Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

ΑΙ	For the	lpha 2011 calendar year, or tax year beginning $$ JUL $$ $$ 1 , $$ $$ $$ $$ 2 $$ $$ 1 $$ $$ and ending	JUN 30, 2012				
	Check if applicabl		D Employer identif	ication number			
_							
	Addre	CALAPOOIA WATERSHED COUNCIL					
	Name chang		26-4	228349			
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)					
	Termir ated	10 001 044	541-	812-7622			
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,039,141.			
	Applic tion pendir	BROWNSVILLE, OR 9/32/	H(a) Is this a group re				
	poridii	F Name and address of principal officer: TARA DAVIS	for affiliates?	Yes X No			
		PO BOX 844, BROWNSVILLE, OR 97327	H(b) Are all affiliates inc				
				list. (see instructions)			
		e: WWW.CALAPOOIA.ORG	H(c) Group exemption				
			Year of formation: 2008	M State of legal domicile: OR			
Pa	art I	Summary	DOOTA WAMEDOU	ED COINCII			
ce		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{CALA}}$					
nan							
Activities & Governance		Check this box (If the organization discontinued its operations or disposed of relations or disposed of relations of the governing body (Part VI, line 1a)	1	ssets.			
හි		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	3	11			
مح دی		Total number of individuals employed in calendar year 2011 (Part V, line 1a)		4			
itie		Total number of volunteers (estimate if necessary)		48			
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
V		Net unrelated business taxable income from Form 990-T, line 34		0.			
			Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)	597,942.	2,036,972.			
enn	9	Program service revenue (Part VIII, line 2g)	0.	1,393.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	431.	776.			
-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	598,373.	2,039,141.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	151,392.	167,204.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Exp		Total fundraising expenses (Part IX, column (D), line 25)	427 007	1 000 047			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	437,887. 589,279.	1,809,047. 1,976,251.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,094.				
SS	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	62,890.			
ance	20 7	Total assets (Bart V. line 16)	96,498.	End of Year 150,648.			
Net Assets or Fund Balances	20 7	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	22,318.	16,284.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20	74,180.	134,364.			
	rt II	Signature Block	7 2 7 2 0 0 1	101/0011			
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,,,			
Sign Here		Signature of officer	Date				
		TARA DAVIS, EXECUTIVE DIRECTOR					
Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid	-	KRISTEN GOSE, CPA	self-employe				
		Firm's name ► ANDERSON GROUP CPAS, LLC	Firm's EIN ▶	93-1233035			
Use	Only		01				
		CORVALLIS, OR 97330	Phone no. (!	541) 757-2070			
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No			

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service JUL 1, 2012 and ending JUN 30, A For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization Check if Address change CALAPOOIA WATERSHED COUNCIL 26-4228349 Name change Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 541-812-7622 Termin-ated PO BOX 844 Amended G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-tion BROWNSVILLE, OR 97327 H(a) Is this a group return pending F Name and address of principal officer: TARA DAVIS Yes X No for affiliates? PO BOX 844, BROWNSVILLE, OR H(b) Are all affiliates included? Yes 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.CALAPOOIA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation: 2008 M State of legal domicile: OR Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE CALAPOOIA WATERSHED COUNCIL Activities & Governance SHALL PROVIDE OPPORTUNITIES FOR MEMBERSHIP TO COOPERATE IN PROMOTING Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 49 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 2,036,972. 582,406. Contributions and grants (Part VIII, line 1h) Revenue 1,393. 390,202. Program service revenue (Part VIII, line 2g) 776. 769. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 973,377. 2.039.141. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 167,204. 224,568. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,809,047. 826,084. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,050,652. 1,976,251. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 62,890. -77,275. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 150,648. 214,832. Total assets (Part X, line 16) 157,743. 16,284. Total liabilities (Part X, line 26) Net / und 57,089. 134,364. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block

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

true, correct, and complete. Declaration of preparer (other than officer) is based on an information of which preparer has any knowledge.							
Sign Here	Signature of officer TARA DAVIS, EXECUTIVE Type or print name and title		Date				
	Print/Type preparer's name	Preparer's signature Date	Check PTIN				
Paid	KRISTEN GOSE, CPA		self-employed P00037098				
Preparer	Firm's name ANDERSON GROUP C	PAS, LLC	Firm's EIN ▶ 93-1233035				
Use Only	Firm's address 2165 NW PROFESSI	ONAL DR, SUITE 101					
	CORVALLIS, OR 97	330	Phone no. 541-757-2070				
May the IE	May the IPS discuss this return with the preparer shown above? (see instructions)						

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **2013**Open to Public

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	e 2013 calendar year, or tax year beginning	JUL 1, 2013	and ending	JŬN 30, 2014	
В	Check if applicab	C Name of organization			D Employer identif	ication number
	Addre	calapooia watershed co	OUNCIL			
	Name chang	Doing Business As			26-4	1228349
	Initial return Termi ated		delivered to street address)	Room/suite		er -812-7622
	Amen	I City or town, state or province, country, and	d ZIP or foreign postal code		G Gross receipts \$	1,262,682.
	Application	BROWNSVILLE, OR 97327			H(a) Is this a group r	
	pendi	F Name and address of principal officer: TARA DAVIS			for subordinate	
		DO DOW 044 DECEMBER OF OFFICE			H(b) Are all subordinates	
T	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	a list. (see instructions)
		te: WWW.CALAPOOIA.ORG			H(c) Group exemption	
K	Form of	forganization: X Corporation Trust A	Association Other >	∟ Year	of formation: 2008	M State of legal domicile: OR
P	art I	•				
ø	1	Briefly describe the organization's mission or mos	st significant activities: TH	E CALAPO	OOIA WATERSH	ED COUNCIL
anc		SHALL PROMOTE AND SUSTAIN				
Activities & Governance	2	Check this box larger if the organization disco	ontinued its operations or di	sposed of more	e than 25% of its net a	ssets.
OV6	3	Number of voting members of the governing body	ly (Part VI, line 1a)		3	11
S G	4	Number of independent voting members of the go	overning body (Part VI, line	1b)	4	11
es		Total number of individuals employed in calendar				5
viti		Total number of volunteers (estimate if necessary)				49
Acti	7 a	Total unrelated business revenue from Part VIII, c	column (C), line 12		7a	
_	b	Net unrelated business taxable income from Form	m 990-T, line 34		7b	0.
					Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)			582,406.	
enn	9	Program service revenue (Part VIII, line 2g)			390,202.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	4, and 7d)		769.	612.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	3c, 9c, 10c, and 11e)		0.	
	12	Total revenue - add lines 8 through 11 (must equa	al Part VIII, column (A), line 1	2)	973,377.	1,262,682.
		Grants and similar amounts paid (Part IX, column			0.	0.
		Benefits paid to or for members (Part IX, column (0.	0.
es	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-	10)	224,568.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), Total fundraising expenses (Part IX, column (D), lir	, line 11e)		0.	0.
xp	b	Total fundraising expenses (Part IX, column (D), lir	ne 25) 9	,131.	tinggrans nangammananananasyanya (na ana ana ana	
ш	17	Other expenses (Part IX, column (A), lines 11a-11c	d, 11f-24e)		826,084.	
		Total expenses. Add lines 13-17 (must equal Part			1,050,652.	
	19	evenue less expenses. Subtract line 18 from line 12			-77,275.	102,203.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
ser	20	Total assets (Part X, line 16)			214,832.	290,392.
nd B	21	Total liabilities (Part X, line 26)			157,743.	131,100.
		Net assets or fund balances. Subtract line 21 from	m line 20		57,089.	159,292.
20000000	art II	Signature Block				
		ties of perjury, I declare that I have examined this return,				y knowledge and belief, it is
rue,	correct	t, and complete. Declaration of preparer (other than office	cer) is based on all information o	f which preparer	has any knowledge.	
		Signature of officer			Data.	
Sigr					Date	
ler	e	TARA DAVIS, EXECUTIVE Type or print name and title	DIRECTOR			
		7/1-2-7			No.	II STILL
		Print/Type preparer's name	Preparer's signature	ال	Date Check L	PTIN
Paid		KRISTEN GOSE, CPA	100		self-employe	
		Firm's name NDERSON GROUP C	PAS, LLC	101	Firm's EIN ▶	93-1233035
Jse	Only	Firm's address 2165 NW PROFESSI		101		1 757 0050
		CORVALLIS, OR 97			Phone no. 5 4	1-757-2070
/lav	the IR	S discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	e 2014 calendar year, or tax year beginning J	UL 1, 2014 and	ending J	UN 30, 2015		
В	Check if applicab	C Name of organization			D Employer identif	ication number	
Add		calapooia watershed co	UNCIL				
	Name					1228349	
	Initial returr	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	E Telephone number 541-466-3493		
	Final return	P.O. BOX 844					
	termi		ZIP or foreign postal code		G Gross receipts \$	840,478.	
L	Amer	BROWNSVILLE, OR 3/32/			H(a) Is this a group r		
	Appli- tion pend	F Name and address of principal officer, 1710.	Finance and address of principal officer; TATA DAVID			s? Yes X No	
_		PO BOX 844, BROWNSVILLE			H(b) Are all subordinates		
		empt status: X 501(c)(3) 501(c) () te: ► WWW • CALAPOOIA • ORG		or 527		a list. (see instructions)	
_			sociation Other	I. Veer	H(c) Group exemption		
	art I	Summary	Sociation United	L Year o	of formation: 2006	M State of legal domicile: OR	
	1	Briefly describe the organization's mission or most	significant activities: THE	CALAPO	OTA WATERSH	ED COUNCIL	
Activities & Governance	'	SHALL PROMOTE AND SUSTAIN					
rna	2	Check this box if the organization discor					
ove	3	Number of voting members of the governing body	(D 11/1 1)			10	
8 G	4	Number of independent voting members of the gov				10	
es	5	Total number of individuals employed in calendar y	rear 2014 (Part V, line 2a)		5	6	
ivit	6	Total number of volunteers (estimate if necessary)			6	49	
Act		Total unrelated business revenue from Part VIII, co				0.	
	b	Net unrelated business taxable income from Form	990-T, line 34	······		0.	
		Contributions and grants (Part VIII line 1b)			Prior Year 1,062,995.	Current Year 650,973.	
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			198,769.	187,698.	
evel		Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		612.	192.	
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			306.	1,615.	
		Total revenue - add lines 8 through 11 (must equal			1,262,682.	840,478.	
		Grants and similar amounts paid (Part IX, column (A			0.	0.	
		Benefits paid to or for members (Part IX, column (A			0.	0.	
es	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		290,345.	320,943.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.	
χb	b	Total fundraising expenses (Part IX, column (D), line	25) \blacktriangleright	90.			
_		Other expenses (Part IX, column (A), lines 11a-11d,			870,134.	532,284.	
	18	Total expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)		1,160,479.	853,227.	
SS	19	Revenue less expenses. Subtract line 18 from line	venue less expenses. Subtract line 18 from line 12			-12,749.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			inning of Current Year 290,392.	End of Year 342,592.	
Ass Bal	21	Total liabilities (Part X, line 26)			131,100.	196,049.	
	22	Net assets or fund balances. Subtract line 21 from	line 20		159,292.	146,543.	
	art II	Signature Block					
Jnd	er pena	ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and stateme	nts, and to the best of my	y knowledge and belief, it is	
rue,	correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wh	ich preparer h	nas any knowledge.		
		Signature of officer					
Sigr	- 1				Date		
ler	e	TARA DAVIS, EXECUTIVE I	DIRECTOR				
	_		D	I Da	ite Louis I	II PTIN	
aid	,	Print/Type preparer's name KRISTEN GOSE, CPA	Preparer's signature	100	if		
raid Preparer		Firm's name ANDERSON GROUP CE	PAS. I.I.C		self-employe	P00037098 93-1233035	
	Only	Firm's address 2165 NW PROFESSION		01	Firm's EIN ▶	93-1433035	
	,	CORVALLIS, OR 973			Phone no 54	1-757-2070	
Лav	the IF	S discuss this return with the preparer shown above			11.01010.5 4.	X Yes No	

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30,

Inspection

OMB No. 1545-0047

A	For th	ne 2015 calendar year, or tax year beginning $\mathrm{JUL}1,2015$	g JUN	30, 2	2016	,	
*******	Check i				***************************************	ication number	
	TAddr						
-	chan			,	6 1	228349	
-	chan		facility w	***************************************	-		
-	retur	P O BOY 844	/suite E	Telephone		466-3493	
house	retur termi ated			Gross receipts	***************************************	820,533.	
	Amer	nded DDOWNTCYTTTE OD 07337		a) is this a g	·		
	Appl	F Name and address of principal officer; BESSIE JOYCE	/.	for subord	,		
	pend					ncluded? Yes No	
		xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527			list. (see instructions)	
0000000000		ite: ► WWW.CALAPOOIA.ORG	H(c			n number >	
gennesses		forganization; X Corporation Trust Association Other . L	Year of for	mation: 20	08	N State of legal domicile: OR	
P	art I						
e	1	Briefly describe the organization's mission or most significant activities: THE CALL					
Activities & Governance		SHALL PROMOTE AND SUSTAIN THE HEALTH OF THE					
Ver	2	Check this box I if the organization discontinued its operations or disposed of					
ŝ	3	Number of voting members of the governing body (Part VI, line 1a)		**********	3	10	
త	5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2015 (Part V, line 2a)		*********	5	7	
itie	6	Total number of volunteers (estimate if necessary)		*************	6	100	
cţi	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, line 34	**********	14179764731647444	7b	0.	
-		5		Prior Year		Current Year	
ø	8	Contributions and grants (Part VIII, line 1h)		650,9		742,681.	
enc	9	Program service revenue (Part VIII, line 2g)		187,6		77,681.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			92.	171.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,6		0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		840,4	***************************************	820,533.	
	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)		320,9		0.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		320,9	0.	219,695.	
ben	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,026.			0.	U.	
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		532,2	84.	497,280.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		853,2		716,975.	
	19	Revenue less expenses. Subtract line 18 from line 12		-12,7		103,558.	
Net Assets or Fund Balances			Beginnin	ng of Current	*****	End of Year	
sets	20	Total assets (Part X, line 16)		342,5		312,162.	
A BB	21	Total liabilities (Part X, line 26)		196,0	49.	62,061.	
23	22	Net assets or fund balances. Subtract line 21 from line 20		146,5	43.	250,101.	
		Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta				knowledge and belief, it is	
true, correct, and complete. Seclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sign		Signature of officer		Date	1-0	7-2016	
		BESSIE JOYCE, EXECUTIVE DIRECTOR		Date			
Her	e	Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	Che	nek .	II PTIN	
Paid		KRISTEN GOSE, CPA		if	Bosson	000027000	
	arer	Firm's name ANDERSON GROUP CPAS, LLC		Firm's El	-employed	93-1233035	
Use	Only	Firm's address 2165 NW PROFESSIONAL DR, STE 101	***************************************	- 11777 39 4431			
		CORVALLIS, OR 97330		Phone no	.541	-757-2070	
May	the IF	S discuss this return with the preparer shown above? (see instructions)		******		X Yes No	