Paperwork Reduction Act Notice, see the separate Instructions.

390

Return of Organization Exempt From Income Tax

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

			of	the	Treasury	,
Internal	R	w	en	ue S	Service	

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its Instructions is at www.irs.gov/form990 beginning 09/01/16 and ending 08/31/17

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<u>B</u>	Check if ap	pplicable	C Name of organ	IIZATION								D Employe	er identification number
L	Address cl	hange			WE	NTWORTH	WATERS	HED ASS	OCIATI	ON			
X	Name cha	nne	Doing busines:	s as	*						•	04-3	374499
] (101110 0110 1	ngc			_	nail is not delivere	to street addre	ess)			Room/suite	E Telephon	
L	Initial retur		PO BOX						603-	534-0222			
	Final return terminated		City or town, st	tate or prov	vince, cou	ntry, and ZIP or fo	reign postal cod	le					
	1		WOLFEB	ORO			NH 038	94				G Gross rec	espts \$ 204,025
Ļ	Amended	return	F Name and add	ress of pnr	ncipal offic	er							
	Application	n pending	ANNE	BT.OD	CET						H(a) Is this a (group return for s	subordinates? Yes X No
	-		11 BR			SCINC					H(h) Are all s	ubordinates inclu	aded? Yes No
			ľ			SING	2777		A	_	1 ''		
			WOLFE	<u>BOKO</u>) 		пп	0389	4	<u>/><</u>	_ " "	o, allach a ssi	(see instructions)
	Tax-exem		X 501(c)		501(c)		(insert no)	4947(a)	(1) or	527	<u>"</u>		
	Website	► W	ENTWORI	'HWA'	TERS	HED.ORG	3				H(c) Group e	kemption numbe	1 ▶
.,	Form of o	rganization	X Corporati	on T	Trust	Association	Other -			L \	rear of formation	1997	M State of legal domicile NH
酌	Panil		ımmary						- jj	——————————————————————————————————————			
Political	T	-			o'o mico	on or most si	anificant act	nutico.					
	1		scribe the orga		15 111155	וטוו טו וווטגו גו	griincant act	IVILIES					-
<u>∞</u> 8	3	SEE	SCHEDULE	O									
5	;												
2 7 2018 Governance	,												
- N	2 (Check thi	s box ▶ 🗍 i	f the ord	anızatıc	n discontinue	d its operati	ons or dispo	sed of mo	ore than 25%	of its net asse	ets	
™ 0	. 3 8	Number o	of voting memb	-			-					3	17
(7) %	, i		•		•			,	46)			4	17
AU	4 1		of independent	_		•			10)			<u> </u>	
_`.	5 7	Fotal num	nber of individu	uais emp	ployed in	n calendar yea	ar 2016 (Par	t V, line 2a)				5	2
(45	6 6	Fotal num	nber of volunte	ers (est	ımate ıf	necessary)						6	126
ايا	7a 7	Total unre	elated busines	s reveni	ue from	Part VIII, colu	ımn (C), line	12				7a	0
4	l b N	Net unrela	ated business	taxable	ıncome	from Form-98	0 T-line 34					7b	0
SCANNED AUTITIES Revenue Activities	 						ECEI\				Prior Y	_	Current Year
3	l a c	Contributi	ons and grant	s (Part \	/III line	1b)	LULI	<u>/LU</u>			1:	20,113	128,947
(V)			-			20121		lò	51	ļ		/	11,414
ē	[]	-rogram	service revenu	Je (Fait	VIII, IIII		UN_Q1 :	2018	ŽΪ	ŀ		18,833	7,399
ě	5 10 H		nt income (Pai				and /d)	U		ŀ	<u> </u>	10,033	7,399
	111 (enue (Part VII					J-1-4 C/	-1	ļ		20 046	145 560
	12 7	Total reve	enue – add line	es 8 thro	ugh 11	(must_equal/	ant vitt pon	umn (A), line	12)		1.	38,946	147,760
	13 (Grants ar	nd sımılar amo	unts par	d (Part l	X, column (A), lines 1-3)		•	1			8,710
	14 E	Benefits p	aid to or for m	nembers	(Part I)	(, column (A)	line 4)						0
	15 5	Salaries.	other compens	sation, e	evolam	e benefits (Pa	art IX. colum	n (A), lines	5–10)			34,490	47,999
			nal fundraising			•		• •	,	Ī			0
	1		-						12,29	an t			
			draising expen						,	-		39,283	
			enses (Part I)							ŀ			
	18	Total exp	enses Add lin	es 13-1	7 (must	equal Part IX	., column (A)), line 25)				73,773	161,123
	19 F	Revenue	less expenses	Subtra	act line	8 from line 1:	2					65,173	-13,363
	200										Beginning of C		End of Year
	20 1	Fotal ass	ets (Part X, line	e 16)							2,8	35,335	2,876,167
	j 21 1	rotal liabi	lities (Part X, I	ine 26)							<u>,</u>	368	3,629
	∄ 22 N	Net asset	s or fund balar	nces Si	ubtract l	ne 21 from lir	ne 20				2,8	34,967	2,872,538
	art II		gnature Blo									1 1201	
						are and three restrict			- cobodulos	and statemen	nto and to the h	ost of my kno	wledge and belief, it is
	nuer per	naities of p	oerjury, i deciare omniete. Declar	≄ macina ation#hfr	ave exali	other than offi	n, including a cer) is based	on all inform	ation of whi	ich preparer h	as any knowled	escorniy kilo ae	wedge and belief, it is
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		-		_WV	ack	wwyr_							-1:0
	gn	▼ s	ignature of officer									199 کی	7110
	⊧re		ANNE B	LODG	ET	U				PRESI	DENT	216	7
		▶ ₹	ype or print name a	and title								T	
		Print/Type	preparer's name				Preparer's sig	nature			Date	Check	If PTIN
	d			NAT.			RIM.	Ho.//	left.	CPA	05/1	.0/18 self-en	-
			R A. ASHTO		ONT 4	COMPA	NV P		· J-W	9//	102/1		02-0512256
	parer	Firm's nar				COMPA	NY, PA	<u> </u>				Firm's EIN	02 0312230
	∋ Only			PO B									COO ECO COCO
		Firm's add				RO, NH		l-1869				Phone no	603-569-6200
	y the IR	S discus	s this return wi	th the p	reparer	shown above	? (see instru	uctions)					Yes No

DAA

Forn	1 990 (2016) WENTWORTH WATERSHED ASSOCIATION 04-3374499	づじ	$\langle \ell c \rangle$	\bigcup_{F}	Page 3
	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_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		1	}	
	candidates for public office? If "Yes," complete Schedule C, Part I	••	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		- }		ļ
	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_	<u> </u>	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)]	j
	"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		1)
	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,		11.00000		
	VII, VIII, IX, or X as applicable				7
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"])
_	complete Schedule D, Part VI		11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	٠			-
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b	1	x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	••			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		110		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets				
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	•	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		x
12a		•			
724	Schedule D, Parts XI and XII		12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		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?	•••	14a	 -	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				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b	'	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1.33		
,,,	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15	Ì	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	• • •	1.0	<u> </u>	
,,	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16	[x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-	1.0	<u> </u>	\
• • •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17	[x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	[x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>		<u> </u>
13	If "Yes," complete Schedule G, Part III		19	\	x

	Checklist of Required Schedules (continued)			<u>·</u>	uge -
200	Did the ergonyation energic and or more beautel facilities? If "Ver." complete Schoolide U		<u> </u>	Yes	No
20a			20a	-	X
21	`If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
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		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- 41		<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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				ĺ
	employees? If "Yes," complete Schedule J		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				l
	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		240		
·	to defease any tax-exempt bonds?		24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		2 7 0		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		100		_
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		[ĺ
	If "Yes," complete Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		} ;	l	
	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		- {		1
	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,	••			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	:mondureur	X
b	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)				
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30_		X
31	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,"				
	complete Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	•			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,				1
	or IV, and Part V, line 1		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		}		1
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1 1		ł
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,] [
	Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		j !		l

19? Note. All Form 990 filers are required to complete Schedule O

Ра	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part	t V					
1a '	`Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	l 1a	4			Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				474
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u></u>	L				7-2-1
	reportable gaming (gambling) winnings to prize winners?				1c	1 Chadridin m) anismuunin
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	i		100		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			200		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of	0			36		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial					
	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 A	Accounts					
	(FBAR)				d Philin		in i
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	tion?			5b		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 th	е				[
	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 contribution	ns or			. .		
_	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).				- 中華		М.,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods			70	X	
L	and services provided to the payor?			••	7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10			/6	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	15			7c		x
м	If "Yes," indicate the number of Forms 8282 filed during the year	7 d	ł				
	· · · · · · · · · · · · · · · · · · ·		l		7e	MARKET PROPERTY.	X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co- Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		s required?)	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining		,	•			
•	sponsoring organization have excess business holdings at any time during the year?	· · · · · · · · · · · · · · · · · · ·			8		THE PROPERTY OF THE PARTY OF TH
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			••	9b		
0	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			中華		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>		100		* w,
1	Section 501(c)(12) organizations. Enter				C all yes		#
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources	- }			الدائيان		Ser evi
	against amounts due or received from them)	11b	<u> </u>		i bita		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1		12a	i de la companio della companio de la companio della companio dell	nnempanau
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.						70
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		A HOLDING
_	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which	نمه ا	1		436		14.6
	the organization is licensed to issue qualified health plans	13b	 		-		
3	Enter the amount of reserves on hand	13c	<u> </u>		140	HUMURRIONIA)	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a 14b	}	^
D	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	, .			_ I40	1	l .

Form 990 (2016) WENTWORTH WATERSHED ASSOCIATION 04-3374499

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response or note to any line in this Part VI

;		
	X	

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 17 Enter the number of voting members included in line 1a, above, who are independent 1b 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? X 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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? Section C. Disclosure NH 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 PO BOX 2235 JULIE BROWN

NH 03894

WOLFEBORO

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

Check 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 hours for	bo	x, unk	Pos check ess pe	more rson ı	than ones both a	in e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W2/1003-III(IG))	organization and related organizations
(1) ANNE BLODGET	20.00									
PRESIDENT	0.00	X		x				0	0	0
(2) ROBERT SPEAR					-					
	4.00	ļ								
VICE PRESIDENT	0.00	X		X				0	0	0
(3) DOROTHY FELDMANN										
	2.00									
TREASURER	0.00	X		X		\sqcup		0	0	0
(4) ANDREA DUDLEY		ļ				1 1				
	8.00				l					_
SECRETARY	0.00	X		X				0	0	0
(5) REBECCA ARNOLD	•					1 1				
	1.00								_	_
DIRECTOR	0.00	X		<u> </u>		\sqcup		0	0	0
(6) HUGH CRAWFORD										
	2.00					1 }			_	
DIRECTOR	0.00	X		<u> </u>		┷		0	0	0
(7) LINDA CROOTOF		İ			l	1 1				
	6.00							_	_	_
DIRECTOR	0.00	X	_	<u> </u>		\vdash		0	0	0
(8) CARL CROSLEY	2 00	Ì			ļ					
DIDECTOR	3.00	₩						0	o	0
DIRECTOR (9) LISA DONOVAN	0.00	X	-		-	┝╌┼				<u> </u>
(9) LISA DONOVAN	0.25									
DIBECTOR	0.23	x						0	o	0
DIRECTOR (10) PETER GALANIS	0.00	<u> </u>		-		\vdash		 		<u> </u>
(10) PETER GALLANIS	3.00				ŀ					
DIRECTOR	0.00	x			ľ	ii		o	0	o
(11) SUSAN GOODWIN		 			<u> </u>				<u> </u>	
(,	10.00		1							
DIRECTOR	0.00	X	1		}	} }		0	0	0
DAA	·					•				Form 990 (2016)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mple	oyees	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week			Po: check		than o		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
`	(list any hours for	01	fficer	and a	directo	r/truste	80)	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations below dotted	Individual to or director	nstitution	Officer	Key employee	ighest c	Former	(W-2/1099-MISC)		organization and related organizations
	line)	I trustee	Institutional trustee		loyee	Highest compensated employee				Signification (S
(12) JUDITH GOSBEE		+-	┢			8				
DIRECTOR	2.00									
DIRECTOR (13) JOAN GREEN	0.00	X	├-	-	l	\vdash		0	0	0
	1.00									
DIRECTOR (14) ROBERT MORNEA	0.00	X	├	┢	 			0	0	0
(14) ROBERT MORNEA	1.00									
DIRECTOR	0.00	x						0	0	0
(15) ROGER MURRAY	III									
DIRECTOR	1.00	x		ł				0	o	o
(16) TOM OUHRABKA	0.00	 	 -			\vdash				
	10.00									
DIRECTOR	0.00	X	├-					0	0	0
(17) KENNETH PERRY	2.00									
DIRECTOR	0.00	x						0	o	0
		<u> </u>	<u> </u>							
1b Sub-total	<u> </u>	l	<u>L_</u>		L		▶			
c Total from continuation shee	ts to Part VII, S	ectio	on A				>		-	
d Total (add lines 1b and 1c)			1 - 11		1 - 4 -		<u> </u>		00.0006	
2 Total number of individuals (increportable compensation from the compensation)			to th	iose	liste	d abo	ve)	who received more than \$1	00,000 of	
										Yes No
3 Did the organization list any for employee on line 1a? If "Yes," or								ee, or nignest compensated		3 X
4 For any individual listed on line	1a, is the sum of	f rep	ortab	ole co	ompe	ensat	ion a		m the	
organization and related organi individual	zations greater tr	nan s	\$150	,000	? 11	Yes,	con	npiete Scheaule J for such		4 X
5 Did any person listed on line 1a									dividual	5 X
for services rendered to the org		S, C	omp	iete :	SCNE	auie	J TOI	r such person	 	5 X
1 Complete this table for your five	e highest comper									
compensation from the organiz	(A) business address	mper	nsatio	on fo	r the	cale	ndar 		the organization's tax year. (B) tion of services	(C) Compensation
Name and	bùsíness address								tion of services	Compensation
				_			-	<u> </u>		
							-			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

2

0

147,760

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue Unrelated Total revenue excluded from tax exempt business function under sections 512-514 revenue Grants mounts 1a Federated campaigns 1a 15,765 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 113,182 g Noncash contributions included in lines 1a-1f 128,947 h Total. Add lines 1a-1f Revenue Busn Code 6,700 6,700 WATER SUMMIT 4,273 4.273 b CAMP DINNER Service F C SPONSORSHIPS 300 141 d OTHER Program S f All other program service revenue 11,414 g Total. Add lines 2a-2f \blacktriangleright Investment income (including dividends, interest, and other similar amounts) 13,388 13,388 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Secunties sales of assets 50,276 other than inventor **b** Less cost or other 56,265 basis & sales exps -5,989 c Gain or (loss) -5,989 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \blacktriangleright 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue

18,813

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, (C) (D) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations 8,710 8,710 and domestic governments. See Part IV, line 21 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 Benefits paid to or for members 5 Compensation of current officers, directors. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 44,345 44,345 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 3,654 3,654 10 Payroll taxes Fees for services (non-employees) a Management 7,107 7,107 **b** Legal 2,437 2,437 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 7,301 7,301 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 6,254 6,254 13 Office expenses 348 348 14 Information technology Royalties 15 5,500 5,500 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 500 500 Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 4,221 4.221 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 16,696 16,696 OFFICE SETUP AND TRANS. 12,290 FUNDRAISING AND MAILING 9,438 9,438 OUTSIDE CLERICAL HELP 7,860 7,860 MILFOIL 16,947 7,515 24,462 e All other expenses 124,748 12,290 24,085 161,123 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720) Form 990 (2016)

'EP	ant)	Balance Sheet					
		Check if Schedule O contains a response or note to	any lu	ne in this Part X			
				. •	(A)		(B)
	<u> </u>				Beginning of year		End of year
	1	Cash—non-interest bearing			500	1	500
	2	Savings and temporary cash investments			95,590	2	130,648
	3	Pledges and grants receivable, net				3	ļ
	4	Accounts receivable, net			controlled the supplementation from the second	4	
	5	Loans and other receivables from current and former office	-	ectors,			
		trustees, key employees, and highest compensated employees	yees				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified person					
	ĺ	4958(f)(1)), persons described in section 4958(c)(3)(B), an					
		sponsoring organizations of section 501(c)(9) voluntary em		es' beneficiary		_	
ets	_	organizations (see instructions) Complete Part II of Sched	ule L			6	<u> </u>
Assets	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		9			
	าบล	Land, buildings, and equipment cost or		1 050 662			
		other basis Complete Part VI of Schedule D	10a	1,958,662	1,958,662	40-	1,958,662
	11	Less accumulated depreciation Investments—publicly traded securities	10b		609,707	10c	615,481
	12	Investments—publicly traded securities Investments—other securities See Part IV, line 11			009,101	12	013,401
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			170,876	15	170,876
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,835,335	16	2,876,167
	17	Accounts payable and accrued expenses		368	17	3,629	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of S	chedu	ile D		21	
Ś	22	Loans and other payables to current and former officers, di					
Liabilities	1	trustees, key employees, highest compensated employees	, and				
abi		disqualified persons Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrelated third pa	arties		 	23_	
	24	Unsecured notes and loans payable to unrelated third parti	es			24_	
	25	Other liabilities (including federal income tax, payables to re					
		parties, and other liabilities not included on lines 17-24). Co	omple	te Part X			
		of Schedule D			360	25	2 620
	26	Total liabilities. Add lines 17 through 25		<u> </u>	368	26	3,629
w		Organizations that follow SFAS 117 (ASC 958), check	here I	► X and			
č		complete lines 27 through 29, and lines 33 and 34.			2,834,967	27	2,797,230
alar	27	Unrestricted net assets			2,034,307	28	75,308
ä	28	Temporarily restricted net assets			 -	29	13,300
Ĕ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),	choc	k here ▶ ☐ and		29	
P.		complete lines 30 through 34.	Kilere P allu				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		haranna da an	30		
SSE	31	Paid-in or capital surplus, or land, building, or equipment fu	und			31	
et A	32	Retained earnings, endowment, accumulated income, or o		ınds		32	
Ž	33	Total net assets or fund balances			2,834,967	33	2,872,538
	34	Total liabilities and net assets/fund balances			2,835,335	34	2,876,167

	990 (2016) WENTWORTH WATERSHED ASSOCIATION 04-3374499			Pag	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	47,	760
2	`Total expenses (must equal Part IX, column (A), line 25)	2	1	61,:	123
3	Revenue less expenses Subtract line 2 from line 1	_3	_	13,3	363
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,8	34,9	967
5	Net unrealized gains (losses) on investments	5		46,0	771
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		4,8	363
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,8	72,	<u> 538</u>
Pa	rixIII 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				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			##	
	Separate basis Consolidated basis Both consolidated and separate basis		12.5%		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight) j	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	and the second second	Terration in the
	If the organization changed either its oversight process or selection process during the tax year, explain in		յու ^լ մինի: Լ		
	Schedule O		- desti		
3a	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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audite, evalue why in Schodule O and describe any stone taken to undergo such audits		3b	1 1	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2016

Open to Gubile inspection

Name of the organization

WENTWORTH WATERSHED ASSOCIATION

Employer identification number

				THIOHHO MODOCIA			04 337	1133					
P	irt I	Reas	on for Public Charity	Status (All organizations i	must co	mplete	this part.) See instruction	S					
The	orga	nization is not	a private foundation because	it is (For lines 1 through 12, che	ck only or	ne box)	_						
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(I). 🦍	7					
2		A school des	cribed in section 170(b)(1)(A	N)(ii). (Attach Schedule E (Form 9	990 or 990)-EZ))							
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)	i.	(
4		A medical res	search organization operated	in conjunction with a hospital de-	scribed in	section 1	170(b)(1)(A)(iii). Enter the hosp	ital's name,					
		city, and state	•				•						
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in						
	_	section 170(b)(1)(A)(iv). (Complete Part	II)									
6			., ., ., .	vernmental unit described in sec	tion 170(b)(1)(A)(v	·).						
7	X	-	on that normally receives a si section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from emplete Part II)	a govern	mental un	it or from the general public						
8	\Box			70(b)(1)(A)(vi). (Complete Part II)								
9	Ħ	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.											
10		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.)											
11		•	<u>~</u>	xclusively to test for public safety	-		a)(4).						
12	H												
	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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
				er to regularly appoint or elect a r		the direc	tors or trustees of the						
		_		mplete Part IV, Sections A and									
	b			ervised or controlled in connection									
			· management of the supporti ion(s) You must complete l	ng organization vested in the sar	ne persor	is that cor	ntrol or manage the supported						
	С	Type III f	unctionally integrated. A su	upporting organization operated i	n connect	ion with, a	and functionally integrated with,						
	d		• , , ,	ructions) You must complete P . A supporting organization opera				•					
	u	that is no	t functionally integrated. The	organization generally must satis ust complete Part IV, Sections	fy a distrib	oution req	uirement and an attentiveness	,					
	е	Check the	s box if the organization rece	ived a written determination from	the IRS t	hat it is a							
	f		nber of supported organizatio	functionally integrated supporting	y organiza	11011							
	g		ollowing information about the				••	<u></u>					
		e of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of					
٠,		ganization	(11/ 2.11	(described on lines 1–10	1 ' '	ır governing	support (see	other support (see					
				above (see instructions))	docu	nent?	instructions)	instructions)					
					Yes	No							
(A)													
(B)					 								
(0)													
(C)													
(D)					,								
(E)													
Tota	.1												

Schedule A (Form 990 or 990-EZ) 2016

WENTWORTH WATERSHED ASSOCIATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	213,322	36,362	87,279	120,113	128,947	586,023	
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	213,322	36,362	87,279	120,113	128,947	586,023	
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)						7. 700	
6	Public support. Subtract line 5 from line 4						7,792	
	tion B. Total Support		Land-deficient incerement of the fact.	leadamining in the land of the		<u> </u>	578,231	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	213,322	36,362		120,113	128,947	586,023	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,812			12,002		82,682	
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)					11,414	11,414	
11	Total support. Add lines 7 through 10						680,119	
12	Gross receipts from related activities, etc. (see instructions)				12		
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)		
	organization, check this box and stop here			 		····		
	tion C. Computation of Public Su					· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2016 (line 6,			(f))		14	85.02%	
15	Public support percentage from 2015 Sche				4 (00)	15	82.50%	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this							
.	box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check							
U					5 55 175 % OF INOTE,	Gleck	▶□	
17a	this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
	10% or more, and if the organization meets	-						
	Part VI how the organization meets the "fac							
	organization			•	., ., ,,		▶ 🗀	
b	10%-facts-and-circumstances test-201	5. If the organization	on did not check a t	oox on line 13, 16a,	16b, or 17a, and li	ne		
	15 is 10% or more, and if the organization r							
	Explain in Part VI how the organization med					ły		
	supported organization						▶ 🗌	
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ □	

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Sched

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

<u></u>	If the organization fails to	qualify under the	ne tests listed b	pelow, please co	omplete Part II	<u>) </u>		
	tion A. Public Support	 	·	т				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f)-Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	· · · · · ·				l d	A P	
	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							<u></u>
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							
þ	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			Z				
	line 6)						<u>}</u>	
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 20,13	(c) 2014	(d) 2015	(e) 2016	5	(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		/					
c	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,	<i>y</i>						
14	and 12) First five years. If the Form 990 is for the	organization's firet	second third fourt	h or fifth tay year a	s a section 501/c//	3)	l	
. 7	organization, check this box and stop here		scona, ama, iouri	ii, oi iiitii tax yeal a	5 a 3000011 301(0)(~,		▶ [7]
Sec	tion C. Computation of Public Su		age			·		
15	Public support percentage for 2016 (line 8,			(f))			15	%
16	Public support percentage from 2015 Sche	• • •	-	(·//		_	16	%
	tion D. Computation of Investme	·						<u></u>
17	Investment income percentage for 2016 (In			olumn (f))			17	%
18	Investment income percentage from 2015			• • •		•	18	%
19a	33 1/3% support tests—2016. If the organ			14, and line 15 is mi	ore than 33 1/3%, a	and line		
	17 is not more than 33 1/3%, check this bo							▶□
b	33 1/3% support tests—2015. If the organ							
	line 18 is not more than 33 1/3%, check thi	-	_					▶ 📙
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	nd see instructions			▶ 📙

Schedule A (Form 990 or 990-EZ) 2016 Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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
- 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 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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)

Yes No 1 2 3a 3b 3c 4a 4b 5a 5b 5c
1 2 3a 3b 3c 4a 4b 4b 5a 5b 5c 5c 6
2 3a 3b 3c 4a 4b 4c 5a 5b 5c
2 3a 3b 3c 4a 4a 4c 4c 5a 5b 5c 6
3a 3b 3c 4a 4b 4c 5a 5b 5c
3b 3c 4a 4b 4c 5a 5b 5c
3c 4a 4a 4b 4b 5a 5a 5b 5c 6
4a 4b 4c 5a 5b 5c 6
4a 4b 4c 5a 5b 5c 6
4b 4c 5a 5b 5c
4b 4c 5a 5b 5c
4c
4c 5a 5b 5c 6
5a
5a 5b 5c 6
5b 5c
5b 5c
6
6
6
7
8
9a
9b
9c
10a
10b (Form 990 or 990-EZ) 2016

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Pa	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
.	below, the governing body of a supported organization?	11a		
b	,,	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c	<u></u>	
0001	ion B. Type i Supporting Organizations		V	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	•	, (A) (
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	ľ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	A CHARLET	TATE THE PERSON NAMED IN COLUMN 1
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	A Thursday Service	WANT THE LITTLE OF THE PERSON NAMED IN COLUMN
Sect	ion C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			, en liner
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	aniania pira Stantoni	and a supplemental
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ACTUAL DESIGNATION OF THE PARTY	Mataure (University)
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard		L	
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ity (see instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
2 / a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1.5		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			11.
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	MANAGEM PARTIES	I Miritilitiimiitiimii
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	, A ₁₄ ,		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1. July 1		
	activities but for the organization's involvement	2b		esercial in in the little of the
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
,	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter 85% of line 1

instructions)

Enter greater of line 2 or line 3

Income tax imposed in prior year

emergency temporary reduction (see instructions)

2

<u>3</u>

5

Cabada	la A	/Earm	000 000	E71 204

WENTWORTH WATERSHED ASSOCIATION Schedule A (Form 990 or 990-EZ) 2016 04-3374499 Page 7 PartV Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Distributable Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See 2 Excess distributions carryover, if any, to 2016 c From 2013 d From 2014 e From 2015 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 31 and 4c Breakdown of line 7 b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Part VI

Schedule A (Form 990 or 990-EZ) 2016

WENTWORTH WATERSHED ASSOCIATION

04-3374499

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

2016

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Name of the organization Employer identification number WENTWORTH WATERSHED ASSOCIATION 04-3374499 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 4 2a 235.68 b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes X No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on 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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

-			ASSOCIATIO			3/4499			Page 2
Pa	artilla Organizations Maintainin						ets (c	ontinued	<u> </u>
3	Using the organization's acquisition, accessi	on, and other records,	check any of the follow	ing that are a	significant	use of its			
	collection items (check all that apply)								
а		d 📙	Loan or exchange prog	grams					
b	Scholarly research e Other								
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	now they further the org	anızatıon's ex	empt purp	ose in Part			
	XIII								
5	During the year, did the organization solicit of				ılar				_
640 - 241	assets to be sold to raise funds rather than to		rt of the organization's o	collection?				Yes	No
Pa	Escrow and Custodial Ar	•							
	Complete if the organizatio	n answered "Yes'	' on Form 990, Pai	rt IV, line 9	, or repo	rted an amo	unt or	ı Form	
_	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contributions or o	ther assets n	ot				_
	included on Form 990, Part X?							Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table						
	_							Amount	
	Beginning balance					1c			
	Additions during the year					1d			
9	Distributions during the year					1e			
7-	Ending balance	000 5				1f			
	Did the organization include an amount on Fe				•			∐ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII Endowment Funds.	Check here if the exp	ianation has been provi	ided on Part)	KIII .				<u> </u>
	Complete if the organizatio	n ancward "Vac"	on Form 000 Bor	+ IV / line 11	0				
	Complete if the organization								
4-	Parison of wareholders	(a) Current year 246,423	(b) Pnor year	(c) Two yea		(d) Three years t		(e) Four yea	
	Beginning of year balance	240,423	245,585		7,666	200	,049	18	8,257
	Contributions	***							
C	Net investment earnings, gains, and	22 111	020			-	C 3 7		
	losses	22,111	838		37,919		,617		1,792
	Grants or scholarships Other expenditures for facilities and								
•	programs		;						
f	Administrative expenses						$\overline{}$		
g	End of year balance	268,534	246,423	24	5,585	207	, 666	20	0,049
2	Provide the estimated percentage of the curr				3,303	207	, 000		5,043
	Board designated or quasi-endowment	ent year end balance (ine rg, column (a)) nei	iu as					
	Permanent endowment ▶ %	70							
c	Temporarily restricted endowment	%							
·	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posses		on that are held and adr	ministered for	the				
•	organization by	ssion of the organization	on that are new and add	illinstered to	u ic			Ye	s No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations					-		3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	itions listed as required	d on Schedule R2			• •		3b	+**
4	Describe in Part XIII the intended uses of the	· ·						30	
E	त्र VI Land, Buildings, and Equ		TIOTIC TOTICO						
hinner lines	Complete if the organization		on Form 990. Par	t IV. line 1	1a See l	Form 990. P.	art X	line 10	
	Description of property	(a) Cost or other b				cumulated		(d) Book value	,
		(investment)	(othe	or)		reciation			
1a	Land		1,9	58,662				1,958	, 662
b	Buildings			,					
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X	, column (B), line 10c)			•		1,958	,662
									

Schedule D (Form 990) 2016

PartVII	Investments—Other Securities.	n Form 000 Port IV I	11h . Coo Form 000 D	
	Complete if the organization answered "Yes" o	(b) Book value	(c) Method of	
	(including name of security)	(2) 53511 1515	Cost or end-of-yea	
(1) Financial (derivatives			
` '	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.	L		THE PROPERTY OF THE PROPERTY O
	Complete if the organization answered "Yes" or	n Form 990, Part IV, I	ine 11c See Form 990, Pa	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	valuation
			Cost or end-of-yea	r market value
(1)				
(2)	- 10° ····			
(3)				
(4)				
(5)		·- ·· ·		
(6)				
(7)				
(8)				
(9)				
	ı (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ine 11d. See Form 990, Pa	
	(a) Description			(b) Book value
(1)	EASEMENTS			170,876
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)		<u>▶</u>	170,876
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ine 11e or 11f See Form 9	990, Part X,
	line 25		illentedanie i IIIV-reguindustros-	
<u>1. </u>	(a) Description of liability	(b) Book value		
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25) ▶	I		72-32579 (331)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information.

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

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

d Other (Describe in Part XIII)e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

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

2e

3

4c

Schedule D (Form 990) 2016 WENTWORTH WATERSHED ASSOCIATION
Part XIII Supplemental Information (continued)

04-3374499

Page 5

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016

Open to Public Inspection

OMB No. 1545-0047

WENTWORTH WATERSHED ASSOCIATION

Employer identification number 04-3374499

FORM 990 - ORGANIZATION'S MISSION

TO PROTECT AND PRESERVE THE COMMUNITY, NATURAL RESOURCES, WATER QUALITY AND SCENIC BEAUTY OF THE LAKE WENTWORTH-CRESCENT LAKE WATERSHED, AS WELL AS TO PROMOTE KNOWLEDGE OF THE ENDURING CHARACTER OF ITS WOODLANDS, WATERWAYS AND WILDLIFE, ITS PEOPLE AND ITS HISTORY.

FORM 990, PART III, LINE 2

MILFOIL AND WATER SUMMIT. SEE SCHEDULE O.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

REBECCA ARNOLD

DIRECTOR

SIBLINGS

ROBERT SPEAR

DIRECTOR

SIBLINGS

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

Employer identification number

04-3374499

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS MEMBER VOTE

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 AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 24E - OTHER EXPENSES DESCRIPTION

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

WATER SUMMIT

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 99 Name of the organization	0 or 990-EZ) (2016)		 		Page 2
		ASSOCIATION		Employer identifi 04-3374	
	WALLENGILLE	ADDOCIATION	 · · · · · · · · · · · · · · · · · · ·	104-3374	<u> </u>
•	\$	5,483	\$ 0	\$	0
MERCHANDI	SE				
	\$	0	\$ 4,831	\$	0
EDUCATION	OUTREACH				
	\$	0	\$ 4,744	\$	0
WATER QUA	LITY				
	\$	0	\$ 4,164	\$	0
SPECIAL P	ROJECTS				
	\$	2,032	\$ o	\$	0
REAL ESTA	FE TAXES				
	\$	0	\$ 1,497	\$	0
STEWARDSH:	IP				
	\$	0	\$ 1,066	\$	0
FILING FE	ES				
	\$	0	\$ 519	\$	0
COMMUNICA:	rion				
	\$	0	\$ 126	\$	0
TOTA	<u></u>				
	\$	7,515	\$ 16,947	\$	0

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

ADJ FOR PY DIFFERENCES IN COST VS FMV \$ 4,863