990

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public

OMB No. 1545-0047

Inspection For the 2018 calendar year, or tax year beginning 2018, and ending 20 Check if applicable: C Name of organization Brodheads Watershed Association D Employer identification no. Address change Doing business as 23-2564522 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 339 (570)839-1120 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Henryville, PA 18332 223,257 Application pending F Name and address of principal officer: Frances Ferrari **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? Same as C above X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. (see instructions) Tax-exempt status: Group exemption number Website: ► N/A Form of organization: X Corporation Trust Association L Year of formation: 1989 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Education and research about water and watersheds. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) 27 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 4 Total number of volunteers (estimate if necessary) 6 400 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 38 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 42,715 70,547 Revenue 147,765 126,608 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,338 1,225 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,637 (799)12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 193,455 197,581 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 68,814 80,764 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 70,013 69,537 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 138,827 150,301 19 Revenue less expenses. Subtract line 18 from line 12 54,628 47,280 Net Assets or Fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 825,665 333,951 21 Total liabilities (Part X, line 26) . . 8,403 452,837 22 Net assets or fund balances. Subtract line 21 from line 20 325,548 372,828 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Robert Heil Sign Signature of officer Date Here Robert Heil, Executive Director Type or print name and title Date X Print/Type preparer's name Preparer's signature Check **Paid** Ellen D Gnandt 06-02-2019 self-employed P01223650 Preparer Firm's name Ellen D Gnandt MBA CPA LLC Firm's EIN ▶ **Use Only** Firm's address ▶ 6256 Route 209 Phone no. Stroudsburg PA 18360 570-801-7899 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | 3.7 |
| _ | 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, | _ | | 37 |
| c | 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | |
| ′ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | | | - 21 |
| Ü | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | 21 |
| • | 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 | | Х |
| 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 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | 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 | 11a | Χ | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 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 | 11c | | X |
| d | o i | | | |
| | 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 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 3.7 |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 40 | | 77 |
| 40 | "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 b | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| IJ | 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 | | Х |
| 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 | 15 | | Х |
| 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 | 16 | | Х |
| 17 | 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) | 17 | | X |
| 18 | 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 | 18 | Х | |
| 19 | 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 | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | 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 |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|-----|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | 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 | | | |
| | 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 | | | |
| | 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 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d or- | 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 | 25- | | v |
| | 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 | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 25h | | v |
| 20 | 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 | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | 26 | | Х |
| 27 | disqualified persons? If "Yes," complete Schedule L, Part II | 20 | | |
| 21 | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | LI | | 22 |
| 20 | 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 | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete | | | |
| - | Schedule L, Part IV | 28b | | Х |
| 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 | | Х |
| 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 | | Х |
| 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, Part II, III, | | | |
| | 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 | | | |
| | 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 | | | |
| | 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 | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | Ш |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |

23-2564522

18) Brodheads Watershed Association Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No |
|----------|--|----------|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 4 | | | |
| 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 <i>e-file</i> (see instructions) | | | 37 |
| 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 O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | 3.7 |
| | 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). | | | v |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | Λ |
| c 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 30 | | |
| va | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | va | | 21 |
| U | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.5 | | |
| a | 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 | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| 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 | | Χ |
| 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? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did 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. | | | |
| a | 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: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | 7.7 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | Х |
| | excess parachute payment(s) during the year | 15 | | Λ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| . • | If "Yes," complete Form 4720, Schedule O. | .0 | | 21 |
| | | | | |

Part VI

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 | w, describe the circumstances | s, processes, | or changes | s in Schedule (| O. See instr | uctions. | |
| Check if Schedule O co | ontains a resp | onse or note to any line in this | Part VI . | | | | | |

| 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 | | | |
| | 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 27 | | | |
| 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 | | Χ |
| 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 | Х | |
| 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 | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | 7.5 | |
| а | The governing body? | 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 | 9 | | Х |
| Sec | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Λ |
| 000 | tion D. 1 Onoics (This occitor b requests information about policies not required by the internal Nevenue code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 100 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Χ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Χ |
| 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 | | Χ |
| 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 | | |
| | tion C. Disclosure | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filled Pennsylvania Section 6104 requires an exemplation to make its Forms 1033 (1034 or 1034 A if applicable) 000 and 000 T (Section 501(a)) | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Upon request Other (explain in Schedule O) | | | |
| 10 | | | | |
| 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: | | | |
| _0 | Edith Stevens (570)839-1120, PO Box 339, Henryville, PA 18332 | | | |

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|------|-----|------|----|
| UHIH | 220 | IZUI | O |

Brodheads Watershed Association

| 23 | 3 – | 2 | 5 | 6 | 4 | 5 | 2 | 2 | |
|----|-----|---|---|---|---|---|---|---|--|
|----|-----|---|---|---|---|---|---|---|--|

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.

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

| (A) (B) (B) Position (do not check more than one box, unless person is both an officer and a director/trustee) Week (list any officer and a director/trustee) (D) Reportable compensation con from | (E) Reportable ompensation from related organizations | (F) Estimated amount of |
|--|--|--------------------------------|
| (A) (B) (do not check more than one Name and Title Average box, unless person is both an hours per officer and a director/trustee) (D) Reportable compensation con | Reportable ompensation from related | Estimated amount of |
| Name and Title Average box, unless person is both an Reportable hours per officer and a director/trustee) compensation con | ompensation from related | amount of |
| | related | |
| I Week (list any) | | other |
| hours for the | | compensation |
| related or an officer with the control of the contr | N-2/1099-MISC) | from the organization |
| related organization organizations below dotted line) related organizations organizations below dotted line) related organization organization organization organization organization organization organization organization (W-2/1099-MISC) | | and related |
| related organizations below dotted line) related organizations below dotted line) related organization (W-2/1099-MISC) (W-2/1099-MISC) | | organizations |
| related organizations below dotted line) related organizations below dotted line) related organization (W-2/1099-MISC) Tomber Former (W-2/1099-MISC) | | |
| | | |
| | | |
| (1) Edith Stevens 10.00 | | |
| Treasurer X X 0 | 0 | 0 |
| (2) Frances Ferrari 1.00 | | |
| President X X 0 | 0 | 0 |
| (3) Ann Foster 2.00 | | |
| Secretary X X 0 | 0 | 0 |
| (4) Craig Todd | | |
| Vice President X X 0 | 0 | 0 |
| (5) Frank Allen | | |
| Member X 0 | 0 | 0 |
| (6) Annette Atkinson | | |
| Member X 0 | 0 | 0 |
| (7) Donald Baylor | | |
| Member X 0 | 0 | 0 |
| (8) Gary Bloss | | |
| Member X 0 | 0 | 0 |
| (9) Catherine Folio | | |
| Member X 0 | 0 | 0 |
| (10)Paula_Heeschen | | |
| Member X 0 | 0 | 0 |
| (11)Doug Leies | | |
| Member X 0 | 0 | 0 |
| (12)Don Miller | | _ |
| Member X 0 | 0 | 0 |
| (13)John Parker | _ | _ |
| Member X 0 | 0 | 0 |
| (14)Dick Shackleton | _ | _ |
| Member X 0 | 0 | 0 Form 000 (2018) |

| orm | 990 | (201 | R١ |
|-----|-----|------|----|
| | | | |

| ` | 2 | | 2 | | - | 1 | | 2 | 1 |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 3 | _ | 4 | 5 | o | 4 | 2 | 4 | 4 |

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| | | | | | (C) | | | | | |
|-------------------------------|-----------------------------|--|---------------------------------|---------|--------------|------------------------------|-------------------|---------------------------------|-----------------|-----------------------|
| (A) | (B) Position | | | | | (D) | (E) | (F) | | |
| Name and Title | Average | 5 111, 111, 111, 111, 111, 111, 111, 1 | | | | | Reportable | Reportable | Estimated | |
| | hours per | offic | officer and a director/trustee) | | |) | compensation from | compensation from related | amount of other | |
| | week (list any hours for | | | | _ | | | the | organizations | compensation |
| | related organizations | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Forme | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | dual ector | ution | 4 | mpi | est co | _ e | (VV-2/1099-IVIISC) | | and related |
| | line) | trust | al tru | | уее | ompe | | | | organizations |
| | | ee | stee | | | insat | | | | |
| | | | | | | ed | . | | | |
| | | | | | | | | | | |
| (1) Doug Swift | | | | | | | | | | |
| Member | | X | | | | | | (| 0 | 0 |
| (2) Damary Bonilla-Rodriguez | L | | | | | | | | | |
| Member | | X | | | | | | (| 0 | 0 |
| (3) Brittany Coleman | | | | | | | | | | |
| Member | | X | | | | | | (| 0 | 0 |
| (4) Matt Connell | | | | | | | | | | |
| Member | | X | | | | | | | 0 | 0 |
| (5) Richard Cramer | | | | | | | | | | |
| Member | | X | | | | | | (| 0 | 0 |
| (6) Matt_Dilger | | | | | | | | | | |
| Member | | X | | | | | | 1 | 0 | 0 |
| (7) Fallon Horan | | | | | | | | | | |
| Member | | X | | | | | | (| 0 | 0 |
| (8) John Layton | | 3.7 | | | | | | | | |
| Member | | X | | | | | | | 0 | 0 |
| (9) Rob Sedwin | | X | | | | | | | | |
| Member | | Δ_ | | | | | | | 0 | 0 |
| (10)Jennifer Shukaitis Member | | X | | | | | | | 0 | 0 |
| (11)Kathy Uhler | | Λ_ | | | | | | | J 0 | 0 |
| Member | | X | | | | | | | 0 | 0 |
| (12)Marilyn Detrick | | 21 | | | | | | , | | |
| Member | | X | | | | | | | 0 | 0 |
| (13)Ruth Ann Rocchio | | | | | | | | | | |
| Member | | X | | | | | | | o | 0 |
| (14)John Smith | 2.00 | | | | | | | | | |
| Member | | | | | | | Х | | 0 | 0 |
| | • | | | | | • | | | • | |

Form 990 (2018)

| Part ' | VII Section A. Officers, Directors, Trustees | , Key Emplo | yees, | and | Hig | hes | t Con | npen | sated Employee | s (continued) | | | |
|-------------|---|--|--------|------------------|-----------------|-----------------------|--|------------|---|--|-----|--|----------------------|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unless er and | perso a dire | ion re th on is | nan one both an trustee) Highest compensated | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | co | (F) Estimated amount of other ompensation from the organization and relater ganization | ion e on ed |
| | Fred Johnson | 5.00 | | | | | | X | C | |) | | 0 |
| (4.0) | | | | | | | | 21 | | | | | |
| <u>(17)</u> | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | | | | | |
| <u>(22)</u> | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| <u>(24)</u> | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| С | Sub-total | nA | | | | | | • | (| | | | |
| | Total (add lines 1b and 1c) | | | | | | | | | |) | | 0 |
| | reportable compensation from the organization • | | | | | | | | | |) | Yes | No |
| 3 | Did the organization list any former officer, directo employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> | | - | | | | - | | | | 3 | X | |
| 4 | For any individual listed on line 1a, is the sum of rep | ortable comp | ensati | on a | nd ot | her | comp | ensa | tion from the | | 3 | A | |
| | organization and related organizations greater than individual | | | | ompl | ete | Sched | dule . | J for such | | 4 | | X |
| | Did any person listed on line 1a receive or accrue or | | | - | | | - | | | | _ | | 37 |
| | for services rendered to the organization? If "Yes," on B. Independent Contractors | complete So | cneaui | e J t | or st | icn į | persoi | <u>n</u> . | | | 5 | | X |
| 1 | Complete this table for your five highest compensate compensation from the organization. Report comper year. | | | | | | | | | | | | |
| | (A) Name and business address | | | | | | | | (B) Description of | services | Cor | (C) | n |
| | Hamb and business dutiess | | | | | | | | 2000 i pilori Ol | | 001 | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including received more than \$100,000 of compensation from | | | ose • | listed | d ab | ove) v | vho | | | | | |

Page 9 23-2564522

Part VIII Statement of Revenue

| Total reconsult Total reco | | | Check if Schedule O contains a response or | note to any line in this | s Part VIII | | | |
|--|---------------|-----|--|--------------------------|-------------|----------------------------|--------------------|--|
| b b | | | | | | Related or exempt function | Unrelated business | Revenue excluded from tax under sections |
| Total. Add lines fa-1f | | 1a | Federated campaigns 1a | | | | | |
| Total. Add lines fa-1f | ants | b | Membership dues | 36,610 | | | | |
| Total. Add lines fa-1f | G E G | С | Fundraising events | | | | | |
| Total. Add lines fa-1f | Sifts ar A | d | Related organizations 10 | I | | | | |
| Total. Add lines fa-1f | inii Ei | е | Government grants (contributions) 16 | 4,150 | | | | |
| Total. Add lines fa-1f | er S | f | All other contributions, gifts, grants, | | | | | |
| Total. Add lines fa-1f | 들 | | and similar amounts not included above 1f | 21,897 | | | | |
| Total. Add lines fa-1f | nd in | g | Noncash contributions included in lines 1a-1f: | 3,850 | | | | |
| 2a Protect clean water 900099 64,784 64,784 900099 50,000 50,000 50,000 64,784 900099 50,000 50,000 64,784 900099 50,000 50,000 64,784 900099 50,000 50,000 64,784 900099 70,000 70, | | h | Total. Add lines 1a-1f | | 70,547 | | | |
| 126,608 3 Investment income (including dividends, interest, and other similar amounts) 1,225 | | | | Business Code | | | | |
| 126,608 3 Investment income (including dividends, interest, and other similar amounts) 1,225 | une | 2a | Protect clean water | 900099 | 64,784 | 64,784 | | |
| 126,608 3 Investment income (including dividends, interest, and other similar amounts) 1,225 | Reve | b | Technical assistance | 900099 | | | | |
| 126,608 3 Investment income (including dividends, interest, and other similar amounts) 1,225 | ice F | С | Trails | 900099 | 50,000 | 50,000 | | |
| 126,608 3 Investment income (including dividends, interest, and other similar amounts) 1,225 | Serv | d | All other programs | 900099 | 11,824 | 11,824 | | |
| 126,608 3 Investment income (including dividends, interest, and other similar amounts) 1,225 | Ë | е | | | | | | |
| 126,608 3 Investment income (including dividends, interest, and other similar amounts) 1,225 | Prog | f | All other program service revenue | | | | | |
| and other similar amounts) | | g | Total. Add lines 2a-2f | | 126,608 | | | |
| 1 | | 3 | Investment income (including dividends, interest | | | | | |
| 10 10 10 10 10 10 10 10 | | | , | - t | 1,225 | 1,225 | | |
| Ga Gross rents (ii) Personal (iii) | | 4 | • • • | - t | | | | |
| 10 | | 5 | Royalties | | | | | |
| Description | | | (i) Real | (ii) Personal | | | | |
| C Rental income or (loss) | | | | | | | | |
| d Net rental income or (loss) | | | | | | | | |
| Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses | | | | | | | | |
| assets other than inventory b Less: cost or other basis and sales expenses | | d | Net rental income or (loss) | | | | | |
| and sales expenses | | 7a | Gross amount norm saids of | (ii) Other | | | | |
| C Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 7,890 of contributions reported on line 1c). See Part IV, line 18 | | b | | | | | | |
| d Net gain or (loss) | | С | 0-1 | | | | | |
| 8a Gross income from fundraising events (not including \$ | | | | | | | | |
| of contributions reported on line 1c). See Part IV, line 18 | enne | | Gross income from fundraising | | | | | |
| c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 | Se. | | | | | | | |
| c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 | erF | | | 24 877 | | | | |
| c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 | € | h | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | • | | |) | | (799 |
| See Part IV, line 19 | | l . | | | (,,,,, | | | (,,,,,, |
| b Less: direct expenses b | | | | | | | | |
| c Net income or (loss) from gaming activities | | b | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | • | | | | | |
| b Less: cost of goods sold b | | | Gross sales of inventory, less | | | | | |
| c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11a b c d All other revenue | | h | | | | | | |
| Miscellaneous Revenue Business Code 11a | | | _ | | | | | |
| 11a | | | | | | | | |
| b | | 11a | | | | | | |
| c d All other revenue | | | | | | | | |
| d All other revenue | | | - | | | | | |
| e Total. Add lines 11a-11d | | | | _ I | | | | |
| | | - | | | | | | |
| | | | | | 197,581 | 127,833 | | 0 (799 |

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 (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 74,302 48,687 25,615 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 6,462 4,211 2,251 11 Fees for services (non-employees): 3,298 2,601 697 b Legal...... 2,000 1,500 500 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 29,526 29,526 12 13 1,200 1,013 187 14 15 16 4,350 1,232 3,118 17 1,753 1,753 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Insurance 875 3,502 2,627 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.) Printing 2,974 2,974 b Telephone 714 385 329 c Postage 984 769 215 d Supplies 15,785 15,715 70 е All other expenses 3,451 3,258 193 Total functional expenses. Add lines 1 through 24e 25 150,301 118,137 32,164 0 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)

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 |
| | 1 | Cash - non-interest-bearing | 103,468 | 1 | 150,027 |
| | 2 | Savings and temporary cash investments | 201,233 | 2 | 202,138 |
| | 3 | Pledges and grants receivable, net | • | 3 | , |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 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 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ass | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | iou | other basis. Complete Part VI of Schedule D 10a 450,000 | | | |
| | b | Less: accumulated depreciation 10b | 5,750 | 10c | 450,000 |
| | 11 | Investments - publicly traded securities | 3,730 | 11 | 450,000 |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 23,500 | 15 | 23,500 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 333,951 | 16 | 825,665 |
| | 17 | Accounts payable and accrued expenses | 2,653 | 17 | 2,837 |
| | 18 | Grants payable | 2,055 | 18 | 2,037 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, | | | |
| ig | | trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| Ë | 22 | disqualified persons. Complete Part II of Schedule L | | 23 | |
| | 23 | | | | |
| | 24 25 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | 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 | E 7E0 | 25 | 450,000 |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,750 | 26 | - |
| | | Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright \square$ and | 8,403 | 20 | 452,837 |
| | | complete lines 27 through 29, and lines 33 and 34. | | | |
| Ses | 27 | Unrestricted net assets | 267 104 | 27 | 200 012 |
| <u>a</u> | 27 | | 267,104 | | 280,913 |
| Ва | 28 | Temporarily restricted net assets | 37,944 | 28 | 71,415 |
| Net Assets or Fund Balances | 29 | Permanently restricted net assets | 20,500 | 29 | 20,500 |
| | | Organizations that do not follow SFAS 117 (ASC 958), check here and appropriate lines 20 through 34 | | | |
| ls o | 20 | complete lines 30 through 34. | | 20 | |
| sse | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Ĕ | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Se | 32 | Retained earnings, endowment, accumulated income, or other funds | 205 542 | 32 | 200 000 |
| | 33 | Total list lists and act acceptation deleases | 325,548 | 33 | 372,828 |
| | 34 | Total liabilities and net assets/fund balances | 333,951 | 34 | 825,665 |

Both consolidated and separate basis

2c

3a

Χ

Separate basis

Schedule O.

Consolidated basis

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

If the organization changed either its oversight process or selection process during the tax year, explain in

(Rev. January 2019)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

| | which an extension request must be sent to the orm, visit www.irs.gov/e-file-providers/e-file-for-o | | | more details on the electronic | | | | |
|--|--|------------------------------|--------------------------------|--------------------------------|--------------------|--|--|--|
| Automatic | c 6-Month Extension of Time. Only s | submit orig | inal (no copies needed |). | | | | |
| | ons required to file an income tax return other that m 7004 to request an extension of time to file inc | | ms / | , . | in atrusations | | | |
| Type or | Name of exempt organization or other filer, so | Enter filer's identifying nu | | | on number (EIN) or | | | |
| print | , , | | J | 23-2564522 | | | | |
| File by the | Number, street, and room or suite no. If a P.C | | structions. | Social security number (SSN) | | | | |
| due date for | PO Box 339 | | | | | | | |
| filing your | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | | |
| return. See instructions. | Henryville, PA 18332 | 3 | | | | | | |
| Enter the Ret | um Code for the retum that this application is for | (file a separa | te application for each retum) | | 01 | | | |
| Application | n | Return | Application | | Return | | | |
| Is For | | Code | Is For | | Code | | | |
| Form 990 c | or Form 990-EZ | 01 | Form 990-T (corporation) | | 07 | | | |
| Form 990-E | 3L | 02 | Form 1041-A | | 08 | | | |
| Form 4720 | (individual) | 03 | Form 4720 (other than indiv | vidual) | 09 | | | |
| Form 990-F | PF | 04 | Form 5227 | Form 5227 | | | | |
| | Γ (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | | | |
| Form 990-T (trust other than above) 06 Form 8870 | | | | | | | | |
| Telephone If the orga If this is for | Edith Stevens No. ► 570-839-1120 Inization does not have an office or place of busing a Group Return, enter the organization's four diggroup, check this box | Finess in the Ugit Group Exe | AX No. ► | | ▶□ | | | |
| a list with the | names and EINs of all members the extension is | TOr. | | | | | | |
| for the □ | st an automatic 6-month extension of time until organization named above. The extension is for t calendar year 20 18 or tax year beginning | he organizati | on's return for: | exempt organization retum, 20 | | | | |
| Cha | ax year entered in line 1 is for less than 12 month ange in accounting period | | | Final retum | | | | |
| 3a If this a | pplication is for Forms 990-BL, 990-PF, 990-T, 4 | 720, or 6069, | enter the tentative tax, less | | | | | |
| | nrefundable credits. See instructions. | | | 3a \$ | | | | |
| | pplication is for Forms 990-PF, 990-T, 4720, or 6 | | | | | | | |
| | ted tax payments made. Include any prior year o | | | 3b \$ | | | | |
| | ce due. Subtract line 3b from line 3a. Include yo | | | | | | | |
| | EFTPS (Electronic Federal Tax Payment System) | | | 3c \$ | | | | |
| Caution: If y | ou are going to make an electronic funds withdr | awal (direct o | debit) with this Form 8868, se | e Form 8453-EO and Form 8879 | EO for paymer | | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

Eorm 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

| | | • | _ | |
|-----------------------|--------------------------|---|---|------------|
| or calendar vear 2018 | or fiscal year beginning | | | and ending |

2018 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization Brodheads Watershed Association 23-2564522 Name and title of officer Robert Heil, Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize Ellen D Gnandt MBA CPA LLC to enter my PIN as my signature 64522 **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date ▶ 05-13-2019 Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 243862 62032 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Date > 06-02-2019

OMB No. 1545-1878

ERO's signature

| | F | FOR YOUR RECO ederal Supporting | | 2018 | PG01 |
|--|--------------|---------------------------------------|-------------------------|---------------|--------------------------|
| ne(s) as shown on return codheads Wa | atershed Ass | ociation | | Tax ID Number | 3-2564522 |
| | Form 990 | - Schedule D - Investments - | Part VI - Line Other | 1e Star | tement #D1e |
| escription f Investmen rever Green P | | Cost/basis (Investment) 450,000 | Cost/basis (Other) | Depr 0_ | Book Value 450,000 |
| otal | | 450,000 | | 0 | 450,000 |
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| 990 | Overflow Statement | 2018 Page 1 |
|--|---|-------------------------------|
| ame(s) as shown on return Brodheads Watersh | ned Association | FEIN 23-2564522 |
| | | |
| | Other Grants, contributions, revenues | |
| escription | | Amount |
| ontributions | Total: | \$ 18,047 \$ 18,047 |
| | Occupancy | |
| | 2 2 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| Description Rent | | <u>Amount</u> \$ 1,232 |
| <u>.enc</u> | Total: | |
| | Other expenses | |
| Description | | Amount |
| Facility rental | | \$ 225 |
| Supplies | | 1,386 |
| Internet | | 606 |
| Books and subscri | iptions | 863 |
| Refreshments | | 178_ |
| | Total: | \$ 3,258 |
| Description | | Amount |
| Bank Charges | | \$ 193 |
| | Total: | \$ 193 |
| | | |
| Description | | Amount |
| Nages | | \$ 3,448 |
| Payroll taxes | | 298 |
| <u> Postage & Printir</u> | <u>ng</u> | 1,296 |
| Other | | 971 |
| Awards | Motol. | 207 |
| | Total: | \$ 6,220 |
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Ellen D Gnandt MBA CPA LLC

6256 Route 209 Stroudsburg, PA 18360 egnandt@ptd.net Phone: (570)801-7899 | Fax: (877)530-9576

| June | α | -20 | 10 |
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| | | | |

Brodheads Watershed Association PO Box 339 Henryville, PA 18332

Brodheads Watershed Association:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for Brodheads Watershed Association from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (570)801-7899.

Sincerely,

Ellen D Gnandt Ellen D Gnandt MBA CPA LLC