

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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, 2016**

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	C Name of organization CALAPOOIA WATERSHED COUNCIL		D Employer identification number 26-4228349
	Doing business as		E Telephone number 541-466-3493
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 820,533.
	P.O. BOX 844		H(a) 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 BROWNSVILLE, OR 97327		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BESSIE JOYCE PO BOX 844, BROWNSVILLE, OR 97327		H(c) Group exemption number	
I 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			
J Website: WWW.CALAPOOIA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 PROMOTE AND SUSTAIN THE HEALTH OF THE CALAPOOIA WATERSHED		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	100
	7a 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	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	650,973.	742,681.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	187,698.	77,681.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192.	171.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,615.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	840,478.	820,533.
	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)	320,943.	219,695.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,026.	532,284.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	853,227.	497,280.
19 Revenue less expenses. Subtract line 18 from line 12	-12,749.	716,975.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	103,558.	103,558.
	21 Total liabilities (Part X, line 26)	342,592.	312,162.
	22 Net assets or fund balances. Subtract line 21 from line 20	196,049.	62,061.
		Beginning of Current Year	End of Year
		146,543.	250,101.

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 <i>Bessie Joyce</i>	Date 11-9-2016			
	BESSIE JOYCE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KRISTEN GOSE, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00037098
	Firm's name ANDERSON GROUP CPAS, LLC	Firm's EIN 93-1233035	Firm's address 2165 NW PROFESSIONAL DR, STE 101 CORVALLIS, OR 97330	Phone no. 541-757-2070	

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