ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Report for the Fiscal Period:
Beginning 01/01/2015
& Ending 12/31/2015

CO # 4725-658-5
Date Organization was created: 01/03/1967

LEGAL
NAME SOCIETY FOR FRESHWATER SCIENCE
MAIL
ADDRESS 1520 ST OLAF AVENUE
CITY, STATE NORTHFIELD MN
ZIP CODE 55057

Federal ID # 43-1109247
Are contributions to the organization tax deductible? X Yes □ No

Year-end amounts

| A) ASSETS | A) $ | 1,696,279 |
| B) LIABILITIES | B) $ | 0 |
| C) NET ASSETS | C) $ | 1,696,279 |

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>D) $ 264,191</td>
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<tr>
<td>E) $ 70,500</td>
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<tr>
<td>F) $ -17,572</td>
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<tr>
<td>G) $ 317,119</td>
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I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) 83%
E) GOVERNMENT GRANTS & MEMBERSHIP DUES 23%
F) OTHER REVENUES 0%
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) 100%

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE 97%
I) EDUCATION PROGRAM SERVICE EXPENSE %
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) 97%
J') JOINT COSTS AlLOCATED TO PROGRAM SERVICES (INCLUDED IN J): $
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS %
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 97%
M) MANAGEMENT AND GENERAL EXPENSE 3%
N) FUNDRAISING EXPENSE %
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) 100%

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(professional fundraisers)

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS 100%
P') $
Q) TOTAL FUNDRAISERS FEES AND EXPENSES %
Q) $
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) %
R) $

(professional fundraising consultants)

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS S) $

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: T) $
U) NAME, TITLE: U) $
V) NAME, TITLE: V) $

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES

W) DESCRIPTION: STUDENT AWARDS W) # 080
X) DESCRIPTION: X) #
Y) DESCRIPTION: Y) #
SOCIETY FOR FRESHWATER SCIENCE 43-1109247

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1. X

2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY Misdemeanor INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2. X

3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3. X

4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4. X

5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5. X

6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. X

7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. X

7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING $.

8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? 8. X

9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9. X

10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10. X

11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

(2 WITH) UBS FINANCIAL-800 SOUTH GAY ST EAST, PLAZA TOWER, SUITE A,
KNOXVILLE, TN 37929 AND MORGAN STANLEY-110 TRIPPLETT LANE, KNOXVILLE, TN

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: TOM J MIKOS, CPA 937-320-1262

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS


DR. KIM H. HAAK
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

DR. MICHAEL C. SWIFT
TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

RICHARD P. GRAF, CPA
PREPARER (PRINT NAME) SIGNATURE DATE

BE SURE TO INCLUDE ALL FEES DUE:
1) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2) FOR FEES DUE SEE INSTRUCTIONS.
3) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.