

Form **990**

RETURN DUE 11-17-03 EXTENSION ATTACHED

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

**2002**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

Open to Public  
Inspection**A** For the 2002 calendar year, or tax year beginning , 2002, and ending**B** Check if applicable☒ Address change☐ Name change☒ Initial return☐ Final return☐ Amended return☐ Application pendingPlease use  
IRS label  
or print  
or type  
See  
specific  
instructions**C** Name of organization

Woonasquatucket River Watershed Council

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

532 Kinsley Avenue

City town or country

Providence

State ZIP code + 4

RI 02909-1059

**D** Employer Identification Number

05-0519694

**E** Telephone number

(401) 861-9046

**F** Accounting method☐ Cash☒ Accrual☐ Other (specify)Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H (a)** Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If Yes, enter number of affiliates**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If No, attach a list. See instructions.)

**H (d)** Is this a separate return filed by anorganization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4 digit GEN**M** Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF)**G** Web site**J** Organization type  
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than  
\$25,000. The organization need not file a return with the IRS, but if the organization  
received a Form 990 Package in the mail, it should file a return without financial data.  
Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 246,807**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** 197,761**b** Indirect public support**1b****c** Government contributions (grants)**1c** 39,910**d** Total (add lines 1a through 1c) (cash \$ 237,671 noncash \$ )**1d** 237,671**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** 77**5** Dividends and interest from securities**5****6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe )**7****8a** Gross amount from sales of assets other  
than inventory

(A) Securities

(B) Other

**8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ 0 of contributions  
reported on line 1a)**9a** 9,059**b** Less direct expenses other than fundraising expenses**9b** 721**c** Net income or (loss) from special events (subtract line 9b from line 9a)

See L-9 Stmt

**9c** 8,338**10a** Gross sales of inventory, less returns and allowances**10a** SCHEDULE 2**b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 246,086**13** Program services (from line 44, column (B))**13** 71,139**14** Management and general (from line 44, column (C))**14** 13,081**15** Fundraising (from line 44, column (D))**15** 2,942**16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** 87,162**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** 158,924**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 1,187**20** Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 160,111

12

SCANNED OCT 23 2003

RECEIVED  
OCT 19 2003  
OGDEN, UT  
IRS

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 34,865	27,892	5,230	1,743
26 Other salaries and wages	26 9,535	9,535		
27 Pension plan contributions	27 707	594	85	28
28 Other employee benefits	28 9,236	7,758	1,108	370
29 Payroll taxes	29 4,074	3,422	489	163
30 Professional fundraising fees	30			
31 Accounting fees	31 1,800		1,800	
32 Legal fees	32 1,720		1,720	
33 Supplies	33 3,714	3,119	446	149
34 Telephone	34 2,685	2,256	322	107
35 Postage and shipping	35 949	797	114	38
36 Occupancy	36 4,350	3,654	522	174
37 Equipment rental and maintenance	37			
38 Printing and publications	38 821	689	99	33
39 Travel	39 568	568		
40 Conferences, conventions, and meetings	40 824	824		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 992	873	119	
43 Other expenses not covered above (itemize)				
a Professional fees	43a 2,665	2,665		
b Film & processing	43b 304	304		
c Education and program supplies	43c 532	532		
d Insurance	43d 525	441	63	21
e See Other Expenses Stmt	43e 6,296	5,216	964	116
44 Total functional expenses (add lines 22-43) Organizations completing columns (B), (C), (D), carry these totals to lines 13-15	44 87,162	71,139	13,081	2,942

Joint Costs Check ☐ if you are following SOP 98.2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes, enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services

\$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? Restoration and preservation of Woonasquatucket River

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts but  
optional for others.)

a Encourage, support, & promote the restoration and preservation of the Woonasquatucket River watershed as an environmental, recreational, cultural and economic asset of the State of Rhode Island (Grants and allocations \$ 0 )	71,139
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B) program services)	71,139

**Part IV Balance Sheets** (See Instructions)

Note		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non interest-bearing	26,059	45	91,512
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	50		
	b Less allowance for doubtful accounts		47c	50
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	66,911
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	628	53	4,700
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	4,960			
b Less accumulated depreciation (attach schedule) <i>Sched 2 L-57 Stmt</i>	992	57c	3,968	
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	26,687	59	167,141	
LIABILITIES	60 Accounts payable and accrued expenses		60	7,030
	61 Grants payable		61	
	62 Deferred revenue	25,000	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) <i>Sched 3</i>	500	63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
	66 <b>Total liabilities</b> (add lines 60 through 65)	25,500	66	7,030
SUPPLIES OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,187	67	23,133
	68 Temporarily restricted		68	136,978
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,187	73	160,111
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	26,687	74	167,141

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990	<b>b</b>	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990	<b>b</b>	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Jennifer Pereira 181 Kenyon Avenue Wakefield, RI 02879	Exec Director 40	34,865	707	0
Board of directors see attached schedule 1	all volunteers 0	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If Yes, attach schedule — see instructions

☐ Yes

☒ No

**Part VI Other Information** (See instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78 b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
<b>81 a</b> Enter direct or indirect political expenditures. See line 81 instructions		
<b>81 b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>82 b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b> <b>501(c)(4), (5) or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?		
<b>85 b</b> Did the organization make only in house lobbying expenditures of \$2,000 or less?		
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>85 c</b> Dues, assessments, and similar amounts from members		
<b>85 d</b> Section 162(e) lobbying and political expenditures		
<b>85 e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85 f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85 g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85 h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86</b> <b>501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12		
<b>86 b</b> Gross receipts, included on line 12, for public use of club facilities		
<b>87</b> <b>501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders		
<b>87 b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>89 a</b> <b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
<b>89 b</b> <b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		
<b>90 a</b> List the states with which a copy of this return is filed <u>None</u>		
<b>90 b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		1
<b>91</b> The books are in care of <u>Jennifer Periera</u> Telephone number <u>(401) 861-9046</u> Located at <u>532 Kinsley Avenue, Providence, RI</u> ZIP + 4 <u>02909</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		

**Part VII Analysis of Income-Producing Activities** (See instructions)

**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	77	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	8,338	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				8,415	
<b>105</b> Total (add line 104, columns (B), (D), and (E))					8,415

**Note** Line 105 plus line 1d Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	
2	
3	
4	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

**Note** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

10-10-03

Date

UTIVE DIRECTOR

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

Woonasquatucket River Watershed Council

Employer identification number

05-0519694

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	None	

**Part III** Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_

(Must equal amounts on line 38, Part VI A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

- 4 Do you have a section 403(b) annuity plan for your employees?

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 ☐ 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 charitable etc, 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) (Also complete the **Support Schedule** in Part IV A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,187				1,187
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	1,187				1,187
<b>24</b> Line 23 minus line 17	0				0
<b>25</b> Enter 1% of line 23	12				

**26 Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24

<b>26 a</b>	0
<b>26 b</b>	0
<b>26 c</b>	0
<b>26 d</b>	0
<b>26 e</b>	0
<b>26 f</b>	%

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26 b \_\_\_\_\_ 0

e Public support (line 26c minus line 26d total)

f **Public support percentage** (line 26e (numerator) divided by line 26c (denominator))

**27 Organizations described on line 12**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

c Add: Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) | 27 f |

<b>27 c</b>	
<b>27 d</b>	
<b>27 e</b>	
<b>27 g</b>	%
<b>27 h</b>	%

g **Public support percentage** (line 27e (numerator) divided by line 27f (denominator))

h **Investment income percentage** (line 18, column (e) (numerator) divided by line 27f (denominator))

**28 Unusual Grants.** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
If 'Yes,' please describe, if 'No' please explain (If you need more space, attach a separate statement )				
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-----				
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )				
-----				
-----				
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33 a		
b	Admissions policies?	33 b		
c	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )				
-----				
-----				
-----				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and limited control provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table —														
	<table border="0"> <tr> <td><b>If the amount on line 40 is —</b></td> <td><b>The lobbying nontaxable amount is —</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter 0 if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter 0 if line 41 is more than line 38	44													

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		- 0 -

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



Sched 1

## Woonasquatucket River Watershed Council

### WOONASQUATUCKET RIVER WATERSHED COUNCIL (WRWC)

#### Board Members FY 2002

05-0519694

Ms Jane Sherman, Chair  
532 Kinsley Avenue  
Providence, RI 02909  
Community Resident

Mr Donald Burns  
98 Stillwater Road  
Smithfield, RI 02917  
Chair, Smithfield Conservation  
Commission, Community Resident

Mr Donald Driscoll, Vice-Chair  
Snake Hill Road  
Harmony, RI 02828  
Community Resident

Ms Jean Lynch  
32 Sakna Avenue  
Johnston, RI 02919  
Community Resident

Mr Bruce Hooke, Treasurer & Secretary  
135 Merno Street #1  
Providence, RI 02909  
Community Resident

Ms Eugenia Marks  
Audubon Society of Rhode Island  
12 Sanderson Road  
Smithfield, RI 02917  
Nonprofit

Mr Maurice Bourget  
629 Iron Mine Hill Road  
North Smithfield, RI 02896  
Community Resident

Mr Paul McElroy  
188 Urban Avenue  
North Providence, RI 02904  
Community Resident

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532 Kinsley Avenue, Providence, Rhode Island 02909  
Telephone (401) 861-9046, Fax (401) 861-9038, [www.woonasquatucket.org](http://www.woonasquatucket.org)

maec

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Take me to the River trip	9,059	0	9,059	721	8,338
<b>Total</b>	<b>9,059</b>	<b>0</b>	<b>9,059</b>	<b>721</b>	<b>8,338</b>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Outdoor film festival	770	770		
Public events	556	556		
Dues & fees	2,250	2,240	10	
Incorporation fees	535		535	
General fund-raising expenses	116			116
Payroll service	56		56	
Small equipment	1,875	1,650	225	
Miscellaneous	138		138	
<b>Total</b>	<b>6,296</b>	<b>5,216</b>	<b>964</b>	<b>116</b>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Equipment	2,335	467	1,868
Donated furniture and equipment	2,625	525	2,100
<b>Total</b>	<b>4,960</b>	<b>992</b>	<b>3,968</b>

**Supporting Statement of.**

Form 990 p 3/Line 63, column (A)

Description	Amount
Loan from board member	500
Total	<u>500</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note** Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy**

Type or print	Name of Exempt Organization	Employer identification number
	Woonasquatucket River Watershed Council	05-0519694
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS Use Only
File by the extended due date for filing the return. See instructions	532 Kinsley Avenue	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions	
	Providence RI 02909-1059	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 EZ	<input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990 BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990 T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**Stop** Do not complete **Part II** if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3 month extension of time until Nov 17, 2003
- 5 For calendar year 2002, or other tax year beginning 2002 and ending 2003
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Final figures for 2002 are still being audited, reviewed or compiled

- 8a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990 PF, 990 T, 4720 or 6069 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title Agent for the corporation Date 08/15/03

**Notice to Applicant – To be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name
	Michael Aaronson
	Number and street (include suite, room, or apartment number) or a P.O. box number
	1604 BROAD ST
	City or town, province or state, and country (including postal or ZIP code)
	CRANSTON RI 02905-4130

EXTENSION APPROVED  
AUG 28 2003  
WANDA WEISKOPF FIELD DIRECTOR  
IRS - NEW YORK PROCESSING, GGDEN