

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990

Department of the Treasury

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.

OMB No 1545-0047 2014 Open to Public

	Forthi 2014 4	alendar year, or tax year beginning $09/01/14$, and ending $08/31/14$	/15					
	Check if applicable	C Name of organization		Employer	identification number			
	Address change	LAKE WENTWORTH FOUNDATION		• •				
\equiv	•	Doing business as		04-33	374499			
<u></u>	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite E	Telephone	number			
I	Initial return	<u>603-4</u>	134-4357					
	Final retum/ terminated	City or town, state or province, country, and ZIP or foreign postal code	ł					
		WOLFEBORO NH 03894	G	Gross recei	pts \$ 725,092			
\equiv	Amended return	F Name and address of principal officer	Attal to this a amount	ntum for sub	pordinates? Yes X No			
^	Application pending	JACK O'CONNELL	n(a) is this a group t					
		6 WESLEY DRIVE	H(b) Are all subord	ınates ınclu	ded? Yes No			
		LONDONDERRY NH 03053	If "No," att	ach a list (s	see instructions)			
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527						
J '	Website·► I	AKEWENTWORTHFOUNDATION.ORG	H(c) Group exempt	ion number	>			
K	Form of organization	X Corporation Trust Association Other ► L	Year of formation 19	97	M State of legal domicile NH			
P	arti Si	ımmary						
		scribe the organization's mission or most significant activities						
	1	DUCATE THE PUBLIC AND SUPPORT PROGRAMS TO PROTECT !	THE LAKE AND	ADJA	CENT			
2		RSHED						
<u>a</u>		NOTED .						
je l		· · · · · · · · · · · · · · · · · · ·						
ပိ		s box > if the organization discontinued its operations or disposed of more than 25	% of its net assets	1 - 1	20			
Activities & Governance	1	of voting members of the governing body (Part VI, line 1a)		3	20			
i <u>š</u>	1	of independent voting members of the governing body (Part VI, line 1b)		4	20			
Ęż	5 Total nur	nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	1			
Aci	6 Total nur	nber of volunteers (estimate if necessary)		6	18			
	7a Total uni	elated business revenue from Part VIII, column (C), line 12		7a	0			
≘	b Net unre	ated business taxable income from Form 990-T, line 34		7b	0			
0 N7			Pnor Year	0.60	Current Year			
ا و ہے	8 Contribu	ions and grants (Part VIII, line 1h)	36	, 362	87,279			
ם ק	9 Program	service revenue (Part VIII, line 2g)			0			
N 0 4	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	14	, 364	108,323			
JAN 0 4 Revenue	11 Other re	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0			
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,726	195,602			
ן נ	13 Grants a	nd similar amounts paid (Part IX, column)(A), lines 4-3)	5	,000	5,000			
SCANNEL	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0			
ای کے		other compensation, employee benefits (Part-IX-column_(A), lines 5-10)	9	, 338	30,670			
SCAI	1	onal fundraising fees (Part IX, column (A), line 11e)			0			
る al	b Total fun	draising expenses (Part IX, column (D), line 25) 4,276						
μ̈́	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	32	, 606	51,650			
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		,944	87,320			
	1	less expenses Subtract line 18 from line 12		,782	108,282			
- S		less expenses Subtract line to from line 12	Beginning of Curren		End of Year			
<u> </u>	20 Total ass	ets (Part X, line 16)	2,659		2,767,206			
용등		\			592			
Assets Balan	21 Total liab	ilities (Part X, line 26)		663	392			
Net Assets und Balan	21 Total liab	ulities (Part X, line 26)		663				
Net Assets or Fund Balances		ts or fund balances Subtract line 21 from line 20	2,658					
_ P:	art II S	ts or fund balances Subtract line 21 from line 20 gnature Block	2,658	,584	2,766,614			
P: Ur	art II S	ts or fund balances Subtract line 21 from line 20 gnature Block begury, I declare that I have examined this return, including accompanying schedules and statemen	2,658	,584	2,766,614			
P: Ur	art II S	ts or fund balances Subtract line 21 from line 20 gnature Block	2,658	,584	2,766,614			
Ur tru	nder penalties of ue, correct, and c	ts or fund balances Subtract line 21 from line 20 gnature Block pequry, I declare that I have examined this return, including accompanying schedules and statement problete Declaration of preparer (other than differ) is based on all information of which preparer has the company of preparer to the company of the c	2,658	, 584	2,766,614			
P ; Ur	nder penalties of ue, correct, and c	gnature Block generation of preparer (other than officer) is based on all information of which preparer has been a formation of preparer (other than officer).	2,658	,584	2,766,614			
Ur tru	nder penalties of the correct, and correct.	ts or fund balances Subtract line 21 from line 20 gnature Block pequry, I declare that I have examined this return, including accompanying schedules and statement problete Declaration of preparer (other than differ) is based on all information of which preparer has the company of preparer to the company of the c	2,658	, 584	2,766,614			
Ur tru Sig	nder penalties of the correct, and correct.	gnature Block pequry, I declare that I have examined this return, including accompanying schedules and statement problete peclaration of preparer (other than difficer) is based on all information of which preparer has been probleted by the control of the preparer of the problem of officer. Total Pales WENT Type or print name and title	2,658 ats, and to the best of me s any knowledge	, 584	2,766,614 dge and belief, it is			
Ur tru Sig	nder penalties of ue, correct, and correct	gnature Block pequry, I declare that I have examined this return, including accompanying schedules and statement problete peclaration of preparer (other than difficer) is based on all information of which preparer has been probleted by the control of the preparer of the problem of officer. Total Pales WENT Type or print name and title	2,658 ats, and to the best of me s any knowledge	, 584	2,766,614			
Pr Ur tru Sig	nder penalties of ue, correct, and correct, and correct and correc	gnature Block pequry, I declare that I have examined this return, including accompanying schedules and statement of preparer (other than officer) is based on all information of which preparer has a final ure of officer The County FLL PRESIDENT Type or print name and title	2,658 ats, and to the best of me s any knowledge	Date	2,766,614 dge and belief, it is //8//5			
Pi Ur tru Sig Her	nder penalties of ue, correct, and correct, and correct and correc	gnature Block pequity, I declare that I have examined this return, including accompanying schedules and statement problete. Peclaration of preparer (other than difficer) is based on all information of which preparer has been prepared for print name and title. Preparer's name Preparer's signature. Preparer's signature. Preparer's signature. Preparer's signature.	2,658 ats, and to the best of me s any knowledge Date 12/18/1	Date	2,766,614 dge and belief, it is //8//5			
Sig Her Paid	nder penalties of ue, correct, and correct	gnature Block Degury, I declare that I have examined this return, including accompanying schedules and statement of preparer (other than officer) is based on all information of which preparer has been preparer from the preparer's name Preparer's name Preparer's signature Preparer's signature BIGELOW & ASHTON, PA	2,658 ats, and to the best of me s any knowledge Date 12/18/1	Date	2,766,614 dge and belief, it is //8//5 If PTIN P00217799			
Sig Her Paic	nder penalties of ue, correct, and correct, and correct and correc	gnature Block Degury, I declare that I have examined this return, including accompanying schedules and statement of preparer (other than officer) is based on all information of which preparer has been preparer of officer. Type or print name and title Preparer's name Preparer's name Preparer's signature PRESIDENT Preparer's signature Preparer's signature PRESIDENT Preparer's signature PRESIDENT PRESIDENT PREPARER'S signature PRESIDENT PREPARER'S signature PREPARER'S SIGNATURE PRO BOX 1869	2,658 Its, and to the best of me s any knowledge Date 12/18/1	Date 12 Check self-em	2,766,614 dge and belief, it is //8//5			
Sig Her Paid Prep Use	nder penalties of ue, correct, and correct, and correct and correc	gnature Block Degury, I declare that I have examined this return, including accompanying schedules and statement of preparer (other than officer) is based on all information of which preparer has been preparer of officer. Type or print name and title Preparer's name Preparer's name Preparer's signature PRESIDENT Preparer's signature Preparer's signature PRESIDENT Preparer's signature PRESIDENT PRESIDENT PREPARER'S signature PRESIDENT PREPARER'S signature PREPARER'S SIGNATURE PRO BOX 1869	2,658 Its, and to the best of me s any knowledge Date 12/18/1	Date	2,766,614 dge and belief, it is //8//5 If PTIN P00217799			

orm 990 (2014)	LAKE WENTWORTH	FOUNDATION	04-3374499	·	Page 2
•	· · · · · · · · · · · · · · · · · · ·	ervice Accomplishments	. has a ship Dort III		
	neck if Schedule O contains the organization's mission	ains a response or note to an	/ line in this Part III		
		AND SUPPORT PROGRA	MS TO PROTECT	THE LAKE AND	ADJACENT
WATERSHI	ED				
_		ant program services during the year	which were not listed on the		Yes X No
•	90 or 990-EZ? cribe these new services on S	chedule O			Tes A No
		make significant changes in how it co	nducts, any program		
services?					Yes X No
	cribe these changes on Sched				
		e accomplishments for each of its thi organizations are required to report			
		each program service reported	ine amount of grants and anoce	ations to others,	
4a (Code) (Expenses \$	5,000 including grants	of \$ 5,000) (Revenue \$	
•		E WENTWORTH ASSOC		, ,	PRESERVE
		SCENT LAKE AND IT	RELATED WILDL	IFE AND THEI	R
HABITAT	•				
4b (Code) (Expenses \$	12,870 including grants	of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
•		RK RELATED TO THE		, ,	,
MANAGEM	ENT PLAN FOR TH	HE LAKE AND ADJACE	NT WATERSHED -	PROGRAM WILL	BENEFIT
ALL RES	IDENTS AND VISI	TORS TO THE LAKE	AND ADJACENT WA	TERSHED	
4c (Code) (Expenses \$	including grants	of \$) (Revenue \$)
. •	am services (Describe in Sche	· ·	\ (D		`
(Expenses 4e Total progra	\$ am service expenses ▶	including grants of \$ 17,870) (Revenue \$		
.o .o.a. progra	an del vide expenses P				

Form	1 990 (2014) LAKE WENTWORTH FOUNDATION 04-337449	99		Page
	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_ 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	J	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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 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	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes			
	complete Schedule D, Part III	_ 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, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11:	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	;	Ì	
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11!	b	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	e		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11	d	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, F	Part X	e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule I		f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co			
	Schedule D, Parts XI and XII	12	a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			۱
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14	a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ŀ	ا
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14	b	X
15	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? If "Yes," complete Schedule F, Parts II and IV	1!	<u> </u>	X
16	Did the organization report 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 F, Parts III and IV		3	X

- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a $\,$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

X

X

X

17

19

20a

20b

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		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	_		37
04-		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			x
h		4a 4b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	40		_
·		4c	- 1	
d		4d		
25a				
		5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		$\neg \neg$	
- -	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		İ	
		5b	1	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,		ı	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	8a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
		28c		X
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	a		x
31		30		
J I	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,"	" 		
J L		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	, , , , , , , , , , , , , , , , , , , ,	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
		34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X) (201
			uur	1/204

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a				
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		I	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ī	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		ı	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	:
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	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 Accounts			:
	(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 transaction?	<u>5b</u>		X
C	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			
	organization 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 contributions or			
	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 services 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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	¹ ? 7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	18-C? 7h		
8	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the	,		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			Ė
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations.Enter			ļ
а	Initiation fees and capital contributions included on Part VIII, line 12			É
b	· · · · · · · · · · · · · · · · · · ·			į
11	Section 501(c)(12) organizations.Enter			ĺ
а	Gross income from members or shareholders			ĺ
þ	· · · · · · · · · · · · · · · · · · ·			ĺ
	against amounts due or received from them)			ł
12a		12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ė
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Ė
а	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			ĺ
þ	Enter the amount of reserves the organization is required to maintain by the states in which			İ
	the organization is licensed to issue qualified health plans 13b			ĺ
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	1990 (2014) IRRE WENTWORTH POONDATION CV 33/4499	and f			age 0
Ma	Irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	ie O See	instri	uction	
	Check if Schedule O contains a response or note to any line in this Part VI				_X_
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	20			
	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 in Schedule O				
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 2	20			
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, or 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?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
-	stockholders, or persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	vina			
a	The governing body?	9	8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	j	-00		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	we Code			
000	tion B. Folicies (This decilor B requests information about policies not required by the internal Neven	uc oouc		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	ļ	10a	.03	X
			IVA		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		11a	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		IIa		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40-	x	ŀ
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		40.	v	
	describe in Schedule O how this was done		12c	X	77
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		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
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b	L	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NH				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)				
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
	financial 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				
A	SHTON & COMPANY PO BOX 1869				
W	OLFEBORO NH 03894	603	-56	9-6	200

Form 000 (2014)	T.AKE	WENTWORTH	FOUNDATION
UITH 990 170 141	11011111	MTHTMONTH	LOCHDMITON

04-3374499

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson	than on is both a or/trustee	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1099-WISC)	organization and related organizations
(1) JACK O'CONNELL	12.00									
DDECTDENM	0.00	x		x				О	0	0
PRESIDENT (2) SHELDON JONES	0.00	^		^						<u> </u>
(2) SHEEDON SONES	2.00									
VICE-PRESIDENT	0.00	x		x				О	0	0
(3) LINDA CROOTOF										
(4,	3.00									
SECRETARY	0.00	X		Х				OO	0	0
(4) JOSEPH CARILLI										
	2.00									
TREASURER	0.00	X	<u> </u>	X				0	0	0
(5) ANNE BLODGET]				
	3.00									
DIRECTOR	0.00	X				↓		0	0	0
(6) ROBERT COLE	0.00									
!	2.00								_	o
DIRECTOR	0.00	X		-	-	 		0	0	<u> </u>
(7) MAGGIE STIER	1.00					1				
D.T.D.E.C.M.O.D.	0.00	x						0	o	0
DIRECTOR (8) CHARLES LANDRETH		╀┸	\vdash			+				<u> </u>
(6) CHARLES LANDREIN	1.00									
DIRECTOR	0.00	x		1	ì	1 1		o	O	0
(9) KENNETH PERRY	- 0.00					+				
(0,000000000000000000000000000000000000	1.00									
DIRECTOR	0.00	x						0	_ o	0
(10) DAVID PIERCE										
	1.00									
DIRECTOR	0.00	X						0	C	0
(11) DAN BOTSFORD										
	1.00							_	_	
DIRECTOR	0.00	X]	<u> </u>	<u></u>			0	<u> </u>	
DAA										Form 990 (2014)

(A) Name and title	(B) Average hours per week (list any	(d bo	o not x, unle	Pos check ess po	C) sition more erson	than one of the state of the st	one i an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1033-WISC)		organization	on ed	
(12) CARL CROSLEY	2.00												
DIRECTOR	0.00	x						o	o			0	
(13) PETER GALANIS													
DIRECTOR	1.00 0.00	x						o	0			0	
(14) BRYANT MESSNER													
DIRECTOR	1.00	x			l			o	o			0	
(15) ROGER MURRAY III		^			-	ļ							
(,	4.00												
DIRECTOR	0.00	X	ļ					0	0			0	
(16) JOAN GREEN	1 00												
DIRECTOR	1.00	x			İ			o	o			0	
(17) KENNETH ROBERTS	0.00	1									_		
` ,	1.00												
DIRECTOR	0.00	X			ļ			0	0			0	
(18) HUGH CRAWFORD	1.00												
DIRECTOR	0.00	x				į		o	o			0	
(19) ANDREA DUDLEY													
DIRECTOR	2.00	x						o	o			0	
1b Sub-total							>						
c Total from continuation sheed d Total (add lines 1b and 1c)	ets to Part VII, S	Secti	ion A	١			>						
Total number of individuals (inc reportable compensation from t	-		to th	ose	liste	d abo	ve)	who received more than \$10	00,000 of			/T-N	
3 Did the organization list any for							ploy	ree, or highest compensated	ı		3	res No	
employee on line 1a? If "Yes," of 4 For any individual listed on line organization and related organic	1a, is the sum of	frep	ortab	le co	ompe	ensat			m the		3		
ındıvıdual	_							•			4	X_	
5 Did any person listed on line 1a for services rendered to the org									dividual		5	x	
Section B. Independent Contracto													
Complete this table for your five compensation from the organizer.	ation Report cor							r year ending with or within t	he organization's tax year				
Name and	(A) business address							Descrip	(B) tion of services		Comp	(C) pensation	
	.											-	
								·		.			
													
2 Total number of independent co								listed above) who		· -			
received more than \$100,000 o	i compensation t	rom	ine d	orgar	ıızat	ion 🏲			0		Form	990 (2014)	

Pai	rt VII Section A. Officers	s, Directors, Tru	Istee	s, K	ey E	mpi	oyee	es, a	and Highest Compensated	Employee(continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe compens	ted t of r sation	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from toganization organization organization	ation ated	
(12) I	ROBERT SPEAR	1.00											-	
DIR	ECTOR	0.00	x						0		ol			0
(13)														
(14)	· · · · · · · · · · · · · · · · · · ·										 -			
(15)			<u> </u>		-					7				
(46)											-			
(16)														
(17)														
(18)														
(19)														
1b	Sub-total		 _		<u> </u>	<u> </u>		▶						
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion A	A			>						
2	Total number of individuals (in reportable compensation from	~		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 of				
										•			Yes	No
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Schedi	Jle J	for s	uch	ındıv	idual					3		
4	For any individual listed on line organization and related organ									m the		4		
5	individual Did any person listed on line 1									dıvıdual		5		
Secti	for services rendered to the or ion B. Independent Contracte		2S, C	gomp	iete	SCITE	uule	J 10	such person					
1	Complete this table for your five compensation from the organization	e highest compe	nsat	ed in	depe	nder	nt cor	ntrad nda	ctors that received more tha	n \$100,000 of				
		(A) d business address	про	, iouti	01110	- 1110				(B) strong of services		Co	(C) mpensat	tion
		-					-							
		··												
	· · · · · · · · · · · · · · · · · · ·													
								_	·					
2	Total number of independent of received more than \$100,000								listed above) who			<u> </u>		7 (204

	1 990 rt V	(2014) LAKE WENT		DUNDATION		04-33/4499	 	Page 9
				a response or i	note to any line in t	(B) Related or exempt function revenue	(C) Urrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a			10101120		
ran		Membership dues	1b		1			
P,S		Fundraising events	1c		1			
ar/	d	Related organizations	1d		Ī			
S, (е	Government grants (contributions)	1e		Į.			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	e 1f	87,279	‡ ‡ ‡			‡ 1 1 1 1 1
Contr and C	_	Noncash contributions included in lines Total . Add lines 1a–1f	s 1a-1f \$	•	87,279			1
Program Service Revenue				Busn Code			,	
Ě	2a b						_	
8	c				····-			+
eΓ	d							
E	e							
<u> </u>	f	All other program service re	venue					
ď	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	ng dividends, inte	erest,				
		and other similar amounts)		▶ _	26,116			26,116
	4	Income from investment of t	tax-exempt bond	d proceeds 🕨 📘				
	5	Royalties		•				
		(ı) Re	al	(II) Personal				
	6a	Gross rents			ŧ			
	b	Less rental exps			‡			
		Rental inc or (loss)			1			1
		Net rental income or (loss) Gross amount from		>				
		sales of assets		(ii) Other]			1
			11,697		1			1
	D	Less cost or other	29,490		‡			
	_	`	32,207		1			1
		Gain or (loss)8 Net gain or (loss)	52,201		82,207			82,207
		Gross income from fundraising	events		32,201	······································		02,207
JE	ou	(not including \$	CVCIIIS		-			#
Other Revenue		of contributions reported on line	:1c)		1			1
2		See Part IV, line 18	a		{			1
훒	b	Less direct expenses	ь		1			1
٥		Net income or (loss) from fu	indraising event	s Þ				
	9a	Gross income from gaming activ	vities					
ł		See Part IV, line 19	a		Į			}
	b	Less direct expenses	b					1
	С	Net income or (loss) from g	aming activities	<u> </u>				
	10a	Gross sales of inventory, le	ss		1			
		returns and allowances	a		‡			1
		Less cost of goods sold	b		1			‡
-	С	Net income or (loss) from s						
-		Miscellaneous Reve	enue	Busn Code	‡			‡
	11a							
	b			 			 	
	C	All attacks		-				
ĺ	d	All other revenue		<u> </u>		Y		
- 1	е	Total. Add lines 11a-11d		▶ _				ŧ

195,602

12 Total revenue. See instructions

Sect	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			column (A)	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,000	5,000		
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				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		,		
6	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,077		28,077	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,593		2,593	
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,392		2,392	
C	Accounting	5,572		5,572	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	7,295		7,295	
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,348		3,348	
13	Office expenses	3,340		3,346	
14 15	Information technology Royalties				
16	Occupancy	3,600		3,600	
17	Travel	5,000			
18	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	360		360	
20	Interest				
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization				
23	Insurance	2,025		2,025	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1		-	
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O)	10.070	10.070		
а	WATERSHED PLAN	12,870	12,870		1 276
b	FUNDRAISING AND MAILING REAL ESTATE TAXES	4,276 3,178		3,178	4,276
c d	OUTSIDE CLERICAL HELP	2,283		2,283	
e	All other expenses	4,451		4,451	-
25	Total functional expenses. Add lines 1 through 24e	87,320	17,870	65,174	4,276
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [Insert Proceedings of the content of the c		=:,	33,313	-7

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 500 500 Cash-non-interest bearing 33,817 75,290 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,958,662 other basis Complete Part VI of Schedule D 10a 1,958,662 1,958,662 10b 10c b Less accumulated depreciation 563,500 629,986 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 102,768 102,768 15 Other assets See Part IV, line 11 15 2,767,206 2,659,247 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 663 592 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 592 663 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,658,584 2,766,614 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,766,614 2,658,584 33 Total net assets or fund balances 33 2,767,206 2,659,247 Total liabilities and net assets/fund balances

orm	990 (2014) LAKE WENTWORTH FOUNDATION 04-3374499				Pag	<u>je 12</u>
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1			95,	
2	Total expenses (must equal Part IX, column (A), line 25)	2				320
3	Revenue less expenses Subtract line 2 from line 1	3				282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	, 65	58,	584
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 in Schedule O)	9				252
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	,76	56,	<u>614</u>
Pa	rt XII Financial Statements and Reporting					,
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1	
	Schedule O				- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1	
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				1	
b	Were the organization's financial statements audited by an independent accountant?			2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1		1	
	separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated and separate basis				1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O		ŧ		-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits_			3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ) **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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www_irs.gov/form990.

Inspection

Employer identification number Name of the organization 04-3374499 LAKE WENTWORTH FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{X} An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi).(Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (vi) Amount of (v) Amount of monetary listed in your governing organization (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions) Yes (A) (B) (C) (D) (E)

04-3374499

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	23,987	20,840	213,322	36,362	87,279	381,790	
2	Tax revenues levied for the organization'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							
4	Total. Add lines 1 through 3	23,987	20,840	213,322	36,362	87,279	381,790	
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, column (f)						16.010	
c	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						16,212	
Sec.	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>			L		365,578	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	23,987	20,840	213,322	36,362	87,279	381,790	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,536	16,993	16,812	14,364	26,116	87,821	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10						469,611	
12	Gross receipts from related activities, etc. (s	see instructions)				12		
13	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	_	
	organization, check this box and stop here						•	
<u>Sec</u>	tion C. Computation of Public Su	pport Percenta	ge					
14	Public support percentage for 2014 (line 6,	column (f) dıvıded b	y line 11, column (f))		14	77.85%	
15	Public support percentage from 2013 Scheo					15	75.58%	
16a	33 1/3% support test—2014.If the organiz				1/3% or more, chec	k this	⊾ €	
	box and stop here. The organization qualifi	, , ,	•				► X	
þ	33 1/3% support test—2013.If the organiz				s 33 1/3% or more,		⊾ m	
47-	check this box and stop here. The organiza	•	• • •	-	406 44			
17a		•			· ·			
	10% or more, and if the organization meets Part VI how the organization meets the "fac							
	•	is-and-circumstand	es test the organ	iization quainies as	a publicly supporte	:u	▶□	
b	organization	3 If the organization	n did not chack a h	ov on line 13 16a	16b or 17a and lu	20	لـا م	
U	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 mee				•	v		
	supported organization	AS THE TRUE-BING-CI	iodinatanoes test	The organization q	admics as a publici	7	▶ □	
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b	17a. or 17b. check	this box and see		- L	
-	Instructions				2 27, 3114 000		▶ □	
		,		<u> </u>				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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	tion A. Public Support	quality under ti	ie tests listed b	elow, please co	implete i art ii.,			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	T	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 20 10	(2) 20 11	(0, 20.0	(4)			
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from		<u> </u>					
	line 6)		<u> </u>			<u> </u>		
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	T	T				
	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	-	(f) Total
9	Amounts from line 6						_	
10a	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							
С	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included in 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)							
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year a	is a section 501(c)	(3)		
	organization, check this box and stop here	-						▶
Sec	tion C. Computation of Public Su	pport Percenta	age		· ,			
15	Public support percentage for 2014 (line 8,	column (f) divided	by line 13, column	(f))			15	
16	Public support percentage from 2013 Sche						6	%_
Sec	tion D. Computation of Investmen					 		
17	Investment income percentage for 2014 (lii			column (f))			7	<u>%</u>
18	Investment income percentage from 2013						8	%_
19a	33 1/3% support tests—2014. If the organ							⊾ ┌┐
	17 is not more than 33 1/3%, check this bo		_					
b	33 1/3% support tests—2013. If the organ							▶ □
20	line 18 is not more than 33 1/3%, check this Private foundation . If the organization did				-			
		THE CHECK & DOX OF	r mic 17, 13a, 01 1	ZD, CHICCK HIIS DUX E	30030.00001			·····

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comp	ete Part V.)		
Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	3b		
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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	4b		
С	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	4c_		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ŧ		
	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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	ĺ		1
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	•		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b_		
С	Did a disqualified person (as defined in line 9(a)) 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.	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	ŀ		
	organizations)? If "Yes," answer (b) below	10a		
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)	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	rage o		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2					
other Type III non-functionally integrated supporting organizations must complete Sections	A throug	ıh E			
Section A - Adjusted Net Income	(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	<u>. </u>			
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				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
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	_			
e Discount claimed for blockage or other	1				
factors (explain in detail in Part VI)					
Acquisition indebtedness applicable to non-exempt-use assets	2	<u></u>			
3 Subtract line 2 from line 1d	3	<u>.</u>			
4 Cash deemed held for exempt use Enter 1-1/2% 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 035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount(add line 7 to line 6)	8				
Section C - Distributable Amount	1		Current Year		
Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 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			1		
emergency temporary reduction (see instructions)	6				
7 Check here if the current year is the organization's first as a non-functionally-integrated Type	pe III sup	porting organization (see			
Instructions)					

Schedule A (Form 990 or 990-EZ) 2014

Schedi	ule A (Form 990 or 990-EZ) 2014 LAKE WENTWORTH F	OUNDATION	04-3374	499 Page 7
Par	·			
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
_ 7	Total annual distributions.Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions		·	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	···	_ 	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		·	
3	Excess distributions carryover, if any, to 2014			
а				
b				
С				
<u>d</u>				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			·····
1	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section	į		
	D, line 7\$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		***************************************	
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015.Add lines 3j			
	and 4c			· · · · · · · · · · · · · · · · · · ·
8_	Breakdown of line 7			
а		± .	1	

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014 LAKE WENTWORTH FOUNDATION

04-3374499

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

· SCHEDULE D (Form 990)

Department of the Treasury Internal Revertue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Name of the organization

Inspection Employer identification number

	•		• •	
L	AKE WENTWORTH FOUNDATION	<u> </u>	374499	
Pa	Organizations Maintaining Donor Advised Fun- Complete if the organization answered "Yes" to Fo	ds or Other Similar Funds or According 990, Part IV, line 6.	unts.	
		(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 ti	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusion			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	*		
	only for charitable purposes and not for the benefit of the donor or donor	•		
	conferring impermissible private benefit?	advisor, or for any other purpose		Yes No
Pa	ert II Conservation Easements.			103140
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	II that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa		area
	X Protection of natural habitat	Preservation of a certified historic sti	ucture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	۳	
	easement on the last day of the tax year		 	Held at the End of the Tax Year
а	Total number of conservation easements		2a	3
b	Total acreage restricted by conservation easements		2b	36.59
C	Number of conservation easements on a certified historic structure include	ded in (a)	2c	
d	(2,21,11)	5, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization du	iring the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin 6	g conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing comes \$	nservation easements during the year		
۰		o requirements of section 470/b\/4\/B\/i\		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(n)(4)(b)(i)		Yes No
9	and section 170(h)(4)(B)(ii)?	ate in its revenue and expense statement, and	1	_ res _ no
3	In Part XIII, describe how the organization reports conservation easemer balance sheet, and include, if applicable, the text of the footnote to the or	•		
	organization's accounting for conservation easements	gamzation a mandal statements that describe		
Pa	rt III Organizations Maintaining Collections of Art, I		ilar As	sets.
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	e sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	e of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance sh	neet	
	works of art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	e of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical treasures, or or	ther similar assets for financial gain, provide t	he	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items		
а	Revenue included in Form 990, Part VIII, line 1		•	\$
h	Assets included in Form 990. Part X		•	\$

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (d) Book value (c) Accumulated Description of property (a) Cost or other basis (other) (investment) depreciation 1,958,662 1,958,662 1a Land **b** Buildings c Leasehold improvements d Equipment e Other 1,958,662 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Ye	es" to Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
•	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial (
· ·	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Ye	es" to Form 990, Part IV, line 1	11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
<u></u>			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Y	es" to Form 990, Part IV, line 1	
	(a) Desc	ription	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Y	es" to Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
	line 25.		
1	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
_(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 25)		
	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's final	ncial statements that reports the

Schedule D (Form 990) 2014 LAKE WENTWORTH FOUNDATION 04-3374499 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII)

Supplemental Information.

c Add lines 4a and 4b

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 II, LINE 5 - MONITORING AND ENFORCEMENT POLICY

ORGANIZATION DOES HAVE A WRITTEN MONITORING AND ENFORCEMENT POLICY

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS

EASEMENT IS RECORDED AT COST AND REPORTED AS OTHER ASSETS ON THE BALANCE SHEET, LINE 15.

PART V, LINE 4 - INTENDED USE FOR ENDOWMENT FUNDS

ENDOWMENT FUNDS ARE BEING HELD FOR INVESTMENT WITH THE INCOME FROM THE FUND TO BE USED TO FUND CURRENT OPERATIONS AND THE CORPUS EXPECTED TO BE RETAINED FOR FUTURE EARNINGS.

4c

5

Schedule D (Form 990) 2014 LAKE WENTWORTH FOUNDATION

04-3374499

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O. (Form 990 or 990-EZ) 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No_ 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

LAKE WENTWORTH FOUNDATION

Employer identification number 04-3374499

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS **MEMBERS**

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS ALL BOARD MEMBERS MUST BE MEMBERS OF THE ORANIZATION - ALL BOARD MEMBERS ARE ELECTED BY THE MEMBERS - OFFICERS ARE THEN ELECTED BY THE BOARD MEMBERS FROM THE EXISTING BOARD MEMBERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD OF TRUSTEES REVIEWS AN E-MAILED COPY OF THE 990 FOR APPROVAL BEFORE FILING THE 990

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EVERY NEW BOARD MEMBER SHALL BE ADVISED OF THE CONFLICT OF INTEREST POLICY IN WRITING AND IS REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF THEIR UNDERSTANDING OF THE POLICY AND RETURN THE SIGNED COPY OF THE ACKNOWLEDGEMENT OF THEIR UNDERSTANDING TO THE BOARD - IN CASE OF A CONFLICT OF INTEREST, THE PRIMARY RESPONSIBILITY IS ON THE AFFECTED BOARD MEMBER TO RAISE THE ISSUE WITH THE BOARD IN WRITING - UPON DETERMINATION THAT A CONFLICT EXISTS, THE AFFECTED BOARD MEMBER MUST ABSTAIN FROM VOTING AND MAY BE ASKED TO TAKE A TEMPORARY LEAVE OF ABSENCE UNTIL THE ISSUE IS RESOLVED -THE PRESIDENT OF THE BOARD IS RESPONSIBLE TO MONITOR THAT ALL BOARD MEMBERS HAVE A SIGNED ACKNOWLEDGEMENT ON FILE

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

LAKE WENTWORTH FOUNDATION

Employer identification number

04-3374499

AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TO ADJUST FOR PRIOR YEAR DIFFERENCES

\$

252