

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning, 2015, and ending

B Check if applicable: X Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Woonasquatucket River Watershed Council. D Employer identification number: 05-0519694. E Telephone number: (401) 861-9046. F Name and address of principal officer: Donald Burns 27 Sims Avenue Providence RI 02909. G Gross receipts \$ 576,195. H(a) Is this a group return for subordinates? Yes. H(b) Are all subordinates included? Yes. I Tax-exempt status: X 501(c)(3). J Website: www.woonasquatucket.org. K Form of organization: X Corporation. L Year of formation: 2001. M State of legal domicile: RI.

Part I Summary

Table with 22 rows and 3 columns. Row 1: Briefly describe the organization's mission or most significant activities: Restoration and preservation of Woonasquatucket River. Row 2: Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Row 3-6: Number of voting members, independent voting members, individuals employed, and volunteers. Row 7a-b: Total unrelated business revenue and net unrelated business taxable income. Row 8-12: Revenue (Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue). Row 13-19: Expenses (Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses). Row 20-22: Net Assets or Fund Balances (Total assets, Total liabilities, Net assets or fund balances).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Alicia Lehrer, Date: 8/3/16, Title: Executive Director.

Paid Preparer Use Only: Print/Type preparer's name: Michael Aaronson, Date: 08/03/16, Firm's name: AARONSON LAVOIE STREITFELD DIAZ & CO., PC, Firm's address: 1604 BROAD ST CRANSTON RI 02905-4130, Firm's EIN: 05-0495839, Phone no.: (401) 223-0205.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes