

Form **990**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)

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

OMB No. 1545-0047

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

CALAPOOIA WATERSHED COUNCIL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 844

Room/suite

City or town, state or country, and ZIP + 4

BROWNSVILLE, OR 97327

**F** Name and address of principal officer: TARA DAVIS

PO BOX 844, BROWNSVILLE, OR 97327

**D** Employer identification number

26-4228349

**E** Telephone number

541-812-7622

**G** Gross receipts \$ 2,039,141.**H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CALAPOOIA.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2008 **M** State of legal domicile: OR**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE CALAPOOIA WATERSHED COUNCIL SHALL PROVIDE OPPORTUNITIES FOR MEMBERSHIP TO COOPERATE IN PROMOTING		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	48
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	597,942.	2,036,972.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	1,393.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	431.	776.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	598,373.	2,039,141.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	151,392.	167,204.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	437,887.	1,809,047.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	589,279.	1,976,251.
	19	Revenue less expenses. Subtract line 18 from line 12	9,094.	62,890.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	96,498.	150,648.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,318.	16,284.
			74,180.	134,364.

**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

TARA DAVIS, EXECUTIVE DIRECTOR

Type or print name and title

**Paid**

Print/Type preparer's name

KRISTEN GOSE, CPA

Preparer's signature

Date

Check if self-employed ☐

PTIN

P00037098

**Preparer Use Only**

Firm's name

ANDERSON GROUP CPAS, LLC

Firm's EIN

93-1233035

Firm's address

2165 NW PROFESSIONAL DRIVE, SUITE 101

CORVALLIS, OR 97330

Phone no. (541) 757-2070

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Form **990**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)

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

OMB No. 1545-0047

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**CALAPOOIA WATERSHED COUNCIL**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**PO BOX 844**

Room/suite

City, town, or post office, state, and ZIP code

**BROWNSVILLE, OR 97327****F** Name and address of principal officer: **TARA DAVIS****PO BOX 844, BROWNSVILLE, OR 97327****D** Employer identification number**26-4228349****E** Telephone number**541-812-7622****G** Gross receipts \$ **973,377.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CALAPOOIA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2008** **M** State of legal domicile: **OR****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE CALAPOOIA WATERSHED COUNCIL SHALL PROVIDE OPPORTUNITIES FOR MEMBERSHIP TO COOPERATE IN PROMOTING</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>4</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>49</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>2,036,972.</b>	<b>582,406.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>1,393.</b>	<b>390,202.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>776.</b>	<b>769.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,039,141.</b>	<b>973,377.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>167,204.</b>	<b>224,568.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>693.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,809,047.</b>	<b>826,084.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,976,251.</b>	<b>1,050,652.</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>62,890.</b>	<b>-77,275.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>150,648.</b>	<b>214,832.</b>
	21	Total liabilities (Part X, line 26)	<b>16,284.</b>	<b>157,743.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>134,364.</b>	<b>57,089.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	<b>TARA DAVIS, EXECUTIVE DIRECTOR</b>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	<b>KRISTEN GOSE, CPA</b>	
	Firm's name ▶ <b>ANDERSON GROUP CPAS, LLC</b>	Firm's EIN ▶ <b>93-1233035</b>
	Firm's address ▶ <b>2165 NW PROFESSIONAL DR, SUITE 101 CORVALLIS, OR 97330</b>	Phone no. <b>541-757-2070</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



Form **990**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)

OMB No. 1545-0047

**2013**Open to Public  
Inspection

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](http://www.irs.gov/form990)**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**CALAPOOIA WATERSHED COUNCIL**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**PO BOX 844**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**BROWNSVILLE, OR 97327****F** Name and address of principal officer: **TARA DAVIS****PO BOX 844, BROWNSVILLE, OR 97327****D** Employer identification number**26-4228349****E** Telephone number**541-812-7622****G** Gross receipts \$**1,262,682.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CALAPOOIA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2008****M** State of legal domicile: **OR****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE CALAPOOIA WATERSHED COUNCIL SHALL PROMOTE AND SUSTAIN THE HEALTH OF THE CALAPOOIA WATERSHED</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	49
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	582,406.	1,062,995.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	390,202.	198,769.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	769.	612.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	306.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	973,377.	1,262,682.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	224,568.	290,345.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	826,084.	870,134.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,050,652.	1,160,479.
	19	Revenue less expenses. Subtract line 18 from line 12	-77,275.	102,203.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	214,832.	290,392.
	22	Net assets or fund balances. Subtract line 21 from line 20	157,743.	131,100.
			57,089.	159,292.

**Part II Signature Block**

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

Sign Here	Signature of officer		Date	
	TARA DAVIS, EXECUTIVE DIRECTOR			
Paid	Print/Type preparer's name		Preparer's signature	Date
	KRISTEN GOSE, CPA			
Preparer Use Only	Firm's name ▶	ANDERSON GROUP CPAS, LLC	Firm's EIN ▶	93-1233035
	Firm's address ▶	2165 NW PROFESSIONAL DR, SUITE 101 CORVALLIS, OR 97330		Phone no. 541-757-2070

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">CALAPOOIA WATERSHED COUNCIL</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">P.O. BOX 844</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">BROWNSVILLE, OR 97327</div> <b>F</b> Name and address of principal officer: <b>TARA DAVIS</b> <div style="border: 1px solid black; padding: 2px;">PO BOX 844, BROWNSVILLE, OR 97327</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">26-4228349</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">541-466-3493</div> <b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">840,478.</div> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.CALAPOOIA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: <b>2008</b> <b>M</b> State of legal domicile: <b>OR</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CALAPOOIA WATERSHED COUNCIL SHALL PROMOTE AND SUSTAIN THE HEALTH OF THE CALAPOOIA WATERSHED</b>															
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.															
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 10														
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 10														
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b> 6														
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 49														
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.														
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.														
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Prior Year</th> <th style="width:30%;">Current Year</th> </tr> </thead> <tbody> <tr><td>1,062,995.</td><td>650,973.</td></tr> <tr><td>198,769.</td><td>187,698.</td></tr> <tr><td>612.</td><td>192.</td></tr> <tr><td>306.</td><td>1,615.</td></tr> <tr><td>1,262,682.</td><td>840,478.</td></tr> </tbody> </table>	Prior Year	Current Year	1,062,995.	650,973.	198,769.	187,698.	612.	192.	306.	1,615.	1,262,682.	840,478.		
Prior Year	Current Year															
1,062,995.	650,973.															
198,769.	187,698.															
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306.	1,615.															
1,262,682.	840,478.															
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>590.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>0.</td><td>0.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>290,345.</td><td>320,943.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>870,134.</td><td>532,284.</td></tr> <tr><td>1,160,479.</td><td>853,227.</td></tr> <tr><td>102,203.</td><td>-12,749.</td></tr> </tbody> </table>	0.	0.	0.	0.	290,345.	320,943.	0.	0.	870,134.	532,284.	1,160,479.	853,227.	102,203.	-12,749.
0.	0.															
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290,345.	320,943.															
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102,203.	-12,749.															
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Beginning of Current Year</th> <th style="width:30%;">End of Year</th> </tr> </thead> <tbody> <tr><td>290,392.</td><td>342,592.</td></tr> <tr><td>131,100.</td><td>196,049.</td></tr> <tr><td>159,292.</td><td>146,543.</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	290,392.	342,592.	131,100.	196,049.	159,292.	146,543.						
Beginning of Current Year	End of Year															
290,392.	342,592.															
131,100.	196,049.															
159,292.	146,543.															

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <div style="border: 1px solid black; padding: 2px;">TARA DAVIS, EXECUTIVE DIRECTOR</div> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">KRISTEN GOSE, CPA</div> Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <div style="border: 1px solid black; padding: 2px;">P00037098</div>	Firm's EIN <div style="border: 1px solid black; padding: 2px;">93-1233035</div> Firm's address <div style="border: 1px solid black; padding: 2px;">2165 NW PROFESSIONAL DR, SUITE 101 CORVALLIS, OR 97330</div> Phone no. <div style="border: 1px solid black; padding: 2px;">541-757-2070</div>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



Form **990**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>CALAPOOIA WATERSHED COUNCIL</b>		<b>D</b> Employer identification number  <b>26-4228349</b>
	Doing business as		<b>E</b> Telephone number  <b>541-466-3493</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>820,533.</b>
	P.O. BOX 844		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>BROWNSVILLE, OR 97327</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: <b>BESSIE JOYCE</b> <b>PO BOX 844, BROWNSVILLE, OR 97327</b>			If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.CALAPOOIA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2008</b> <b>M</b> State of legal domicile: <b>OR</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CALAPOOIA WATERSHED COUNCIL SHALL PROMOTE AND SUSTAIN THE HEALTH OF THE CALAPOOIA WATERSHED</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>650,973.</b>	<b>742,681.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>187,698.</b>	<b>77,681.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>192.</b>	<b>171.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,615.</b>	<b>0.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>840,478.</b>	<b>820,533.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>320,943.</b>	<b>219,695.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,026.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>532,284.</b>	<b>497,280.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>853,227.</b>	<b>716,975.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>-12,749.</b>	<b>103,558.</b>
	<b>21</b> Total liabilities (Part X, line 26)		
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>		<b>342,592.</b>	<b>312,162.</b>
		<b>196,049.</b>	<b>62,061.</b>
		<b>146,543.</b>	<b>250,101.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>BESSIE JOYCE, EXECUTIVE DIRECTOR</b>	<b>11-9-2016</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature
	<b>KRISTEN GOSE, CPA</b>	
	Firm's name	Firm's EIN
	<b>ANDERSON GROUP CPAS, LLC</b>	<b>93-1233035</b>
	Firm's address	Phone no.
	<b>2165 NW PROFESSIONAL DR, STE 101</b>	<b>541-757-2070</b>
	<b>CORVALLIS, OR 97330</b>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No