Form. 990,

Department of the Treasury

RETURN DUE 11-15-06 EXTENSION ATTACKED Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service , 2005, and ending For the 2005 calendar year, or tax year beginning D Employer Identification Number C Name of organization Check if applicable Please use Woonasquatucket River Watershed Council 05-0519694 Address change IRS label or print E Telephone number Number and street (or P O box if mail is not delivered to street addr) Room/suite Name change or type. See 861-9046 (401) Sims Avenue Initial return specific instruc-Accounting method: ZIP code + 4 State Cash X Accrual City, town or country Final return tions 02909 Providence RI Other (specify) Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt Application pending charitable trusts must attach a completed Schedule A X H (a) Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates Web site: www.woonasquatucket.org H (C) Are all affiliates included? Organization type (If 'No,' attach a list See instructions) (check only one) *527* 4947(a)(1) or 501(c) (insert no) H (d) is this a separate return filed by an Check here | If the organization's gross receipts are normally not more than organization covered by a group ruling? X No Yes \$25,000 The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a Group Exemption Number complete return. If the organization is not required Check to attach Schedule B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line $12 \ge 267, 178$. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Part I Contributions, gifts, grants, and similar amounts received 237,392. a Direct public support **b** Indirect public support 5,000. c Government contributions (grants) d Total (add lines is through ic) (cash \$ ____ 242,392. noncash \$ 242,392. 1 d Program service revenue including government fees and contracts (from Part VII, line 93) 24,466. Membership dues and assessments Interest on savings and temporary cash investments ECEIVED 320. Dividends and interest from securities 6a Gross rents NOV 0 6b **b** Less rental expenses c Net rental income or (loss) (subtract line 6b from line-6a) 6¢ Other investment income (describe (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 8b CHANNIE TO **b** Less cost or other basis and sales expenses 8cl c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8 d Special events and activities (attach schedule). If any amount is from gaming, check here of contributions a Gross revenue (not including 9a reported on line 1a) NAN 9b b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 9с 10a 10a Gross'sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c Other revenue (from Part VII, line 103) 267,178. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 184,179. Program services (from line 44, column (B)) 16,649. Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 200,828. Total expenses (add lines 16 and 44, column (A)) 66,350. Excess or (deficit) for the year (subtract line 17 from line 12) 105,466. Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 171,816. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2005)

TEEA0101

02/03/06

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.

Da 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 \$)					
If this amount includes foreign grants, check here	22				
23 Specific assistance to individuals (att sch)	23			Ì	
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	49,130.	39,740.	9,390.	
26 Other salaries and wages	26	42,914.	42,914.		
27 Pension plan contributions	27	400.	400.		
28 Other employee benefits	28	5,853.	5,853.		
29 Payroll taxes	29	6,454.	6,454.		
30 Professional fundraising fees	30				
31 Accounting fees	31	3,396.		3,396.	
32 Legal fees	32				
33 Supplies	33	559.	503.	56.	
34 Telephone	34	3,426.	3,083.	343.	
35 Postage and shipping	35	5,467.	4,920.	547.	
36 Occupancy	36	4,762.	4,286.	476.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	3,878.	3,490.	388.	
39 Travel	39_	103.	103.		
40 Conferences, conventions, and meetings	40	650.	650.		
41 Interest	41			_	
42 Depreciation, depletion, etc (attach schedule)	42	1,287.	1,158.	129.	
43 Other expenses not covered above (itemize).					
a Professional fees	43a	56,452.	56,452.		
b Film & processing	43b	100.	100.		
c Insurance	43 c	2,167.	1,950.	217.	
d Miscellaneous	43 d	785.	785.		
e Public events	43 e	2,058.	2,058.		
f Dues & fees	43 f	80.	80.		
g See Other Expenses Stmt 3	43g	10,907.	9,200.	1,707.	
44 Total functional expenses. Add lines 22 through					<u> </u>
43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	200,828.	184,179.	16,649.	
Joint Costs. Check If you are following	SOP 9	8-2.			
Are any joint costs from a combined education	al cam	paign and fundraising so	licitation reported in (B)	Program services?	► Yes X No
If 'Yes,' enter (i) the aggregate amount of these	e joint d	costs \$; (ii) the an	nount allocated to Progr	am services
\$; (iii) the amount all	ocated	to Management and gen	neral '\$; and (iv) the	amount allocated
to Fundraising \$					
BAA					Form 990 (2005)

Form 996 (2005)	Woonasquatucket	River	Watershed	Council
<u> </u>	WOOMASquatucket	T/T A G T	Marceraned	COUNCIL

05-0519694

<u>P</u>age **3**

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

hat is the organization's prir	nary ex	empt purpose? - Restoration ad preservation of Woonasqutucket River	Program Service Expenses
ents served, publications is: ations and 4947(a)(1) nonex	suea, et cempt cl	exempt purpose achievements in a clear and concise manner. State the number of c. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organ-naritable trusts must also enter the amount of grants and allocations to others.)	4947(a)(1) trusts, but optional for others)
_ 		& promote the restoratio and preservation of the	
		r watershed as an environmental, recreational, cultural	
		of the State of Rhode Island	
(Grants and allocations	\$	0.) If this amount includes foreign grants, check here	184,179.
b			
	- - -		
	- -	_~	
	- -		
	- -	_ ~	
(Grants and allocations	\$) If this amount includes foreign grants, check here ►	····
c	. 		
	. .		
	. 	· 	
(Grants and allocations) If this amount includes foreign grants, check here	
d			
(Grants and allocations	<u> </u>) If this amount includes foreign grants, check here ▶ │	·
e Other program services	•		
(Grants and allocations	<u> </u>) If this amount includes foreign grants, check here	
f Total of Program Service	Expen	ses (should equal line 44, column (B), Program services)	184,179.
A			Form 990 (2005)

Part IV Balance Sheets (See Instructions)

45 Cash - non-interest-bearing 47, 989, 46 Savings and temporary cash investments 47a 49, 041, 46 171, 274, 47a Accounts receivable 47b 47b 47c 48a Pledges receivable 48a 48b 48c 55 Receivables from officers, directors, trustees, and key employees (attach schedule) 51a 01em test & lease receivable 48b 59, 407, 49 12,853. 50 Receivables from officers, directors, trustees, and key employees (attach schedule) 51a 01em test & lease receivable 51b 51c 51a 01em test & lease receivable 51b 51c 52 Inventiores for sale or use 52 52 53 Prepaid expenses and deferred changes 3,731, 53 2,408. 54 Investments - securities (attach schedule) 55a 10em test & lease receivable 10em	Not	te:	Wi	nere required, attached schedules and amounts within Jumn should be for end-of-year amounts only	n the description	(A) Beginning of year		(B) End of year
## 47a Accounts receivable b Less allowance for doubtful accounts ## 47b			45	Cash — non-interest-bearing		<u>-6,570.</u>	45	4,989.
B Less allowance for doubtful accounts 48a 48a 48a 48b 48c 48a 48a 48a 48a 48a 48a 48a 48a 48c 48a 48a 48a 48c 48a 48c 48a 48c 48a 48c		1	46	Savings and temporary cash investments		49,041.	46	171,274.
S b Less allowance for doubiful accounts S1b S1c S2 Inventioners for sale or use S3 Prepaid expenses and deferred charges 3,731. 53 2,408.			48 a t 49	Less allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts Grants receivable	48a 48b	59,407.	48 c	12,853.
S b Less allowance for doubiful accounts S1b S1c S2 Inventioners for sale or use S3 Prepaid expenses and deferred charges 3,731. 53 2,408.	S			employees (attach schedule)		<u> </u>	50	
52 Inventories for sale or use 53 Prepad expenses and deferred charges 54 Investments - securities (attach schedule) 55 Cost FMV 54	T				 		E1 6	
53	5				TO TO		 	<u> </u>
54 Investments – securities (attach schedule) 55a Investments – land, buildings, & equipment. basis 55a b Less accumulated depreciation (attach schedule) 55 Investments – other (attach schedule) 56 Investments – other (attach schedule) 57 Land assets (describe –) Investment (attach schedule) 58 Investment (attach schedule) 59 Investment (attach schedule) 50 Investment (attach schedule) 51 Investment (attach schedule) 52 Investment (attach schedule) 53 Investment (attach schedule) 54 Investment (attach schedule) 55 Investment (attach schedule) 56 Investment (attach schedule) 57 Investment (attach schedule) 58 Investment (attach schedule) 59 Investment (attach schedule) 50 Investment (attach schedule) 51 Investment (attach schedule) 52 Investment (attach schedule) 53 Investment (attach schedule) 54 Investment (attach schedule) 55 Investment (attach schedule) 56 Investment (attach schedule) 57 Investment (attach schedule) 58 Investment (attach schedule) 58 Investment (attach schedule) 58 Investment (attach schedule) 59 Investment (attach schedule) 59 Investment (attach schedule) 59 Investment (attach schedule) 50 Investment (attach schedule) 50 Investment (attach schedule) 51 Investment (attach schedule) 52					f-	3.731.	 	2.408
55a Investments - land, buildings, & equipment, basis 55a 55b 55c 55c 55c 55b 55c 55		ļ			► Cost FMV		 	2/100.
b Less accumulated depreciation (attach schedule) 55b 55c						<u> </u>		
b Less accumulated depreciation S-LLL			b 56	Less accumulated depreciation (attach schedule) Investments – other (attach schedule)	55 b		 	
(attach schedule)			57 a		57a 6,437.			
59 Total assets (must equal line 74) Add lines 45 through 58 108,923. 59 193,551.			b	· · · · · · · · · · · · · · · · · · ·	57b 4,410.	3,314.		2,027.
Column C)			
61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64 a Tax-exempt bond liabilities (attach schedule) 65 Other liabilities. Add lines 60 through 65 Other liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 74 Total fliabilities and net assets/fund balances. Add lines 66 and 73 61 Grants payable 62					ugh 58		-	
62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64a Tax-exempt bond liabilities (attach schedule) 65 Other liabilities (describe					<u></u>	3,45/.		21,735.
63 Loans from officers, directors, trustees, and key employees (attach schedule) 64a Tax-exempt bond frabilities (attach schedule) 65 Other liabilities (describe 65 Other liabilities (describe 65 Other liabilities) 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted 4,944 67 -8,892 68 Temporarily restricted 100,522 68 180,708 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 105, 466 73 171,816 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 108,923 74 193,551					 -			
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67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here □ and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 100, 522. 68 180, 708. 69 70 71 70 71 71 71 72 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 75 Total liabilities and net assets/fund balances. Add lines 66 and 73 108, 923. 74 193, 551.		Org	ganı	zations that follow SFAS 117, check here > X ar	nd complete lines 67			
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69 Permanently restricted 69	Ä	•	67	Unrestricted		4,944.	67	<u>-8,892.</u>
69 Permanently restricted 69	SE	•	68	Temporarily restricted	}	100,522.	68	180,708.
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Retained earnings, endowment, accumulated income, or other funds 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 75 Total liabilities and net assets/fund balances. Add lines 66 and 73 76 Total liabilities and net assets/fund balances. Add lines 66 and 73 77 Total liabilities and net assets/fund balances. Add lines 66 and 73 78 Total liabilities and net assets/fund balances. Add lines 66 and 73 79 Total liabilities and net assets/fund balances. Add lines 66 and 73				70 through 74 .			70	
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74 Total liabilities and net assets/fund balances. Add lines 66 and 73 108, 923. 74 193, 551.	Î A						16	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73 108, 923. 74 193, 551.	CES		/ 3	72, column (A) must equal line 19, column (B) must	equal line 21)	105,466.	73	171,816.
			74	Total liabilities and net assets/fund balances. Add li	nes 66 and 73	108,923.	74	

RAA

Form 990 (2005)

P	art IV-A Reconciliation of Reven	ue per	Audited Fina	ancia	al Statemer	its with	Revenue per R	etui	rn (See
								T	N/A
а	Total revenue, gains, and other suppor	t per aud	lited financial st	atem	ents			a	<u> </u>
þ	Amounts included on line a but not on	Part I, lin	ne 12			l . I			
	1 Net unrealized gains on investments					b1		_	
	2Donated services and use of facilities					b2	_		
	3Recoveries of prior year grants					b3		_}	
	4Other (specify)			- -					
	Add lines b1 through b4					b4		- 	
С					-			c	
d	Amounts included on Part I, line 12, bu	t not on	line a:						
	1 Investment expenses not included on P	art I, line	e 6b			d1			
	2Other (specify).	- -							
		. _				d2		┨.	
_	Add lines d1 and d2	c e ood a	_J					d	
e P	Total revenue (Part I, line 12) Add line art IV-B Reconciliation of Expense			anci	al Stateme	nts with	Expenses per	<u>l e</u> Ret	urn
	artived inteconcination of Expens	ses per	Addited i iii	arici	<u>ai otateirie</u>	TICS WILL	Expenses per	T	N/A
а	Total expenses and losses per audited	financial	statements				• •	a	
b	Amounts included on line a but not on F								
	1 Donated services and use of facilities					b1			
	2Prior year adjustments reported on Part	I, line 26	0			b2			
	3Losses reported on Part I, line 20					b3			[
	4Other (specify):								
						b4]	
	Add lines b1 through b4							b	
Ç	Subtract line b from line a							<u></u> c	
d	Amounts included on Part I, line 17, but	not on I	ne a:			l 1			
	1 Investment expenses not included on Pa	art I, line	6b			d1			
	2Other (specify):	. -							
						d2]	
_	Add lines d1 and d2	d	_				•	a	
e Pa	Total expenses (Part I, line 17) Add lin					/		<u> </u>	
	or key employee at any time du	rs, Irus	year even if they	e y ⊏ ⁄ wer	mployees e not compens	(List each sated.) (S	person wno was al See the instructions ,	n οπι)	icer, director, trustee,
		' *	e and average h		- · · · ·		(D) Contributions		(E) Expense
	(A) Name and address	pe	r week devoted to position		(if not p enter -	<u> </u>	employee benef plans and deferre		account and other allowances
							compensation pla		
Je	nnifer Pereira								-
<u> 18</u>	1 Kenyon Avenue								
<u>Wa</u>	kefield, RI 02879	Exec.	Director	40	3	9,230.	9,90	0.	0.
<u>Ja</u>	ne Sherman			I			.		
<u>53</u>	2 Kinsley Ave			!				- {	
	ovidence, RI	Chair	man	vol		0.		0.	0.
	nald Driscoll								
	ake Hill Road	1				_			-
	rmony, RI	Vice-	Chairman	vol		0.		0.	0.
- -	uce Hooke								
	5 Merino_St_#1	<u> </u>							
	ovidence, RI	Secy-	Treasurer	vol		<u> </u>		0.	<u> </u>
	urice Bourget								
	9 Iron Mine Hill Road							<u> </u>	_
	rth Smithfield, RI	Membe	<u>r</u>	vol		<u> </u>	<u> </u>	U.	<u> </u>
See	List of Officers, Etc. Statement			}				- }	
	sched/					j			
		1		Ţ		1		4	

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05-0519694

Page 5

Form **990** (2005)

Form 990 (2005) Woonasquatucket River Watershed Council

Form 990 (2005) Woonasquatucket River	<u>watersned Con</u>	uncll	05-05196	194	f	⊃age (
Part V-A Current Officers, Directors, Tri	ustees, and Key E	mployees (continued)		Yes	No		
75a Enter the total number of officers, directors, and trustees	permitted to vote on organiza	ation business as board meetin	igs -9					
b Are any officers, directors, trustees, or key endisted in Schedule A, Part I, or highest compe A, Part II-A or II-B, related to each other through	nsated professional an igh family or business	id other independent cor	ntractors listed in Schedule	9		 		
identifies the individuals and explains the rela		000 Dart V A ar highes	t componented ampleuses	75 b	 -	X		
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related								
to this organization through common supervisi				75 c	<u> </u>	<u> </u>		
Note. Related organizations include section 50								
If 'Yes,' attach a statement that identifies the other organization(s), and describes the comprelated organization	· •			ch				
d Does the organization have a written conflict of		<u> </u>		75 d	<u> </u>	<u> </u>		
Part V-B Former Officers, Directors, True Benefits (If any former officer, directed during the year, list that person below a the instructions)	or, trustee, or key empand enter the amount of	of compensation or othe	sation or other benefits (de r benefits in the appropriat	escribed b te column	elow) See			
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa	and ot	her		
None								
						<u></u> _		
		 						
Part VI Other Information (See the instruction	ons.)				Yes	No		
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to	the IRS? If 'Yes,'		76				
77 Were any changes made in the organizing or g	overning documents be		S?	77		X		
If 'Yes,' attach a conformed copy of the change								
78 a Did the organization have unrelated business g b If 'Yes,' has it filed a tax return on Form 990-T		or more during the year	covered by this return?	78a 78b		X		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79		<u>x</u>		
80 a Is the organization related (other than by associated membership, governing bodies, trustees, officer	nation with a statewide	or nationwide organizat	tion) through common	80 a		×		
b If 'Yes,' enter the name of the organization				-				
			empt or nonexempt					
81 a Enter direct and indirect political expenditures. b Did the organization file Form 1120-POL for this		ns) (81 a	 81 b		$\frac{1}{X}$		

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Form **990** (2005)

	990 (2005) Woonasquatucket River Watershed Council	05-051969	4	F	age
Pa	rt VI Other Information (continued)		 -	Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no cha substantially less than fair rental value?	rge or at	82a		X
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.)				
83 a	Did the organization comply with the public inspection requirements for returns and exemption applicati	ons?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83 b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were	84 b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza waiver for proxy tax owed for the prior year.	tion received a			
С	Dues, assessments, and similar amounts from members				l
	Section 162(e) lobbying and political expenditures		1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices]		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		1 1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g		
	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 dues allocable to nondeductible lobbying and political expenditures for the following tax year?	of	85 h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on				
	line 12				
b	Gross receipts, included on line 12, for public use of club facilities]]		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87 a] }	j	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 3 if 'Yes,' complete Part IX	or partnership, 01.7701-3?	88		X
	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under.				-
	section 4911 ►0.; section 4912 ►0.; section 4955 ►	0.			•
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit tr during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attac explaining each transaction	h a statement	89 ь		<u>X</u>
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	—			0.
	Enter. Amount of tax on line 89c, above, reimbursed by the organization	-			
	List the states with which a copy of this return is filed Rhode_Island			– – –	
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	(401) 061	90b		3
	The books are in care of Jennifer Periera Located at Size: Size: Size: Telephone number Telephone number Located at <a block"="" href="Size: Size: Size:</td><td><math display=">\frac{(401) - 861 - 9}{21P + 4 - 02909}		·		
b	At any time during the calendar year, did the organization have an interest in or a signature or other autifinancial account in a foreign country (such as a bank account, securities account, or other financial acco	hority over a ount)?	91 b	Yes	No X
	If 'Yes,' enter the name of the foreign country				
1	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar Financial Statements At any time during the colorader were did the exception mountain an office outside of the United States.		01		v
	At any time during the calendar year, did the organization maintain an office outside of the United States	>: [91 c		<u></u>
	If 'Yes,' enter the name of the foreign country ►				
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 92			Ш
BAA	and enter the amount of tax-exempt interest received of accided applied the tax hear		Form (an 🗥	005
			Form !	77U (C	uuD)

1 010 41	1 17411419 313 01 111001110 1 1044	1			tion F12 F12 or F14	
	ter gross amounts unless Indicated.	(A) ` Business code	(B) Amount	(C) Exclusion code	tion 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Pi	ogram service revenue.					
a	<u> </u>			<u> </u>		
b						 -
c			<u> </u>	 		
u	<u></u>			- - - - - - - - - - - - - - 		
f M	edicare/Medicaid payments					<u> </u>
	es & contracts from government agencies					24,466.
-	embership dues and assessments					
95 Int	erest on savings & temporary cash invmnts			14	320.	
	vidends & interest from securities			 		
	t rental income or (loss) from real estate			 		
	bt-financed property			 		
	t debt-financed property trental income or (loss) from pers prop			 		
	her investment income			 		
	in or (loss) from sales of assets			 		
otl	ner than inventory					
	income or (loss) from special events			<u> </u>		
	ss profit or (loss) from sales of inventory			 		
103 Ot	her revenue a					
				 		
d						<u> </u>
e						
104 Sul	ototal (add columns (B), (D), and (E))				320.	24,466.
	tal (add line 104, columns (B), (D), a				▶	24,786.
	105 plus line 1d, Part I, should equi					
	Relationship of Activities to					
Line No.	Explain how each activity for which	income is reporte	ed in column (E) o	of Part VII contribut	ed importantly to the a	accomplishment
	of the organization's exempt purpo			<u> </u>		
930	Grants to help promote	e, restore	and support	the woonasc	quatucket Rive	<u> </u>
	<u> </u>					·- <u>-</u>
	<u>'</u>		<u> </u>			<u> </u>
Dart IV	Information Regarding Tax	able Subcidiar	ies and Disrec	arded Entities	(See the instructions	NT / 7\
Partix						N/A
	(A)	(B)	, (C		(D) Takal	(E)
	, address, and EIN of corporation, rtnership, or disregarded entity	Percentage of ownership interest	Nature of	activities	Total	End-of-year assets
	thoromp, or disrogardod ording	2				
		8				
		8				
		8				
Part X	Information Regarding Tran	nsfers Associa	ted with Perso	onal Benefit Co	ntracts (See the ins	tructions)
a Did th	e organization, during the year, receive any fur	ids, directly or indirectly	y, to pay premiums on	a personal benefit cont	ract?	Yes X No
b Did t	he organization, during the year, pay	premiums, direct	ly or indirectly, on	a personal benefit	contract?	Yes X No
Note:	If 'Yes' to (b), file Form 8870 and For	m 4720 (see instr	uctions)			
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pre-	e examined this return, i	ncluding accompanying	schedules and statemention of which preparer ha	its, and to the best of my know as any knowledge	vledge and belief, it is
Dlagge					111-1-06	
Please Sign	Signalure of officer				Date	
lere		PEDELDA	Excus	TIVE DIRE		
	Type or print name and title	1 CKC, M	Checo	1100		
	MAN /			Date	Check if Prej	parer's SSN or PTIN (See
Paid	Preparer's signature		A Am	10-26-01	self Geni	eral Instruction W)
re-		VOIE, STREI	TFELD DIAZ		- Inployed	
arer's		VILLE OF THE STATE OF			_	
15E	yours if self-			<u>a co, ro</u>	FIN ►	
Jse Only	yours if self- employed), > 1604 BROAD				EIN > (407)	223-0205
	yours if self- employed), > 1604 BROAD			905	EIN Phone no (401) TEEA0108 10/18/05	223-0205 Form 990 (2005)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 05-0519694 Woonasquatucket River Watershed Council Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None') (d) Contributions to employee benefit (c) Compensation (a) Name and address of each (b) Title and average (e) Expense employee paid more hours per week account and other plans and deferred than \$50,000 devoted to position allowances compensation None Total number of other employees paid None over \$50,000 Part II – A | 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.') **(b)** Type of service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation None Total number of others receiving over None \$50,000 for professional services Part II — B | Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 **(b)** Type of service (c) Compensation None Total number of other contractors receiving

over \$50,000 for other services

None

Schedu	ule A (Form 990 or 990-EZ) 2005 Woonasquatucket River Watershed Council 05-051969	4	Р	age 2
Part I	Statements About Activities (See Instructions)		Yes	No
1 D	ouring the year, has the organization attempted to influence national, state, or local legislation, including any attempt or influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	r incurred in connection with the lobbying activities	1		X
or	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 obbying activities.			
2 Di su ta	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ubstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any exable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
a Sa	ale, exchange, or leasing of property?	2a		<u>X</u>
b Le	ending of money or other extension of credit?	2ь		<u>X</u> _
c Fu	urnishing of goods, services, or facilities?	2 c		<u>X</u>
d Pa	See Part V, Form 990 ayment or reimbursement of expenses if more than \$1,000)?	2 d	X	
e Tra	ransfer of any part of its income or assets?	2e		<u>X</u>
3a Do	o you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an application of how you determine that recipients qualify to receive payments.)	3 a		X
b Do	you have a section 403(b) annuity plan for your employees?	3b	X	
	uring the year, did the organization receive a contribution of qualified real property interest under section 170(h)? If you maintain any separate account for participating donors where donors have the right to provide advice	3c		<u>X</u>
on	the use or distribution of funds?	4a		<u>X</u>
	you provide credit counseling, debt management, credit repair, or debt negotiation services?	<u>4b)</u>		
Part I\	<u></u> ` 			
The orga	anization is not a private foundation because it is: (Please check only ONE applicable box.)			
6	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 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 and state ►	name, c	ity,	
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 (Also complete the Support Schedule in Part IV-A.)	70(b)(1)(A)(iv)
11a X	An organization that normally receives a substantial part of its support from a governmental unit or from the general pi Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	nplic		
11 ь	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 from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	its supp	eceip oort	ts
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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) box that describes the type of supporting organization. Type 1 Type 2 Type 3	nizations Check	s the	
	Provide the following information about the supported organizations. (See instructions)			
	(a) Name(s) of supported organization(s)	from a		
14	An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

	t IV-A Support Schedule (inting.
Note	e: You may use the worksheet in the	he instructions for con	verting from the accr	ual to the cash metho	od of accounting	9	
-	endar year (or fiscal year inning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	205,402.	64,277.	237,671.			507,350
16	Membership fees received						
17	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			9,059.	1,	187.	10,246
18	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	511.	240.	77.			828
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	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.						
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	205,913.	64,517.	246,807.	1,	187.	518,424
24	Line 23 minus line 17	205,913.	64,517.	237,748.		0.	508,178
_25	Enter 1% of line 23	2,059.	645.	2,468.		12.	
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	dumn (e), line 24	-	26a	10,164
Ŀ	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	or 2001 through 2004 exceed	buted by each person (other led the amount shown in hi	er than a governmental unit ne 26a Do not file this list	or publicly with your	26b	50,409
c	: Total support for section 509(a)(1		olumn (e)		>	26 c	508,178
	Add Amounts from column (e) fo		828.	19			
		22		26b 50,4	09.	26 d	51,237
e	Public support (line 26c minus lin	e 26d total)			►	26 e	456,941
	Public support percentage (line 2		ed by line 26c (denon	ninator))		26 f	89.92 %
27	Organizations described on line For amounts included in lines 15, name of, and total amounts received such amounts for each year	12: 16, and 17 that were	received from a 'disq	ualified person,' prep	are a list for your	ur reco return.	rds to show the Enter the sum of
	(2004)	(2003)	(2002)		_ (2001)		
t	For any amount included in line 1 to show the name of, and amount \$5,000 (Include in the list organize After computing the difference bed differences (the excess amounts)	received for each year zations described in his tween the amount rec	ar, that was more thanes 5 through 11b, as	n the larger of (1) the well as individuals.)	amount on line Do not file this	e 25 for list wit	the year or (2)
	(2004)	(2003)	<u> (2002)</u>		_ (2001)		
С	Add Amounts from column (e) for	r lines. 15		16 21	_	27 c	
نہ	Δdd Line 27a total		d line 27b total			27 d	<u> </u>
	Add Line 27a total	 _	שוווה ביט נטנמו			27 a	
	Public support (line 27c total minutotal support for section 509(a)(2)		rom line 23 i column (e) ► 27 f	}	2/6	
	Public support percentage (line 2			<u> </u>	-	27 g	Q .
_	Investment income percentage (In	•	•		,	27 h	
<u></u>	Unusual Grants: For an organizat					<u> </u>	sh 2004 prepare a
	list for your records to show, for e nature of the grant Do not file this	ach year, the name of	the contributor, the	date and amount of th	ne grant, and a	brief de	escription of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
2	9 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?	29		
3	Ones 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?	30		
3	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?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement.)	_		
32	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?	- 32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	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?	33a		
	b Admissions policies?	33b		
	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.)			
	~			
34:	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended?	34b		
	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		
	Schedule A /Form 99/			

	a If the organ	ization belongs to an affil	nated group Check	<u> </u>	ıf you ch	ecked 'a	' and 'li	mited conti	ol' provisions apply
		Limits on Lobbying n 'expenditures' means a	•	1)		<i>F</i>	(a) Affiliated tota	group	(b) To be completed for ALL electing organizations
	_	ures to influence public of			├	36	<u>. </u>		
		ures to influence a legisla	- ,	ng)	├	37			
						- 			
	Other exempt purpose expenditures					- 			
	tal exempt purpose expenditures (add lines 38 and 39) bying nontaxable amount. Enter the amount from the following table —				10				
•	, .								
	amount on line 40		obbying nontaxable am		_,				
	over \$500,000		of the amount on line 40						
•	500,000 but not over \$1		O plus 15% of the excess ove	_		11			•
_	1,000,000 but not over \$ 1,500,000 but not over \$		10% of the excess ove 10 plus 5% of the excess over		-	-			
•	\$17,000,000		0,000	φ1,300,000					
	•	100, ہو۔ amount (enter 25% of line			~	2			
		ne 36 Enter -0- if line 42	•		<u> </u>	3			
		ne 38. Enter -0- if line 41			<u> </u>	4			· · · · · · · · · · · · · · · · · · ·
		amount on either line 43 o		Form 472	}—	-			
		nizations that made a sec See	the instructions for line	s 45 throu	ıgh 50.)				
			Lobbying Expendit	ures Duri	ng 4 -Ye	ar Avera	ging Pe	eriod	
(or fis	dar year scal year ning in) >	(a) - 2005	(b) 2004	2 0			(d) 200:		(e) Total
45 Lobby amour	ing nontaxable	•							
	ng ceiling amount of line 45(e))		· · · · · · · · · · · · · · · · · ·				- -	-	
	lobbying iditures								
	roots non- le amount								
- taxabi		į.	i i			ĺ			
49 Grassro	ots ceiling amount of line 48(e))								
49 Grassro (150% expendence)	of line 48(e)) roots lobbying ditures		- Dublic Charities						
49 Grassro (150% expendence)	roots lobbying ditures Lobbying	tivity by Nonelectin	g Public Charities did not complete Part V	/I-A) (See	ınstruct	ons.)			
49 Grassro (150%) 50 Grassro expension Part VI-B	roots lobbying ditures Lobbying Actives (For reporting or year, did the organization)	nly by organizations that ization attempt to influen	did not complete Part V ce national, state or loc	al legislat	ion, incl		y ,	/es No	Δmount
49 Grassro (150%) 50 Grassro expendence Part VI-B	roots lobbying ditures Lobbying Actives (For reporting or year, did the organization)	nly by organizations that	did not complete Part V ce national, state or loc	al legislat	ion, incl		y Y	res No	Amount
49 Grassrot (150%) 50 Grassrot expensions Part VI-B Ouring the yeattempt to in a Volunt	roots lobbying ditures Lobbying Ac (For reporting or refluence public op teers	nly by organizations that ization attempt to influentiation on a legislative mat	ce national, state or loc ter or referendum, throu	al legislatingh the us	ion, incl	uding an	y Y	res No	Amount
49 Grassrot (150%) 50 Grassrot expensions Part VI-B Ouring the yeattempt to in a Volunt	roots lobbying ditures Lobbying Ac (For reporting or refluence public op teers	nly by organizations that ization attempt to influen	ce national, state or loc ter or referendum, throu	al legislatingh the us	ion, incl	uding an	y	res No	Amount
49 Grassro (150% of 150% of 15	roots lobbying ditures Lobbying Ac (For reporting or refluence public op teers taff or manageme advertisements	nly by organizations that ization attempt to influent inion on a legislative mat	ce national, state or loc ter or referendum, throu	al legislatingh the us	ion, incl	uding an	y Y	X X X	Amount
49 Grassrot (150%) 50 Grassrot expension of the yeart VI-B Ouring the yeart volunt a Volunt b Paid so dediand Mailing	roots lobbying ditures Lobbying Ac (For reporting or reporting or reporting or refluence public operations advertisements gs to members, leading to the rest of the reporting or reporting	nly by organizations that ization attempt to influent inion on a legislative mat on the first or the public gislators, or the public	ce national, state or locater or referendum, throu	al legislatingh the us	ion, incl	uding an		X X X	Amount
49 Grassro (150%) 50 Grassro expendence A VI-B ouring the yeart VI-B a Volunt b Paid so c Media d Mailing e Publica	roots lobbying ditures Lobbying Ac (For reporting or reporting or reporting or refluence public op deers advertisements gs to members, leations, or published	nly by organizations that ization attempt to influentiation on a legislative material or the public of dor broadcast statement	ce national, state or locater or referendum, through	al legislatingh the us	ion, incl	uding an		X X X	Amount
49 Grassrot (150% of	roots lobbying ditures Lobbying Ac (For reporting or reporting or reporting or refluence public operations advertisements gs to members, least to other organizations, or publishes to other organizations.	ization attempt to influentiation on a legislative material or the public of broadcast statement tions for lobbying purpose	ce national, state or locater or referendum, through	al legislatingh the us	ion, incl	uding an		X X X X X	Amount
49 Grassrot (150%) 50 Grassrot expension of the yeart VI-B Ouring the yeart VI-B A Volunt b Paid s c Media d Mailing e Publication of Grants g Direct	roots lobbying ditures Lobbying Ac (For reporting or reporting or reporting or refluence public operations advertisements gs to members, less to other organizations contact with legisless	ization attempt to influent inion on a legislative material or the public of broadcast statement tions for lobbying purpose ators, their staffs, govern	ce national, state or locater or referendum, through	al legislation lines constants	ion, incl e of	uding an		X X X X X	Amount
49 Grassrot (150%) 50 Grassrot expension and VI-B Ouring the yeart	roots lobbying ditures Lobbying Ac (For reporting or reporting or reporting or refluence public operations, or publishes to other organizations, demonstrations, demonstratio	ization attempt to influentiation on a legislative material or the public of broadcast statement tions for lobbying purpose	ce national, state or locater or referendum, through	al legislation lines constants	ion, incl e of	uding an		X X X X X	Amount

اسر سیسر سیست بنایس	4 (Form 990 or 990-EZ) 2	2005 Wo	onasquatucket River Waters	hed Council	05-0519694	F	age (
Part VII	Information Regar Exempt Organizati	_	nsfers To and Transactions an instructions)	id Relationships Wife	th Noncharitable		
51 Did the	ne reporting organization e Code (other than section	directly or n 501(c)(3)	indirectly engage in any of the following organizations) or in section 527, relations	ng with any other organization	ation described in sections?	oп 501	(c)
			to a noncharitable exempt organization			Yes	No
	ash				51 a (i)		Х
	Other assets				a (ii)		Х
b Other	transactions					-	-
(i) S	Sales or exchanges of ass	sets with a r	noncharitable exempt organization		b (i)		х
(ii)P	Purchases of assets from	a noncharit	table exempt organization		b (ii)		Х
(iii)R	Rental of facilities, equipm	nent, or othe	er assets		b (iii)		Х
(iv)R	Reimbursement arrangem	ents			b (iv)		Х
(v)L	oans or loan guarantees				b (v)		X
(vi)P	erformance of services o	r memberst	hip or fundraising solicitations		b (vi)		<u>X</u>
			sts, other assets, or paid employees		<u> </u>		<u> </u>
d If the the go any tr	answer to any of the about ods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' vices given angement, s	complete the following schedule. Color by the reporting organization. If the cashow in column (d) the value of the go	umn (b) should always short organization received less ods, other assets, or ser	now the fair market value than fair market value vices received	e of in	
(a) Line no	(b) Amount involved		(c) f noncharitable exempt organization		(d) transactions, and sharing arrar	_	:s
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			filiated with, or related to, one or more ther than section 501(c)(3)) or in section	tax-exempt organization to the terminal	าS ► ☐ Yes	X	No
b if Yes	s,' complete the following	scheaule.	/b\				
	(a) Name of organization		Type of organization	Descript	(c) tion of relationship		
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Schedule A (Form 990 or 990-EZ) 2005

889	68 (Rev 12 2004)				Page
you	are filing for an Additiona	I (not automatic) 3-Month Extension, complete	only Part II and check th	is box	- X
. Or	aly complete Parl II if you ha	ave already been granted an automatic 3-month	n extension on a previous	ly filed Form 8868	
f you	are filing for an Automatic	3-Month Extension, complete only Part I (on p	page 1)		
111	Additional (not auto	omatic) 3-Month Extension of Time -	Must File Original a	nd One Copy.	
	Name of Exempl Organization	WOON ASGUATICKET RIVE		Employer identification number	19
0 Or					~ .
e or t	WATERSNA) COUNT		05-0519	7694
	Number street and room or sur	te number. Il a P.O. box-see instructions		For IRS use only	
ay the	1	111	- سا د سا		
date for the	ムフリーから	7US	, ~~		1 11
n See uchons		and ZIP code. For a foreign address, see instructions,		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Car Can Tak
	PROUNE	JCE 12 02909			
eck ty	pe of return to be filed (File	a separate application for each return)			
Form		Form 990-T (section 401(a) or 408(a) trus	st)	Form 5227	
1	990-BL	Form 990 T (trust other than above)		Form 6069	
1	990-EZ	Form 1041-A		Form 8870	
4	990-PF	Form 4720			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	were not already granted an automatic 3-mon	th extension on a previo	usly filed Form 8868	
		IENNIFER PERLICIA		adiy inco i billi book.	
Talaa	bone No - Care of	FAX No FAX No	7/1-9037	,	
		•			
		an office or place of business in the United Sta		~	
	· · · · · · · · · · · · · · · · · · ·	er the organizations four digit Group Exemption			is for the
_	· ·	If it is part of the group, check this box	and attach a list wit	n the names and EINs of	fall
	the extension is for				
			20 <u>06</u>		
5 For	calendar year 2005, o	r other tax year beginning	, $20_{\underline{\hspace{1cm}}}$, and ending		-
	is tax year is for less than 1	 	Final return	Change in accounting	j period
7 Stat	te in detail why you need the	e extension Final figures for 20	005 are still be	eing	
au	dited, reviewed o	r compiled	~~~~~~~		
					· -
		0-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any	<u>r</u> -	
	refundable credits. See inst.		ale erodite and estimated		<u> </u>
תו זו מ ועולת	ns application is for Form 95 ments made Include any or	10-PF, 990-T, 4720, or 6069, enter any refundation of year overpayment allowed as a credit and a	iny amount paid previous	lax ly with	
Forr	m 8868			\$	0.
c Bala	ance Due. Subtract line 8b f	rom line 8a Include your payment with this form ising EFTPS (Electronic Federal Tax Payment S	n, or, if required, deposit	with	
	coupon or, it required, by t	Signature and Verifica		, 	<u>U.</u>
Under penalt correct and a	ies of penalty if decears that I have en complete the that it an authorized to	camined this form, including accompanying schedules and state prepare this form	ements, and to the best of my kn	owledge and belief, it is true.	
Signature	1/ MANY U	Tille agent for corp		Date - 08/11	./06
<u>,-</u>	•	Notice to Applicant - To be Comp	leted by the IRS		
We We	have approved this applicat	ion. Please attach this form to the organization	's return		
We	have not approved this app	lication. However, we have granted a 10-day gr	race period from the later	of the date shown below	or the
due	date of the organization's r	eturn (including any prior extensions). This graphs made an attach	ce period is considered to	be a valid extension of i	time for
	•	be made on a timely filed return. Please attach			
	have not approved this app to file. We are not granting	lication. After considering the reasons stated in	iliem /, we cannot grant	your request for an exter	nsion of
 	•	ation because it was filed after the extended du	ue date of the return for v	vhich an extension was re	ested:
Othe	er ~~~~~~~~~			_ ~ ~ ~ ~ ~	
		B y			
Director				Date	
	•	e address if you want the copy of this application			an
address di	frerent than the one entered	apove	[EXTENSION	スコンドスインにつ	
			[EXTENSION	F/() 1/0 /	
	Michael D Aarons	on room, or apartment number) or a P O box number	<u> </u>		
Type or print			ric 9	9 2035	
P''''	1604 Broad Stree	t d country (including postal or ZIP code)			
		o country (microbing poster or EIF COUE)		(FIELD DIPELLIA), FIELD DIPELLIA DE 102905 (COESCILIA RELESENDE 102905 Form 8868 (Rev	
	Cranston		THE REPORT IN PT	102905	
BAA		FIFZ0502 01/04/05	2021812210111	Form 8868 (Rev	/ 12-20041

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
Bank fees	832.		832.	
Payroll service	726.		726.	
Small equipment	1,486.	1,337.	149.	
Education and program materials	7,863.	7,863.		
Total	10,907.	9,200.	1,707.	

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

(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
Donald Burns			•	
98 Stillwater Rd	Member			
Smithfield, RI	volunt	0.	0.	0.
ANn-Marie Ignasher				
40 Sprague Street	Member	}		
Greenville, RI	volunt	0.	0.	0.
Jean Lynch	1			
32 Salina Ave	Member			
Johnston, RI	volunt	0.	0.	0.
Eugenia Marks]	j		
12 Sanderson Rd	Member			
Smithfield, RI	volunt	0.	0.	0.
Paul McElroy				
188 Urban Ave.	Member			
North Providence, RI	volunt	0.	0.	0.

Form 990, Page 4, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value	
Equipment	3,812.	2,310.	1,502.	
Donated equipment	2,625.	2,100.	525.	
Total	6,437.	4,410.	2,027.	

TOtal