Applica	tion	Return	Application			Return		
ls For	ls For		Is For			Code		
Form 99	00 or Form 990-EZ	01	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	00-PF	04	Form 5227			10		
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	00-T (trust other than above)	06	Form 8870			12		
Form 99	0-T (corporation) THE ORGANIZATIO	07						
• If the • If this box • 1 Ir th • 2 If [ohone No. ▶ 479-203-7084 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. . . <th>Group Exe and atta NOVEN anization's , an heck reasc</th> <th>mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u></th> <th>f this is fo all membe</th> <th>r the whole gr ers the extens npt organizatio</th> <th>roup, check this sion is for.</th>	Group Exe and atta NOVEN anization's , an heck reasc	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u>	f this is fo all membe	r the whole gr ers the extens npt organizatio	roup, check this sion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
es	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.		
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by					
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8	368 (Rev. 1-2022)		

223841 04-01-22

EXTENDED TO NOVEMBER 15, 2023 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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 calendar year, or tax year beginning and	ending	
	Check if applicab	e: C Name of organization		D Employer identification number
	Addre chang	e ILLINOIS RIVER WATERSHED PARTNERSHIP		
	chang			20-4046238
	Initial return Final return		Room/suite	E Telephone number 479-203-7084
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 742,248.
	Amen return	ded CAVE SPRINGS, AR 72718		H(a) Is this a group return
	Applic tion pendi			for subordinates? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No
I	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a list. See instructions
J	Websi	te: WWW.IRWP.ORG		H(c) Group exemption number
κ	Form o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year of	of formation: 2005 M State of legal domicile: AR
	Part I	Summary		
	1	Briefly describe the organization's mission or most significant activities: TO PI	ROTECT	AND RESTORE THE
2		ILLINOIS RIVER AND ITS TRIBUTARIES THROUG	HOUT A	RKANSAS AND OKLAHOMA.
ģ	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets.
Governance	3	Number of voting members of the governing body (Part VI, line 1a)		3 21
		Number of independent voting members of the governing body (Part VI, line 1b)		4 21
a	ŏ			10

ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
s &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
Activitie	6	Total number of volunteers (estimate if necessary)	6	25
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
•	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	711,070.	723,659.
evenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,142.	10,560.
<u>۳</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	750.	8,029.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	713,962.	742,248.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	285,648.	333,036.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
kpense		Total fundraising expenses (Part IX, column (D), line 25) 1,162.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	805,306.	836,845.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,090,954.	1,169,881.
	19	Revenue less expenses. Subtract line 18 from line 12	-376,992.	-427,633.
or			Beginning of Current Year	End of Year
sets ilani	20	Total assets (Part X, line 16)	5,026,166.	4,595,046.
t Ass d Ba	21	Total liabilities (Part X, line 26)	15,595.	12,108.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	5,010,571.	4,582,938.
Pa	irt II	Signature Block		

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

Sign	Signature of officer		Date						
Here LEIF KINDBERG, EXECUTIVE DIRECTOR									
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	JOHN D. EVANS		11/15/23 self-employed P00736358						
Preparer	Firm's name LANDMARK PLC, CPA	S	Firm's EIN 71-0355269						
Use Only	Firm's address 2003 SOUTH HORSEB	ARN ROAD, SUITE 4							
	ROGERS, AR 72758		Phone no. (479) 636-4461						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

Form	990 (2022) ILLINOIS RIVER WATERSHED PARTNERSHIP t III Statement of Program Service Accomplishments	20-4046238	⊳ _{age} 2
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO IMPROVE THE INTEGRITY OF THE ILLINOIS RIVER THROUGH P EDUCATION AND COMMUNITY OUTREACH, WATER QUALITY MONITORI IMPLEMENTATION OF CONSERVATION AND RESTORATION PRACTICES THE ILLINOIS RIVER WATERSHED.	UBLIC NG, AND THE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes 2	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes 2	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,058,905. including grants of \$) (Reven)
	PROGRAMS TO PROTECT AND RESTORE THE ILLINOIS RIVER AND I		5.
	THE RIPARIAN RESTORATION PROGRAM INCLUDES PLANTING TREES		
	PLANTS ALONG STREAMS IN ARKANSAS. EDUCATION PROGRAMS FOC	US ON	
	ELEMENTARY THROUGH HIGH-SCHOOL WATER QUALITY LESSONS. GR	EEN	
	INFRSTRUCTURE PROGRAMMING FOCUSES ON IMPLEMENTING BEST M	ANAGEMENT	
	PRACTICES. SEPTIC TANK REPLACEMENT PROGRAM FOCUSES ON WO		
	HOMEOWNERS TO REPAIR OR REPLACE FAILING SEPTIC SYSTEMS.		
	OUTREACH INCLUDES TRASH REMOVAL ALONG CREEKS AND RIVERS		<u></u>
	OKLAHOMA. IRWP DEVLEOPS PARTNERSHIPS WITH CORPORATE AND		
	ORGANIZATIONS AND SCHOOLS TO IMPROVE WATER QUALITY.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
			_
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
			_
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,058,905.		
		Form 990	(2022)
232002	2 12-13-22		. /
	3		

Form 990 (WATERSHED	PARTNERSHIP
Part IV	Checklist of	Required Sched	lules		

1 In the organization described in section 501(c)(d) or 447(a)(f) (ther than a private foundation? 1 X 2 It the organization require (an organization require (an organization require (an organization require (an organization require) (an organization requ				Yes	No
2 Is the organization engage in direct particula campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 3 Did the organization engage in direct particular campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II 3 X 4 Section 501(c)(d) organization schedule C, Part II 4 X 5 Is the organization in activities of the organization in activities of the organization assetter of the organization assetter of the organization activities of the organization or investment of the accounts 10 the organization encodes or thoid a conservation asset for the accounts 10 the organization matchin and or accounts 10 the organization matchin collections of varias of art, historical tracuures, or activities assets? If 'Yes,' complete Schedule D, Part II 6 X 7 X He organization matchin and the organization asset or and the organization matchin and the organization asset organization asset organization the organization asset	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on bahalf of or in opposition to candidates for public official" if "tes," complete Schedule C, Part II 4 Section 501(b) organizations. Did the organization engage in kobbying activities, or have a section 501(b) decton in effect during the tax year? If "tes," complete Schedule C, Part II 5 Did the organization matrian and years arised tracks are sentent for which dorors have the right to provide advice on the distribution or investment of amounts in such funds or any sonifar funds or accounts for which dorors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dorors have the right to provide advice on the distribution that investment of amounts in such funds or accounts for which dorors have the right to provide advice on the distribution that investment of amounts in such funds or accounts for which dorors have the right to generation matrian collectors of works of at, historical trassures, or other similar assets? If 'Yes,' complete Schedule D, Part II 9 Did the organization matrian collectors of works of at, historical trassures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 9 Did the organization report an amount for integrate generation, provide the similar assets? If 'Yes,' complete Schedule D, Part IV. 10 Did the organization report an amount for integrate generation. For Yes, 'the complete Schedule D, Part VI. 11 Did the organization report an amount for integrate schedule D, Part VI. 12 Did the organization report an amount for integrate schedule D, Part VI. 13 Did the organization report an amount for integrate schedule D, Part VI. 14 Did the organization report an amount for integrate schedule D, Part VI. 15 Did the organization report an amount for integrate schedule D, Part VI. 16 Di					
public official of "Yes," complete Schedule Q. Part I 3 X 4 Section 50 (Leg) organizations. Did the organization engage in lobbying activities, or have a section 50 (Lyle). Or S01(k)(k) organization and that receives membership dues, assessments, or similar amounts and during the tax year? If 'Yes,' complete Schedule C, Part I 4 X 5 Is the organization assection 501(k)(k). 501(k)(k) organization that receives membership dues, assessments, or similar amounts and during the Nonce. 516 (JY 'Nes,' complete Schedule C, Part I 5 X 6 Did the organization reacement of amounts in such turds or accounts? If 'Nes,' complete Schedule D, Part I 6 X 7 Did the organization reacement of nonusts in such turds or accounts? If 'Nes,' complete Schedule D, Part I 7 X 8 Did the organization manuant in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not through a related organization, necestry or nonice escritted endowments or in quasi andowments? If 'Nes,' complete Schedule D, Part V 8 X 9 Did the organization manuant no Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not through a related organization, necestry or nonice credit counseling, debt management, credit repart, V, line 10, IX, or X, as aplicable. 9 X 10 Did the organization, debt organization, hold scin throus a related organization, hold scie through a related or	-		2	<u> </u>	
4 Section 501(c)(3) organizations. Det the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? (I' 'Yes,' complete Schedule C, Part II ''.'.''.''.''.''.''.''.''.''.''.''.''.'	3				v
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 50(10(5)) or	_		3		<u> </u>
5 Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991-97. If Yes, "complete Schedule C, Part II 5 X Did the organization markina may down advised funds or any similar tands or accounts? If Yes, "complete Schedule D, Part II 6 X D Did the organization nearbox mit of dia conservation (including easements to preserve open space), the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II 7 X Schedule D, Part II 8 X D Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodial nearvice? If Yes, "complete Schedule D, Part II 8 X D Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If Yes, "complete Schedule D, Part V 10 X D Did the organization server to any of the following questions is 'Yes," then complete Schedule D, Part VI. 10 X D Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 101 / Yes, "complete Schedule D, Part VI. 11a X D Did the organization report an amount for lancid statements for the tax year include a loonnet that addresses the organization's liability or runeartina tax pachincles Schedule D, Part VI.	4				v
emina amounts as defined in Rev. Proc. 99:197. # Yes," complete Schedule Q, Pert II 5 X Did the organization markins any donce advised funds or any similar funds or accounts? If Yres," complete Schedule D, Part I 6 X To bit the organization markins deals, or historic activutes? If Yres, "complete Schedule D, Part II 6 X Did the organization markins deals, or historic activutes? If Yres, "complete Schedule D, Part II 7 X Did the organization markins collections of works of art, historical treasures, or other similar assets? If Yres," complete Schedule D, Part II 8 X Did the organization markins collections of works of art, historical treasures, or other assets? If Yres," complete Schedule D, Part II 8 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in qual endowments? If Yres, "complete Schedule D, Part V 10 X Did the organization eport an amount for investments - other securities in Part X, line 10? If Yres, "complete Schedule D, Part V 11a X Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 171 / Yres, "complete Schedule D, Part V 11a X Did the organization report an amount for investments or the securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 171 / Yres,	-		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 Z Z Complete Schedule D, Part II 7 X 8 Z Did the organization maintain collections of works of art, historical ressures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical ressures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization receive of the accomment in Part X, ine 21, for service or custodial account liability, serve as a custodian for organization resorts and yor the following questions is "Yes," then complete Schedule D, Part S 9 X 10 Did the organization receive an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part X 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11 X 10 Did the organization report an amount for investments - porgan related in Part X, line 10? If 'Yes,' complete Schedule D, Part X 110 X 111 Did the organization seport an amount for investments - porgan related i	5		5		x
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ves," complete Schedule D, Part V 8 X 10 Did the organization identity or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization identity or through a related organization, hold assets in donorrestricted endowments 10 X 12 M X 11 X 13 X 11 X 14 the organization report an amount for lawstimets - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11 X 14 X 11 X 11 X 15 Did the org	6		5		
7 Did the organization resolve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historican treasures, or other similar asset? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization anisotic and organization, should assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? IIII "Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for investments - porgram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? IIIII PAIT "Yes," complete Schedule D, Part VII 110 X 11 Did the organization report an amount for investinments in Part X, line 27, IIIIIIIIIIIIIIIIII	0		6		x
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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," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 11a X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or aggregate to the United States? 14a X b 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 report a total of more than \$10,000 form 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), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II See instructions 16 X 17 Did the organization report more than \$15,000 of grass income and contributions on Part VII, lines for and \$16,000 of grass income from gaming activities on Part VII, line 9a? If "Yes," complete Schedule G, Part II	T		4.4.6	v	
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I. Parts I and II 21 X	18				v
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		<u> </u>
	~ 1		21		x
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Form	990	(2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u>.</u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22	Form	990	(2022)
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Form	990 (2022) ILLINOIS RIVER WATERSHED PARTNERSHIP		20-4046	238	Р	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs? .		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoui	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	cour	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices (provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	ls req	uired			
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:		•			
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			lou		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
			1	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		x
.0	If "Yes," complete Form 4720, Schedule O.		ne?			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	livitio				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990	(2022)
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Section A. Governing Body and Management

ILLINOIS RIVER WATERSHED PARTNERSHIP

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

20-4046238 Page 6

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X

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_		X X
6	Did the organization have members or stockholders?			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		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
5		7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		0	х	
	The governing body?	<u>8a</u>	X	
-	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			. .
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		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		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?			X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization	15b		x
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
60	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
od		46-		x
F	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 479-203-7084			
	P.O. BOX 205, CAVE SPRINGS, AR 72718			
				(202

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation compensation	
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	nstitutional trustee	_	nploy	st cor	1	1000 NEO)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) LEIF KINDBERG	40.00									
EXECUTIVE DIRECTOR				Х				89,875.	0.	0.
(2) TOM HOPPER	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(3) SCOTT CARNEY	1.00									
BOARD MEMBER		X						0.	Ο.	0.
(4) CLIFF GIBBS	1.00									
PRESIDENT		X		Х				0.	Ο.	0.
(5) ED FITE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JIMMY MARDIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JAMES SIMPSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SETH WALTERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) HEATH WARD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DR. RALPH WEBER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) HENDERSON BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) KURT PRICE	1.00									
TREASURER		Х		Х				0.	0.	0.
(13) KAREN MCCURDY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) STEVEN BEAM	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(15) BRIAN HAGGARD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) CHAD HARSHA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) MARLA PEEK	1.00									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22				_	_					Form 990 (2022)

8

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Form 990 (2022) ILLINOIS	RIVER W	IAI	ER	SH	ED	PA	١R	TNERSHIP	20-404	462	38	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	hest	C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F))
Name and title	Average	(do		Posi		han on	e	Reportable	Reportable		Estima	ated
	hours per	box	, unles	ss per	son is	both a	an	compensation	compensation		amour	
	week			uau	rector	/irusie	e)	from	from related		othe	
	(list any hours for	recto						the	organizations		compens	
	related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	<i>;</i> /	from t	
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)		organiz	
	below	dual t	Institutional trustee	_	n ploy	st coi iyee	ц.				organiza	
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				5	
(18) RYAN BENEFIELD	1.00											
BOARD MEMBER		Х						0.	(٥.		0.
(19) DARRELL BOWMAN	1.00											
BOARD MEMBER		Х						0.	(0.		0.
(20) JAMIE BURR	1.00											
BOARD MEMBER		Х						0.		0.		0.
(21) SHANNON PHILLIPS	1.00											
BOARD MEMBER		Х						0.	() .		0.
(22) EVAN TEAGUE	1.00											
BOARD MEMBER		Х						0.	(0.		0.
								00.075		_		
1b Subtotal								89,875.		<u>)</u> .		0.
c Total from continuation sheets to Part V								0.		<u>).</u>		0.
d Total (add lines 1b and 1c)								89,875.		0.		0.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove)	who	re	ceived more than \$100,	000 of reportable			•
compensation from the organization											Ve	0 s No
										Г	Yes	S NO
3 Did the organization list any former officer			•	•	•		•			- 1		x
line 1a? If "Yes," complete Schedule J for s										·· -	3	
4 For any individual listed on line 1a, is the su	-							-	-	- 1		x
and related organizations greater than \$15										···	4	
5 Did any person listed on line 1a receive or	•				-			•		- 1	5	X
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	nplete Schedule	e <i>J T</i>	or su	icn p	perso	<u></u>					5	11
1 Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	ctors	th	at received more than \$	100 000 of compe	nsati	on from	
the organization. Report compensation for	•	•							•	nouti	on nom	
(A)				<u>g</u>			T	(B)			(C)	
Name and business	address	N	ONE	2				Description of s	ervices	Сс	ompensat	ion
2 Total number of independent contractors (ncluding but no	ot lir	nited	to t	those	e liste	ed	above) who received me	ore than			
\$100,000 of compensation from the organ	zation				0							
										F	-orm 990	(2022)

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		(2022) ILLINOIS RIVER WATH	ERSHED PARTNER	RSHIP	20-4046	238 Page 9
Pa	rt V	III Statement of Revenue				
		Check if Schedule O contains a response or note to a		(=)	(2)	
			(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			Total revenue	function revenue		from tax under
						sections 512 - 514
ς Ω	1	a Federated campaigns 1a				
ant	-	b Membership dues 1b				
ษิอิ		c Fundraising events				
fts,						
Gil			60			
ns,		e Government grants (contributions) 1e 551,70	00.			
er S		f All other contributions, gifts, grants, and				
ibu		similar amounts not included above If 171,8	99.			
Contributions, Gifts, Grants and Other Similar Amounts		Oncash contributions included in lines 1a-1f				
an Co		h Total. Add lines 1a-1f	723,659.			
		Business	Code			
e	2	a				
vic		b [
Ser		c				
gram Ser Revenue						
gra Re		d				
Program Service Revenue						
ш		f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and	10 5 60			10 500
		other similar amounts)	10,560.			10,560.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Perso	onal			
	6	a Gross rents				
		b Less: rental expenses 6b 0 .				
		c Rental income or (loss) 6c 8,029.				
		d Net rental income or (loss)	8,029.			8,029.
		a Gross amount from sales of (i) Securities (ii) Oth				
		assets other than inventory 7a				
		b Less: cost or other basis				
•						
nu		and sales expenses				
evenue		c Gain or (loss)				
Ě		d Net gain or (loss)				
Other	8	a Gross income from fundraising events (not				
đ		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a				
		b Less: direct expenses 8b				
		c Net income or (loss) from fundraising events				
	9	a Gross income from gaming activities. See				
		Part IV, line 19 9a				
		b Less: direct expenses 9b				
		c Net income or (loss) from gaming activities				
	10	a Gross sales of inventory, less returns				
		and allowances 10a				
		b Less: cost of goods sold				
		c Net income or (loss) from sales of inventory				
S		Business	Lode			
∋on	11	a				
scellaneo Revenue		b				
ieve eve		c				
Miscellaneous Revenue		d All other revenue				
2		e Total. Add lines 11a-11d				
	12	Total revenue. See instructions		0.	0.	18,589.
23200						Form 990 (2022

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ILLINOIS RIVER WATERSHED PARTNERSHIP Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	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				
4	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	trustees, and key employees	89,875.	67,406.	22,469.	
6	Compensation not included above to disgualified	05,075.	07,400.	22,405.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	243,161.	218,060.	25,101.	
	Pension plan accruals and contributions (include		,		
-	section 401(k) and 403(b) employer contributions				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	13,603.		13,603.	
2	Advertising and promotion				
3	Office expenses	23,120.	6,200.	16,920.	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	66,141.	66,141.		
3	Insurance	19,495.		19,495.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.)	701,098.	701,098.		
a b	REPAIR & MAINTENANCE	9,775.	, UI, UJU•	9,775.	
D C	MISCELLANEOUS	2,451.		2,451.	
с d	FUNDRAISING EXPENSES	1,162.			1,162
	All other expenses	±,±02•			±,±02
е 5	Total functional expenses. Add lines 1 through 24e	1,169,881.	1,058,905.	109,814.	1,162
5 6	Joint costs. Complete this line only if the organization	_,_0,,0010	_,,		
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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11 2022.05000 ILLINOIS RIVER WATERSHED NW428771

Form 990 (2022)

	990 (2 t X	2022) ILLINOIS RIVER	WAT	ERSHED PARTNE	RSHIP	20-	4046238 Page 11
		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,975,706.	1	2,517,640.
	2	Savings and temporary cash investments			396,246.	2	396,246.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			44,677.	4	129,658.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,031,648.			
	b	Less: accumulated depreciation	10b	481,398.	1,608,285.	10c	1,550,250.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,252.	15	1,252.
	16	Total assets. Add lines 1 through 15 (must equa			5,026,166.	16	4,595,046.
	17	Accounts payable and accrued expenses			15,595.	17	12,108.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			15,595.	26	12,108.
		Organizations that follow FASB ASC 958, che	ck here				
čé		and complete lines 27, 28, 32, and 33.			0 404 514		0 516 202
alan	27		·····	2,404,514.	27	2,516,323.	
B	28	Net assets with donor restrictions	2,606,057.	28	2,066,615.		
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
μ	31	Retained earnings, endowment, accumulated in			E 010 E71	31	1 500 000
Ř	32	Total net assets or fund balances			<u>5,010,571.</u> 5,026,166.	32	4,582,938.
	33	Total liabilities and net assets/fund balances			5,020,100.	33	4,595,046.

Form 990 (2022)

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_	990 (2022) ILLINOIS RIVER WATERSHED PARTNERSHIP	20-	4046238	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,16		
3	Revenue less expenses. Subtract line 2 from line 1	3	-42		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,01	0,5	<u>71.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,58	2,9	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A	
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047		
	2022		
	Open to Public Inspection		
Employer	Employer identification number		

Name of the organization

Department of the Treasury Internal Revenue Service

INAII	ie ui	the of gamzatio		NOTO DIVED	אאשבסכתבט ס		оситр			0-4046238
Pa	rt I	Reason f			WATERSHED PA (All organizations must c			ee instruction		0-4040230
					For lines 1 through 12, c				5.	
1		1			on of churches described			1)(A)(i)		
2	F	1			Attach Schedule E (Forn			• \\~.\.		
3	F	1			anization described in s)(b)(1)(A)(ii	ii).		
4			•		njunction with a hospital				(iii). Enter	the hospital's name.
•		city, and state			·				().	···- ··- · · · · · · · · · · · · · · ·
5				or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
-				Complete Part II.)	0 ,	·	, 0			
6		1			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	ntial part of its support f				e general r	oublic described in
		-		omplete Part II.)		5			5	
8		1			(1)(A)(vi). (Complete Par	t II.)				
9		1			in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college
		-	-	-	ulture (see instructions).		-		-	-
		university:			. , ,				Ū.	
10		An organizatio	n that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	p fees, and	d gross receipts from
		activities relate	ed to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 5	09(a)(2). (Co	mplete Part III.)						
11		An organizatio	n organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizatio	n organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box on
	_	_lines 12a throu	ugh 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A su	pporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supporte	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or trustee	es of the su	ipporting
	_	organization	. You must o	complete Part IV, Se	ections A and B.					
b				-	l or controlled in connec			-		•
			•		anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
	_			t complete Part IV,						
С			-		g organization operated				y integrate	d with,
			-). You must complete					
d			-		oorting organization oper				-	
			-		zation generally must sat	•		-	an attentiv	/eness
_			-		nplete Part IV, Sections					
е			-		written determination fro nally integrated supporti			турет, туре	і, туре ш	
f	Ent	ter the number o					ation.			
י מ			••	about the supporte	ed organization(s)					
3	1.10	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al									1

Schedule A (Form 990) 2022 ILLINOIS RIVER WATERSHED PARTNERSHIP 20-4046238 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2157488.	1097875.	1210812.	711,070.	723,033.	5900278.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	0155400	1008085	1010010		F 00 000		
	Total. Add lines 1 through 3	2157488.	1097875.	1210812.	711,070.	723,033.	5900278.	
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,						1050150	
	column (f)						1958153.	
	Public support. Subtract line 5 from line 4. ction B. Total Support						3942125.	
		() 0010	(1) 0010	() 0000	(1) 0004	() 0000	(0 T)	
	endar year (or fiscal year beginning in)	(a) 2018 2157488.	(b)2019 1097875.	(c) 2020 1210812.	(d) 2021 711,070.	(e) 2022 723,033.	(f) Total 5900278.	
-	Amounts from line 4	213/400.	1097075.	1210012.	/11,0/0.	123,033.	3900270.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1,202.	22,727.	4,772.	2,892.	18,589.	50,182.	
0	and income from similar sources Net income from unrelated business	1,202.	22,121.		2,052.	10,305.	50,102.	
9								
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	311.	30.			626.	967.	
11	Total support. Add lines 7 through 10	511.	50.			020.	5951427.	
12	Gross receipts from related activities,	etc. (see instructio				12	5551427.	
13	,	,	,	fourth or fifth tax y				
10	organization, check this box and sto	-						
Se	ction C. Computation of Publi							
	Public support percentage for 2022 (I			column (f))		14	66.24 %	
	Public support percentage from 2021					15	62.38 %	
	a 33 1/3% support test - 2022. If the							
	stop here. The organization qualifies							
k	33 1/3% support test - 2021. If the o							
	and stop here. The organization qual							
17a								
	17a 10% - facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te		-	•				
t	0 10% -facts-and-circumstances test	-						
	more, and if the organization meets the	-						
	organization meets the facts-and-circi							
18	.		•					
	Schedule A (Form 990) 2022							

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				PARTNERSHIP	20-4
Part III Support Schedule for	[•] Organizatior	ns Descri	bed in Section	509(a)(2)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
18	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here	-			-	-	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2022 (, (),	,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20 Investment income percentage from					17 18	<u>%</u> %
	33 1/3% support tests - 2022. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	-	•		••••		3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-09-22						dule A (Form 990) 2022
_);			16	5			· · · · · · · · · · · · · · · · · · ·

7

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2022

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ILLINOIS RIVER WATERSHED PARTNERSHIP 20-4046238 Page 5 Schedule A (Form 990) 2022 Part IV Supportin

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D	D. All Typ	e III Supporting	g Organizations

			res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaiea<i>iaaiaaiaaiaaaaaaaa<i>aaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

2

Yes No

V. N

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Sche	dule A (Form 990) 2022 ILLINOIS RIVER WATERSHED			20-4046238 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
_7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
_4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting c	organization (see				

instructions).

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ILLINOIS RIVER WATERSHED PARTNERSHIP

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year			
	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	S	3					
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive)					
	(provide details in Part VI). See instructions.	C I		8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
~								

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		NOIS RIV					20-40462	
Part VI	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	, lines 1, 2, 3b, 3c, ction D, lines 2 and 6, and 8; and Pa	, 4b, 4c, 5a, 6, 9 d 3; Part IV, Seo	9a, 9b, 9c, 1 ⁻ ction E, lines	la, 11b, and 1 1c, 2a, 2b, 3a	11c; Part IV, S a, and 3b; Par	ection B, lines t V, line 1; Part	or 17b; Part III, line 1 1 and 2; Part IV, Sec V, Section B, line 16 onal information.	ction C,
	(See instructions.)								
232028 12-09-2	2							Schedule A (Fo	rm 990) 2022
12-03-2	-			2	1				

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

20-4046238

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
VALTON FAMILY FOUNDATION	2,077,182.	1,958,153
		1,958,153

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

ILLINOIS	RIVER	WATERSHED	PARTNERSHIP	

20-4046238

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

20-4046238

ILLINOIS RIVER WATERSHED PARTNERSHIP

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ARKANSAS NATURAL RESOURCES COMMISSION X Person Payroll 101 E CAPITAL AVE STE 350 408,957. Noncash \$ (Complete Part II for LITTLE ROCK, AR 72201 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 BENTON COUNTY ARKANSAS X Person Payroll 215 E CENTRAL AVE. 134,650. Noncash \$ (Complete Part II for BENTONVILLE, AR 72712 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

10151115 759194 NW42877.000

2022.05000 ILLINOIS RIVER WATERSHED NW428771

24

(a) No. from Part I	(b) Description of noncash property given	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

ILLINOIS RIVER WATERSHED PARTNERSHIP

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (202

Name of organization

Part II

Employer identification number

(d)

Date received

20 - 4046238

(c)

FMV (or estimate)

(See instructions.)

Schedule I	B (Form 990) (2022)		Page 4
Name of o	rganization		Employer identification number
TLLIN	OIS RIVER WATERSHED PAR	TNERSHIP	20-4046238
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in secti through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			— —
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022)

26 2022.05000 ILLINOIS RIVER WATERSHED NW428771

SCHEDU	LE D
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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



Name of the organization

ILLINOIS RIVER WATERSHED PARTNERSHIP

Employer identification number 20-4046238

Par			or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
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 at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 N	lo
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	
_				lo
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area	
	Protection of natural habitat	Preservation o	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form		
	day of the tax year.		Held at the End of the Tax Ye	ar
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax	
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements in			lo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year	
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and enforcing conserva	mon easements during the year	
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170		
U				ю
9	In Part XIII, describe how the organization reports conservati			0
5	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.	_
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works	
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	urtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	าร.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	herance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	···· · · · · · · · · · · · · · · · · ·		<u> </u>	
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$	
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 20	22
232051	09-01-22			
		27		

		S RIVER WAY						20-40			_{age} 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	ar Asset	S (contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the	following that	t make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	change progra	am					
b	Scholarly research	e	• 🗌 •	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how th	ey further th	he organizatio	on's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organ	nization's co	ollection?				Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for c	contribution	is or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. <u>1c</u>				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1 f		_		
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for e	escrow or co	ustodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete				1	r			I		
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	r years	back
1 a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administer	ed for th	ne		1		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		L
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fi	unds.							
Fai				/ line 11e (Cao Farm 000	Dout V	line 10				
	Complete if the organization answere		-						<u> </u>		
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• • •	ccumula preciatio		(d) Boo	k valu	Э
4 -	Land	· · · · ·	nenty		34,372.	ue	preciatio		02	4,3	72
	Land				81,619.		317,4	55		4,3 4,1	
	Buildings				194.		$\frac{517,4}{110,9}$			4,1 5,1	
	Leasehold improvements				<u>10,194</u> . 39,465.		30,9			<u>5,1</u> 8,5	
	Equipment				29,998.		21,9			7,9	
	Other		X all						1,55		
rotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	л, colum	<u>ווו (ש). Iine 1</u>	UC.)				-, 55	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>

Schedule D (Form 990) 2022

232052 09-01-22

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financia	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes"	on Form 000 Port IV line	11a Saa Farm 000 Dart V lina 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	lof year market value
(4)	(a) Description of investment	(b) DOOK value	(c) Method of Valdation. Cost of end	-or-year market value
(1)				
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		
Tartx	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
4	(a) Description of liability			. (b) Book value
(1) Eod				
(1) Fed (2)	eral income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990. Part X. col. (B) line	e 25.)		
	for uncertain tax positions. In Part XIII, provide		the organization's financial statements th	hat reports the
	ation's liability for uncertain tax positions under			

ILLINOIS RIVER WATERSHED PARTNERSHIP

20-4046238 Page 3

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Schedule D (Form 990) 2022

	dule D (Form 990) 2022 ILLINOIS RIVER WATERSHED B				4046238 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements	1	798,711.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	56,463.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	56,463.
3	Subtract line 2e from line 1			3	742,248.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
~	Add lines 4a and 4b			4c	0.
U U					
_5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	742,248.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per l	1 ¥ 1	
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	nents With	Expenses per I	1 ¥ 1	n.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nents With a.	Expenses per l	1 ¥ 1	
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With a.	Expenses per I	Retur	n.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With a.	Expenses per l	Retur	n.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With ^{'a.}	Expenses per I	Retur	n.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With a. 2a 2b	Expenses per I	Retur	n.
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	Expenses per I	Retur	n. <u>1,226,344</u> .
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per l	Retur	n. <u>1,226,344</u> . 56,463.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	56,463.	1	n. <u>1,226,344</u> .
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	56,463.	1 2e	n. <u>1,226,344</u> . 56,463.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2b 2c 2d	56,463.	1 2e	n. <u>1,226,344</u> . 56,463.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	56,463.	1 2e	n. <u>1,226,344</u> . 56,463.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	56,463.	1 2e	n. <u>1,226,344</u> . <u>56,463.</u> <u>1,169,881</u> . 0.
Pa 1 2 a b c d a b c 3 4 b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	56,463.	Return 1 2e 3	n. <u>1,226,344</u> . <u>56,463.</u> 1,169,881.

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

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS AN ORGANIZATION EXEMPT FROM INCOME TAXES
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR STATE
STATUTE AND IS NOT SUBJECT TO TAX AT THE ENTITY LEVEL FOR FEDERAL AND
STATE INCOME TAX PURPOSES. THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX
POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FASB CODIFICATION TOPIC
INCOME TAXES. FASB CODIFICATION TOPIC INCOME TAXES CLARIFIES THE
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND REQUIRES THE ORGANIZATION
TO RECOGNIZE IN THEIR FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, IF THAT POSITION IS MORE
LIKELY THAN NOT TO BE SUSTAINED UNDER AUDIT, BASED ON THE TECHNICAL MERITS
OF THE POSITION. MANAGEMENT HAS ASSESSED THE TAX POSITIONS OF THE
232054 09-01-22 Schedule D (Form 990) 2022 30
10151115 759194 NW42877.000 2022.05000 ILLINOIS RIVER WATERSHED NW428772

Schedule D	(Form 990) 202	ILLINOIS	RIVER	WATERSHED	PARTNERSHIP	20-4046238	Page 5
Part XIII	Suppleme	ntal Information (continued	d)				

ORGANIZATION AND DETERMINED THAT NO POSITIONS EXIST THAT REQUIRE

ADJUSTMENT OR DISCLOSURE UNDER THE PROVISIONS OF FASE CODIFICATION TOPIC

INCOME TAXES.

THE ORGANIZATION FILES INFORMATIONAL "RETURN OF ORGANIZATION EXEMPT FROM

INCOME TAX" (FORM 990) IN THE U.S. FEDERAL JURISDICTION AND ARKANSAS.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ.

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

ILLINOIS RIVER WATERSHED PARTNERSHIP



OMB No. 1545-0047

20-4046238

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

THE 990 IS REVIEWED BY THE BOARD

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

THE BOARD REVIEWS AND DISCUSSES ANNUALLY

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022