

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

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Under 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 2005 calendar year, or tax year beginning , 2005, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions

C Name of organization

Woonasquatucket River Watershed Council

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

27 Sims Avenue

City, town or country

Providence

State ZIP code + 4

RI 02909

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 an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: www.woonasquatucket.org

J Organization type (check only one)

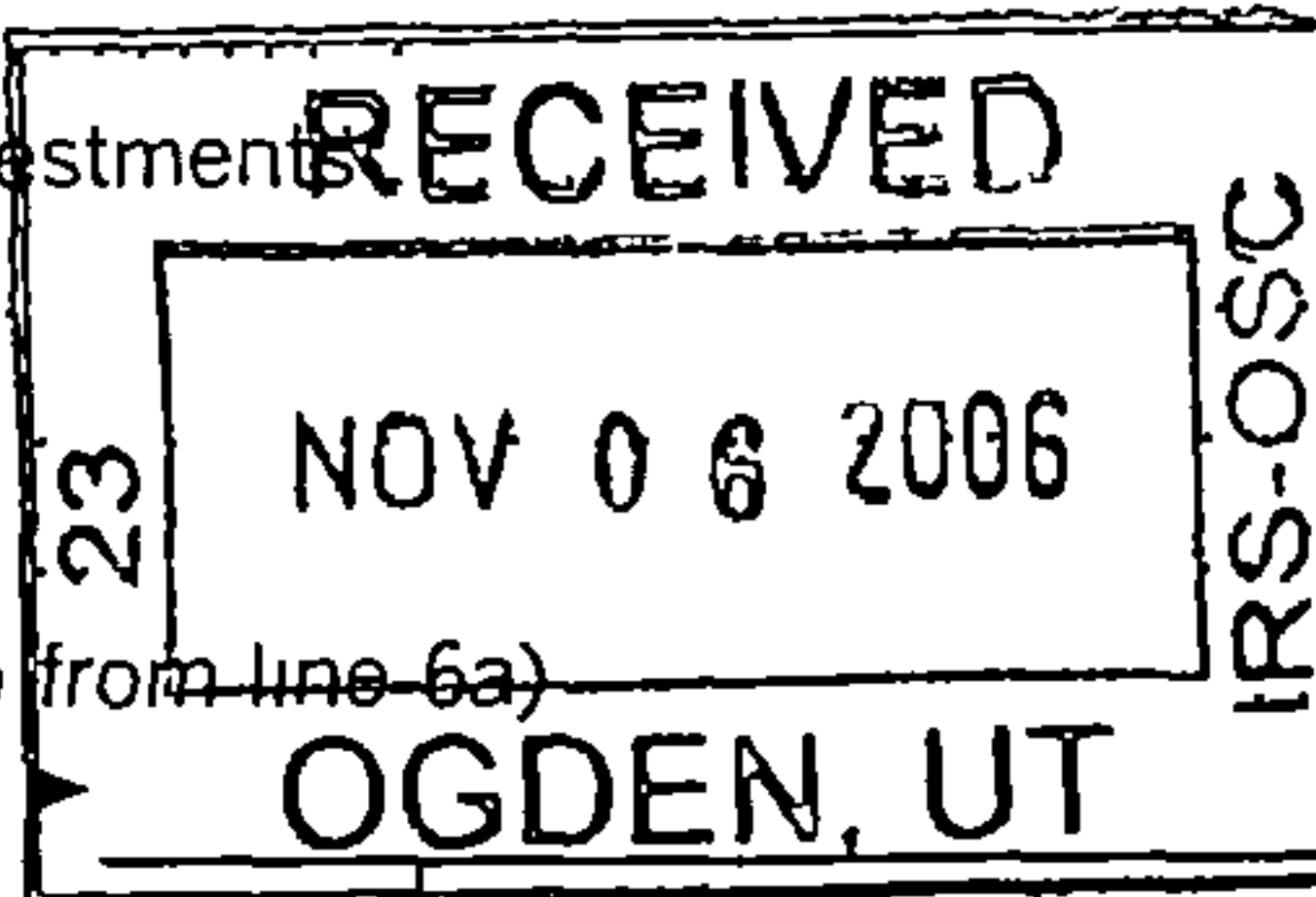
☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 267,178.

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	237,392.	
b Indirect public support	1b		
c Government contributions (grants)	1c	5,000.	
d Total (add lines 1a through 1c) (cash \$ 242,392. noncash \$)	1d	242,392.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	24,466.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	320.	
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	
b Less cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
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	267,178.	
13 Program services (from line 44, column (B))	13	184,179.	
14 Management and general (from line 44, column (C))	14	16,649.	
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	200,828.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	66,350.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	105,466.	
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	171,816.	



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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	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	43c	2,167.	1,950.	217.	
d Miscellaneous	43d	785.	785.		
e Public events	43e	2,058.	2,058.		
f Dues & fees	43f	80.	80.		
g See Other Expenses Stmt	43g	10,907.	9,200.	1,707.	
44 Total functional expenses. Add lines 22 through 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 98-2.Are 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 \$ _____

BAA

Form 990 (2005)

Part III	Statement of Program Service Accomplishments
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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.

What is the organization's primary exempt purpose? ► Restoration and preservation of Woonasquetucket 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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and 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 restoratio 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.) 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 \$ _____) If this amount includes foreign grants, check here ► ☐

e Other program services
(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)	184,179.
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BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	-6,570.	45	4,989.	
	46 Savings and temporary cash investments	49,041.	46	171,274.	
	47 a Accounts receivable	47 a			
	b Less allowance for doubtful accounts	47 b	47 c		
	48 a Pledges receivable	48 a			
	b Less allowance for doubtful accounts	48 b	48 c		
	49 Grants receivable	59,407.	49	12,853.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)	51 a			
	b Less allowance for doubtful accounts	51 b	51 c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	3,731.	53	2,408.	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments — land, buildings, & equipment, basis	55 a			
	b Less accumulated depreciation (attach schedule)	55 b	55 c		
56 Investments — other (attach schedule)		56			
57 a Land, buildings, and equipment basis	57 a	6,437.			
b Less accumulated depreciation (attach schedule) <i>slashed</i> L-57 Stmt	57 b	4,410.	57 c	2,027.	
58 Other assets (describe ▶ _____)		58			
59 Total assets (must equal line 74) Add lines 45 through 58		108,923.	59	193,551.	
LIABILITIES	60 Accounts payable and accrued expenses	3,457.	60	21,735.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe ▶ _____)		65		
	66 Total liabilities. Add lines 60 through 65		3,457.	66	21,735.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> 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 <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 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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Form 990 (2005)

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

		a		N/A
a Total revenue, gains, and other support per audited financial statements		a		
b Amounts included on line a but not on Part I, line 12		b		
1 Net unrealized gains on investments	b1			
2 Donated services and use of facilities	b2			
3 Recoveries of prior year grants	b3			
4 Other (specify) _____	b4			
Add lines b1 through b4		b		
c Subtract line b from line a		c		
d Amounts included on Part I, line 12, but not on line a:		d		
1 Investment expenses not included on Part I, line 6b	d1			
2 Other (specify) _____	d2			
Add lines d1 and d2		d		
e Total revenue (Part I, line 12) Add lines c and d		e		

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

		a		N/A
a Total expenses and losses per audited financial statements		a		
b Amounts included on line a but not on Part I, line 17:		b		
1 Donated services and use of facilities	b1			
2 Prior year adjustments reported on Part I, line 20	b2			
3 Losses reported on Part I, line 20	b3			
4 Other (specify): _____	b4			
Add lines b1 through b4		b		
c Subtract line b from line a		c		
d Amounts included on Part I, line 17, but not on line a:		d		
1 Investment expenses not included on Part I, line 6b	d1			
2 Other (specify) _____	d2			
Add lines d1 and d2		d		
e Total expenses (Part I, line 17) Add lines c and d		e		

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
Jennifer Pereira 181 Kenyon Avenue Wakefield, RI 02879	Exec. Director 40	39,230.	9,900.	0.
Jane Sherman 532 Kinsley Ave Providence, RI	Chairman vol	0.	0.	0.
Donald Driscoll Snake Hill Road Harmony, RI	Vice-Chairman vol	0.	0.	0.
Bruce Hooke 135 Merino St #1 Providence, RI	Secy-Treasurer vol	0.	0.	0.
Maurice Bourget 629 Iron Mine Hill Road North Smithfield, RI	Member vol	0.	0.	0.
See List of Officers, Etc Statement ----- <i>Sched 1</i> -----				

Part VI Other Information (continued)

	Yes	No
82 a 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 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.)		
82 b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b		
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 a		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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 organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members		
85 c		
d Section 162(e) lobbying and political expenditures		
85 d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 g		
h 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?		
85 h		
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86 a		
b Gross receipts, included on line 12, for public use of club facilities		
86 b		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87 b		
88 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
88		
89 a 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.		
b 501(c)(3) and 501(c)(4) organizations 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
89 b		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a List the states with which a copy of this return is filed ▶ Rhode Island		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		3
90 b		
91 a The books are in care of ▶ Jennifer Periera Telephone number ▶ (401) 861-9046 Located at ▶ 532 Kinsley Avenue, Providence, RI ZIP + 4 ▶ 02909		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	Yes	No
91 b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶		X
91 c		
92 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		

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the 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	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					24,466.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	320.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				320.	24,466.
105 Total (add line 104, columns (B), (D), and (E))					24,786.

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 the 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)
93g	Grants to help promote, restore and support the Woonasquatucket River

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

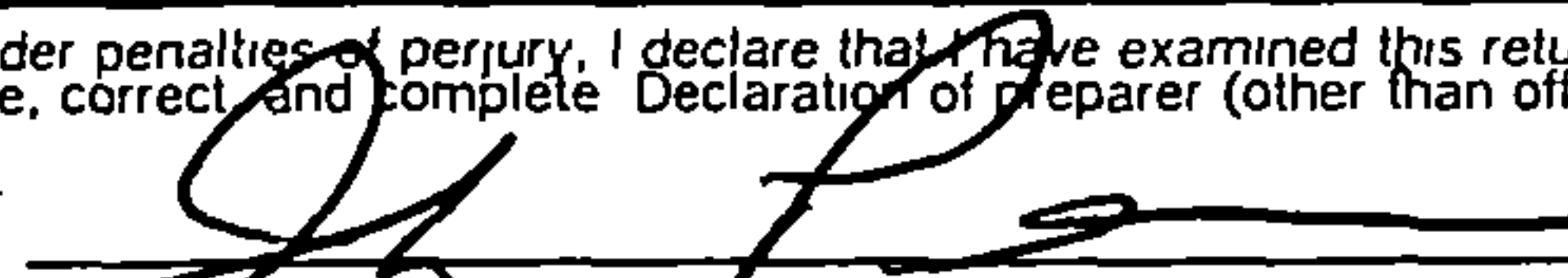

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ 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).

Please Sign Here	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.			
	Signature of officer 		Date 11-1-06	
Paid Preparer's Use Only	Type or print name and title JENNIFER PEREIRA, EXECUTIVE DIRECTOR			
	Preparer's signature 	Date 10-26-06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 AARONSON, LAVOIE, STREITFELD DIAZ & CO, PC 1604 BROAD ST CRANSTON RI 02905		EIN	
			Phone no (401) 223-0205	

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 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

2005

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 – 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'.)

(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 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	

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 i of Part VI-B.)

1 X

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?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

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

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

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.)
- 11a ☒ 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.)
- 11b ☐ 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). Check the box that describes the type of supporting organization. ▶ ☐ Type 1 ☐ Type 2 ☐ Type 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) 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 Enter 2% of amount in column (e), line 24				
				26a	10,164.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b	50,409.
c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c	508,178.
d Add: Amounts from column (e) for lines 18 <u>828.</u> 19 <u> </u>				26d	51,237.
22 <u> </u> 26b <u>50,409.</u>				26e	456,941.
e Public support (line 26c minus line 26d total)				26f	89.92 %
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.	(2004) <u> </u>	(2003) <u> </u>	(2002) <u> </u>	(2001) <u> </u>	
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 11b, 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.	(2004) <u> </u>	(2003) <u> </u>	(2002) <u> </u>	(2001) <u> </u>	
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u>				27c	
17 <u> </u> 20 <u> </u> 21 <u> </u>				27d	
d Add: Line 27a total <u> </u> and line 27b total <u> </u>				27e	
e Public support (line 27c total minus line 27d total)				27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?	29		
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?	30		
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.) ----- ----- ----- -----	31		
32	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----	32a 32b 32c 32d		
33	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----	33a 33b 33c 33d 33e 33f 33g 33h		
34a	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? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b		
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		

COPY

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

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.

e or t by the dated date for the n See uctions	Name of Exempt Organization <u>WATERSHED COUNCIL</u>	Employer identification number <u>05-0519694</u>
	Number, street, and room or suite number, or a P.O. box, see instructions <u>27 Sims Ave</u>	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <u>PROVIDENCE RI 02909</u>	

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

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

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

The books are in care of JENNIFER PERIERA

Telephone No 401-861-9046 FAX No 401-861-9038

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 15, 2006

5 For calendar year 2005, or other tax year beginning _____, 20____, and ending _____, 20____

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 2005 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 \$ _____ 0.

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 \$ _____ 0.

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 \$ _____ 0.

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. I am authorized to prepare this form.

Signature [Signature] Title agent for corporation Date 08/11/06

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 extended due date of the return for which an extension was requested.

☐ Other _____

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 <u>Michael D Aaronson</u>	EXTENSION APPROVED AUG 29 2006 FIELD DIRECTOR SUBMISSION PROCESSING CENTER RI 02905
	Number and street (include suite, room, or apartment number) or a P.O. box number <u>1604 Broad Street</u>	
	City or town, province or state, and country (including postal or ZIP code) <u>Cranston</u>	

BAA

FIF20502 01/04/05

Form 8868 (Rev 12-2004)

Sched 1

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	<u>10,907.</u>	<u>9,200.</u>	<u>1,707.</u>	

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 Smithfield, RI	Member volunt	0.	0.	0.
ANn-Marie Ignasher 40 Sprague Street Greenville, RI	Member volunt	0.	0.	0.
Jean Lynch 32 Salina Ave Johnston, RI	Member volunt	0.	0.	0.
Eugenia Marks 12 Sanderson Rd Smithfield, RI	Member volunt	0.	0.	0.
Paul McElroy 188 Urban Ave. North Providence, RI	Member 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	<u>6,437.</u>	<u>4,410.</u>	<u>2,027.</u>