

Form **990**
 (Rev. January 2020)
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047

2019
 Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOONASQUATUCKET RIVER WATERSHED COUNCIL		D Employer identification number ** - *** 9694
	Doing business as		E Telephone number 401-861-9046
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 45 EAGLE STREET, SUITE 202		
	City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE RI 02909		G Gross receipts \$ 1,428,401

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: ROY NAJECKI 1203 REYNOLDS ROAD CHEPACHET RI 02814	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: WWW.WOONASQUATUCKET.ORG	H(c) Group exemption number u	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 2001	M State of legal domicile: RI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENCOURAGE, SUPPORT AND PROMOTE THE RESTORATION AND PRESERVATION OF THE WOONASQUATUCKET RIVER WATERSHED AS AN ENVIRONMENTAL, RECREATIONAL, CULTURAL, AND ECONOMIC ASSET OF THE STATE OF RHODE ISLAND.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	36
	6	Total number of volunteers (estimate if necessary)	6	750
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 643,962	Current Year 1,346,909
	9	Program service revenue (Part VIII, line 2g)	68,635	42,317
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,501	525
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,030	38,650
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	716,126	1,428,401
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	579,932	835,943
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) u 21,761		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	264,702	476,568
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	844,634	1,312,511
	19	Revenue less expenses. Subtract line 18 from line 12	-128,508	115,890
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 548,050	End of Year 854,631
	21	Total liabilities (Part X, line 26)	17,143	207,834
	22	Net assets or fund balances. Subtract line 21 from line 20	530,907	646,797

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 EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JONATHAN L. UCRAN	Preparer's signature JONATHAN L. UCRAN	Date 02/17/21	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name } UCRAN & COMPANY LLC		Firm's EIN } ** - *** 2547		
	Firm's address } 651 PUTNAM PIKE GREENVILLE, RI 02828-1401		Phone no. 401-349-5300		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No