COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For In	dividuals:								
1. Na	me: N/A								
2. Ad	2. Address: N/A								
3. Em	3. Email Address: N/A								
4. Pho	4. Phone Number: N/A								
	* * * *								
For W	itnesses Representing Organizations:								
1.	Name: Elizabeth Ainsley Campbell, Executive Director								
2.	Name of Organization(s) You are Representing at the Hearing: Nashua River Watershed Association, Inc.								
3.	Business Address: 592 Main Street, Groton, MA 01450								
4.	Business Email Address: [Information redacted for privacy]								
5.	Business Phone Number: 978-448-0299								

Name/Organization:

Elizabeth Ainsley Campbell, Executive Director of the Nashua River Watershed Association

Title/Date of Hearing

Subcommittee on National Parks, Forests and Public Lands legislative hearing on HR 5319 (Tsongas), "The Nashua River Wild and Scenic River Study Act" on Thursday, June 28, 2012 at 10:00 a.m.

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

My educational degrees (A.B. from Radcliffe College and M.A. from the University of Michigan) provided a "liberal arts" background with an emphasis on Communications that served as a spring board for my subsequent career in natural resource protection.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

The Nashua River Watershed Association (NRWA) is an active member of the Massachusetts Environmental Collaborative, the Massachusetts Watershed Coalition, and the Massachusetts Rivers Alliance. As Executive Director of the NRWA I am frequently the liaison with these organizations, and we benefit from understanding and setting the NRWA's natural resource protection efforts in a broader context.

- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
- I have served as Executive Director of the Nashua River Watershed Association continuously since September of 1994. almost 18 years and I'm very familiar with the watershed's natural resources, the current threats to the watershed's health, and the opportunities for enhanced natural resource protection and continued improvement. I am also very familiar with the local communities and stakeholders, the depth of their commitment to the river system, and their enthusiasm for collaborating and partnering for its well-being.
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
- I, personally, have not received any grants or contracts. The Nashua River Watershed Association has received grants / contracts as noted in "h." below.
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better

understand the context of your testimony.

In addition to my professional qualification as Executive Director of the NRWA, I grew up in the town of Harvard, Massachusetts – one of the towns that the Nashua River flows through & that would be included in the Study – and thus have an especially long-standing relationship with, and passion for, the natural surroundings in this part of New England.

Name/Organization:

Elizabeth Ainsley Campbell, Executive Director of the Nashua River Watershed Association

Title/Date of Hearing

Subcommittee on National Parks, Forests and Public Lands legislative hearing on HR 5319 (Tsongas), "The Nashua River Wild and Scenic River Study Act" on Thursday, June 28, 2012 at 10:00 a.m.

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

In my capacity as Executive Director I am authorized to represent the Nashua River Watershed Association.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Through a U.S. Fish & Wildlife Service Cooperative Agreement the Nashua River Watershed Association received funding for the "Nashua River Purple Loosestrife BioControl Project" as part of the USF&WS Partners for Fish and Wildlife Program for work done during three fiscal years (FY09, FY10, and FY11), for a total of \$15,000.

(During the last five years the NRWA has had contracts/agreements with federal agencies other than the Department of Interior: specifically, the U.S. Environmental Protection Agency and the U.S. Department of Agriculture, Forest Service. It is our understanding that these other federal agencies are not invited to participate in the June 28th testimony for HR 5319.)

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Submitted as an attachment.

Form **990**

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)

омв No. 1545-0047 20 **1 О**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

20 11 June 30 2010, and ending For the 2010 calendar year, or tax year beginning July 1 D Employer identification number C Name of organization Nashua River Watershed Association, Inc. Check if applicable: 23-705567 Doing Business As Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change (978)4480299 592 Main Street Initial return City or town, state or country, and ZIP + 4 П Terminated 637,367 G Gross receipts \$ Groton, MA 01450 Amended return H(a) Is this a group return for affiliates? ☐ Yes ☑ No F Name and address of principal officer: Elizabeth Ainsley Campbell Application pending 592 Main Street, Groton, MA 01450 if "No," attach a list. (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c)(3) Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ nashuriverwatershed.org MΑ 1969 M State of legal domicile: Association Other Form of organization: 🗸 Corporation 🔲 Trust Summary Part I Restore and maintain clean water Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0 Net unrelated business taxable income from Form 990-T, line 34 Current Year 627.094 893,197 Contributions and grants (Part VIII, line 1h) . . 8 Revenue Program service revenue (Part VIII, line 2g) 9 10,273 20,714 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 637,367 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913.911 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 457,401 541,000 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 188,440 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 416,800 17 645,841 957,800 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 (8,474)(43.889)Revenue less expenses. Subtract line 18 from line 12 19 End of Year Beginning of Current Year 1,127,220 1,110,480 20 Total assets (Part X, line 16) 46,552 67,630 21 Total liabilities (Part X, line 26) 1,063,928 1,059,590 Net assets or fund balances. Subtract line 21 from line 20 22 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 Signature of officer Here Type or print name and title Date Preparer's signature Print/Type preparer's name Check if Paid self-employed Preparer Firm's EIN ➤ Firm's name Use Only Firm's address] Yes [May the IRS discuss this return with the preparer shown above? (see instructions)

OC	00 (2010) Page 2
om es Part	Contemporat of Program Service Accomplishments
CILL	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Restore and protect water quality and quantity for people, fish, and wildlife
	Conserve open spaces for water quality, wildlife habitat, farms, forests and recreation Encourage careful land use with well-planned development. We serve as an educator, advocate, and steward for the 31 watershed
	Encourage careful land use with well-planned development. We serve as an educator survey of the Nashua River Watershed. communities in north central Massachusetts and southern New Hampshire for the Nashua River Watershed.
_	The transfer to destate any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ \$348,913 including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ 3346,513 including grains of \$ 246,513 including grains of \$ 256,513 includ
	who utilize the river benefit from the organization.
	MITO METILE MITO MITO METILE M
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code:) (Expenses ©
	444444444444444444444444444444444444444
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Obde) (Experience #
;	
	·
	WUNNYA
	Other program continue (Describe in Schedule ())
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$348,913
	Total program service expenses

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	٧.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/ .
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	_	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√.
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	V Checklist of Required Schedules (continued)	<u> </u>	Yes	No
			163	110
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX column (A) line 2? If "Yes." complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J.	_23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	-	
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	60-		√
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
Ċ	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31_		✓ .
32	Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under negulations and 301 7701-32 if "Yes," complete Schedule R. Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 35		1
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-character related organization? If "Yes," complete Schedule R, Part V, line 2	30		√ .
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		
	OT THE OTHER DESIGNATION OF THE OTHER DESIGNAT	For	m 99 0	(2010)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	 -	Yes	No.
4 -	Fotor the number reported in Box 3 of Form 1096 Enter -0- if not applicable		- NO. 64	為安徽
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			(1) (1) (1)
C	reportable gaming (gambling) winnings to prize winners?	1c	1	***************************************
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	18		AGN TH
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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	4a		1
	account)?	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Sessonia.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
-	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•		
	diffs were not tax deductible?	6b	(JANUS DATAS I	TATE SHINLOWN
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1800	
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		/
_	required to file Form 8282?	3.00	46.0	2500
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
e	Did the organization receive any furids, directly of indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		Periods Santones	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	- Aramarions	Sveligitals schools
9	Sponsoring organizations maintaining donor advised funds.		208.4	
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No.	建 基层
10	Section 501(c)(7) organizations. Enter:	3.00		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gloss receipts, molded on to only occupant and the part of the par			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			1000
a b	Gross income from other sources (Do not net amounts due or paid to other sources	39.00 - 19.11		
-	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	70700000000000	Lance for the Market
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			機構
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Asset of
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	AND MAKE	连数 电影
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1000
C	Effect the amount of recourses on many	14a	10000000000000000000000000000000000000	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	_	
b	ii 100, mad it med a 1 drill 720 to report these payments in 110, provide all superior and a contract in the c			

	00 (2010)			Page
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	peiow	, and	i TOF 8
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	nges m	SUII	euuic
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			. 171
Sect	on A. Governing Body and Management			<u> </u>
Seci	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	304234	1 Sept. 1
b	Enter the number of voting members of the governing body at the one of the tax year. Enter the number of voting members included in line 1a, above, who are independent . 1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship will any other officer, director, trustee, or key employee?	th2		1
3	Did the organization delegate control over management duties customarily performed by or under the dire supervision of officers, directors or trustees, or key employees to a management company or other person?	ct 3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6	1	╽
7a	Does the organization have members, stockholders, or other persons who may elect one or more member of the governing body?	7a	1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1001000000	√ navenist
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓_	ļ <u>-</u>
. b	Each committee with authority to act on behalf of the governing body?	8b	✓	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l do	1_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C	Yes	No
40	Does the consideration has a fine of about any hyperchan as affiliates?	10a	-	
10a	Does the organization have local chapters, branches, or affiliates?		- V	
b	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b	1	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	ie 11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	a sales	100	新疆 经
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	e		
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	√	e v granov svatsk
15	Did the process for determining compensation of the following persons include a review and approval tindependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	У		
а	The organization's CEO, Executive Director, or top management official	15a	V	<u> </u>
b	Other officers or key employees of the organization	15b	√	4000000
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate in participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the procedure of the proce	ie 📄	35, 5	
	organization's exempt status with respect to such arrangements?	16b		.L
	on C. Disclosure			·
17 18	List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) for public inspection. Indicate how you make these available. Check all that apply.	:)(3)s onl	y) ava	ailable
				•
19	☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict and financial statements available to the public.	t of inte	rest p	olicy
20	State the name, physical address, and telephone number of the person who possesses the books and recor	ds of the	€	
-	organization: ► Elizabeth Ainsley Campbell (978)448-0299			
	NRWA, 592 Main Street, Groton, MA 01450			

											_	_		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Hiç	ghe	st	C	om	pe	nsa	ate	d E	mp	loy	ee	s,
	and Independent Contractors													
	Check if Schedule O contains a response to any question in this Part VI	١.	.•									•	٠	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	chec	k all	that ap	plý)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Lucy Wallace	5		-			<u>ä.</u>		. 0	0	0
Director- President)	✓		✓				. 0		
(2) Judy Larter	5							0	o	0
Director- Vice President		✓		✓	L					
(3) Edward McNierney	5							0	o	. 0
Director - Secretary		✓.		✓						
(4) Connie Keeran Lapres	5							o	o	0
Director - Treasurer		✓		1	<u> </u>		_			
(5) Raiph Baker	. 3							o	o	. 0
Director		✓				<u> </u>	_			
(6) Mary Dacquino	3	·						o	o	0
Director		✓		<u> </u>			-			
(7) Mark Eaton	3	1			İ			0	0	0
Director		٧			-					
(8) Roger Goscombe	3	1			Ì			0	0	0
Director Co. Marian Standard		Ψ	-	ŀ۰						
(9) Marion Stoddart Director	3	1						0	0	0
(40) Corola "Detary" Healting	· ·								•	
Director	3	1						0	.0	0
(11) Cros Morthairer		· ·		-				_		
Director	3	1						0	0	0
(12) Jared Wollaston				_						0
Director	3	1						0	0	
(13) Elisabeth Ainsley Campbell								80,871	0	2,420
Executive Director	40				✓	✓		80,871	0	
(14)										
(15)		-								
(16)				_						

	VI Section A. Officers, Directors, Trus	(B)			(0	C)		-	(D)	(E)		(F)	
	Name and title	Average							Reportable	Reportable		Estimated amount of	
	Name and the	hours per week (describe hours for related organizatlons ín Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation f related organization (W-2/1099-MIS	5	other compensation from the organization and related organizations	
		0)		ee			ated						
17)		-										<u>.,</u>	
18)		``											
19)				-	<u>.</u>								
20)													
21)						·	_						
22)			-		<u> </u>	-						•	
23)					-	-							
241				-									
25)					-						-		
		<u> </u>				-		-					
						-	<u> </u>	_					
28)					<u> </u>	-	_		<u> </u>			<u>. </u>	
		<u></u>				<u>l .</u>		Ļ			- -	<u></u>	
1b	Sub-total	MI Contic		•	•	•		▶		-			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)					•	· ·	>	80,871				2,4
2	Total number of individuals (including bur reportable compensation from the organic	t not limite	d to th	1056	e lis	ted	abov	e) w	vho received m	ore than \$10	0,000 i		, -
	Did the organization list any former o		otor o	or tr	n set		kev (amr	olovee or high	hest comper	sated	Yes	N
3	employee on line 1a? If "Yes." complete	Schedule 🗉	I tor s	ucn	ına	ııvıa	uai	i				3	1
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tr	nan t	150	,001 •	J? i	1 16 					4	1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ombe	nsa	ition	i fro	m an	y ur	nrelated organi	zation or indi	vidual 	5	多 /
Sectio												000 - 6	
1	Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	enc	lent	cont	ract	tors that receiv	red more thar	1 \$100,	UUU OT	
	(A)			<u>. </u>				Ī	(B) Description of	services	C	(C) ompensation	
None	Name and business add	11622						\pm					_
10110								1			. <u>. </u>	<u> </u>	
·- ·								┼-				<u> </u>	
								+					
	Total number of independent contractor	-u- linglad	ina h			lim	tod t	<u> </u>	hose listed at	ove) who	ShO V		

Par	t VIII	Statement of Rev	/enue						(D)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ হ	1a	Federated campaigns	3	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues .		1b	382,686		100000000000000000000000000000000000000		
9,9 III	С	Fundraising events .		.1c					
# #	d	Related organizations		1d				1447-2016	
E, E	e	Government grants (con	ntributions)	1e			494944	1945年1947	Section 1865
lior I si	f	All other contributions, g					A STATE OF THE STA		
ë e	ļ	and similar amounts not inc	cluded above	1f	244,408				
id of	g	Noncash contributions includ	ded in lines ta	-1f:\$	10,125	are some and	ar extra	49 (2) (35 (35 (35)	
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	<u> , ▶</u>	627,094		444	
Program Service Revenue		•			Business Code				
ž.	2a	***************************************						<u></u> -	
æ	b	*******************************	,					-	
ζĊ	C						·		
Se	d							<u></u>	
뼕	е	******************					·		
ğ	f	All other program ser					Operation and the second		**************************************
<u>-a-</u>	g	Total. Add lines 2a-2 Investment income							
	3	and other similar amo			_	10,579	,	•	10,579
		Income from investmen				10,378	· 		
	4			ubr bo	niu procesus >			<u>.</u>	
	5	Royalties	(i) Real	· ·	(ii) Personal		(1) April 10 (1) (1) (1)		enconstitution and a second and a
	6-	Cross Bosts	(91.444)		vy	14.78			
	6a	Gross Rents			· · · · · · · · · · · · · · · · · · ·				
	b	Less: rental expenses Rental income or (loss)				3,000	14 Tarin (1887)	LEAST STEEL	
	d	Net rental income or (. >		PLANCE HELESTINGS	A Comment of the second control of the secon	Company of the Compan
	a 7a	Gross amount from sales of	(i) Securiti	es ·	(ii) Other				
-	ra	assets other than inventory		9,819	<u> </u>	200000000000000000000000000000000000000			176,780,003,750,98
	b	Less: cost or other basis		-,					
İ	~	and sales expenses .	1	0,125					
	С	Gain or (loss)		(306)				(新华) 医多种的	
	d	Net gain or (loss) .		, .	<u>, , , ,</u> ▶	(306)	(306)		
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte		 c). · a					
Ě	b	Less: direct expenses	s	. b				Supplemental of	
٦	С	Net income or (loss) f			events . 🕨			minglisch, ustas dağın kadılı deseminin alkılı	well the resulting supply seems to real the least twenty
	9a	Gross income from ga See Part IV, line 19		. a			organizacjeni Postalija jak		
	b	Less: direct expenses	3.,.	. b	<u> </u>			was on the second	· 1000 14 7 18 78 3 7 2 1
	C	Net income or (loss) f			vities -			obcerner it somewh	
	10a	Gross sales of in returns and allowance	es	· a			70 (15)		100 mm
	b	Less: cost of goods s		. b			•		
].	C	Net income or (loss) f		אלוו זכ	Business Code			CONTRACTOR OF	
		Miscellaneous R	revenue		Busiless Code		100 ATT - 100 ATT - 100 ATT - 100 ATT - 100 ATT - 100 ATT - 100 ATT - 100 ATT - 100 ATT - 100 ATT - 100 ATT -		<u> </u>
	11a							 	
	b					-			
	C	A11		· ·			· · · · · · · · · · · · · · · · · · ·		
	d	All other revenue .		•		1	JAN SEL TREE TREE		1. Co. 2. 2. 2. 2. (2. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1
	e 12	Total. Add lines 11a- Total revenue. See it				637,367	(306)	中央中央的公司的证据 (D)(600000000000000000000000000000000000	10,579
	14	total levenue. Gee II	ion donorio	• •		237,001	(000)		Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

[izations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co	lumn (A) but are not	required to comple (B)	(C)	
Do .	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		<u>-</u>		TELESCOPERATE OF THE SECOND SE
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				20.025
- 7	Other salaries and wages	383,489	232,623	70,831	80,035
8	Pension plan contributions (include section 401(k)				2,173
	and section 403(b) employer contributions)	10,407	6,313		
9	Other employee benefits	32,966	17,431 17,593		
10	Payroll taxes .	30,540	11,000	0,230	
11	Fees for services (non-employees):		•		·
a	Management				
b	Legal	5,000		5,000	<u> </u>
C.	Accounting				
d e	Professional fundraising services. See Part IV, line 17			M-00-777 SM NEW SELVER SHARE	
f	Investment management fees				6.743
g g	Other	15,633		8,920	6,713
12	Advertising and promotion				
13	Office expenses				
14	Information technology			<u> </u>	
15	Royalties	40.460	<u> </u>	19,410	-
16	Occupancy	19,410			400
17	Travel	3,885	3,102	37	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	45 567	4,062	10,518	977
22	Depreciation, depletion, and amortization	15,557	7,002		
23	Insurance				
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24f. If			Action to the	
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)		m as a second		
		56,172	46,022		10,150
a b	Supplies	21,293			
C	Events & Meetings	13,200			
d	Materials	10,518			
е	Printing and Reproduction	8,392			
f	All other expenses Total functional expenses. Add lines 1 through 24f	19,378			
_25		645,841	348,91	109,030	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
		<u> </u>			Form 990 (2010)

	1 550 (20				
	art X	Ddidilice Silect	(A) Beginning of year		(B) End of year
			91,364	1	296,192
	. 1	Cash—non-interest-bearing	852,725	2	693,247
	2	Pledges and grants receivable, net		3	
	3	Accounts receivable, net	33,505	4	13,511
	4	Receivables from current and former officers, directors, trustees, key			
	5	employees, and highest compensated employees. Complete Part II of			
		Schedule L.	Director descriptor (Alexander)	5	
. '	6	Pagainables from other disqualified persons (as defined under section			
	U	4050/0/4) persons described in section 4958(c)(3)(B), and contributing	ar a gradustantan ke		200 20 16 6 6 7 7
		employers and sponsoring organizations of section 501(c)(9) voluntary		6	(19 gr) (19 (19 (19 (19 (19 (19 (19 (19 (19 (19
Ŋ		employees' beneficiary organizations (see instructions)		7	
Assets	7	Notes and loans receivable, net		8	
As	8	Inventories for sale or use		9	
	.9	Prepaid expenses and deferred charges		A12-49	
	10a	Land, buildings, and equipment: cost or they begin Complete Part VI of Schedule D 10a 406,079			
		other basis. Complete Fait 11 of Control of	TARREST CALLS AND ADDRESS OF THE PARTY OF TH	10c	124,269
	b	Less: accumulated depreciation		11	
	11	Investments—publicly traded securities Investments—other securities. See Part IV, line 11		12	
	12	Investments—other securities, dee Fart IV, line 11		13	
	13 14	Intangible assets		14	·
	15	Other assets See Part IV. line 11		15	4 427 220
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,110,480	16	1,127,220 67,630
	17	Accounts payable and accrued expenses	46,552		07,030
	18	Grants payable		18 19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	1. 100 · 10		
Ħ	22	Payables to current and former officers, directors, trustees, key	White of the first state	100	
Liabilities		employees, highest compensated employees, and disqualified persons.	SAME ASSESSMENT ASSESS	22	AND S. P. A. D. S. L. C.
3		Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		24	
•	24	Other liabilities. Complete Part X of Schedule D		25	
	25 26	Total liabilities, Add lines 17 through 25	46,552	26	67,630
	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
es		lines 27 through 29, and lines 33 and 34.	A CALL STATE OF THE SECOND SECOND		915,077
2	27	Unrestricted net assets	929,341		113,248
첉	28	Temporarily restricted net assets	108,191	+	31,265
Ā	29	Permanently restricted net assets	20,000	#10E	
Ę		Organizations that do not follow SFAS (11, shock in the			
ğ		complete lines 30 through 34.		30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	,	31	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		32	
Ϋ́	32	Total net assets or fund balances	1,063,928		
ž	33	Total liabilities and net assets/fund balances	1,110,480	34	1,127,220
	04	Total habitated and her deceted			Form 990 (2010

Page	1	2

orm 9	30 (2010)			Pag	e 12
Par	Reconciliation of Net Assets				[7]
	Check if Schedule O contains a response to any question in this Part XI				
	Total revenue (must equal Part VIII, column (A), line 12)	1		637	,367
1	Total expenses (must equal Part IX, column (A), line (2)	2		645	,841
2	Revenue less expenses. Subtract line 2 from line 1	3		(8,	47 <u>4)</u>
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,063	,928
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4	,136
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		_		
٠	column (B))	6		1,059	,590
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		<u> </u>	Yes	No
.1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expenses the control of t	plain i	_ n		
	Schedule O.		242	8 5 5	
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	_	√
h	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	 	. 2a	_	√
h	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	/ersigh	. 2a	√ /	√
h	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountant?	/ersigh ntant?	. 2a	√ /	✓
h	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expectation of the selection of the selection changed either its oversight process or selection process during the tax year, expectation or the selection of the selection	/ersigh ntant?	. 2a	√ /	<u>/</u>
h	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expended to the organization of the audit of the organization changed either its oversight process or selection process during the tax year, expended to the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the audit of the organization of the	, , /ersigh ntant? plain i	. 2a 2b	√ /	✓
h	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent accountant in the organization changed either its oversight process or selection process during the tax year, ex Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year.	, , /ersigh ntant? plain i	. 2a 2b	√ /	<u> </u>
h	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account fit the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the years issued on a separate basis, consolidated basis, or both:	, , /ersigh ntant? plain i	. 2a 2b	√ /	<u> </u>
b c d	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accountant in the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a. Consolidated basis, or both:	/ersigh ntant? plain i	. 2a 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c	√ /	<u> </u>
b c d	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountant if the organization changed either its oversight process or selection process during the tax year, expected by the compilation of the selection process during the tax year, expected by the compilation of the year to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	/ersigh ntant? plain i ar wer	2a 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c		<u> </u>
b c d	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accountant in the organization changed either its oversight process or selection process during the tax year, expected to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a or 2b, check a box below to indicate whether the financial statements for the years are to line 2a. Consolidated basis, or both:	versigh ntant? plain i ar wer forth i	2a 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c		<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

(A)

(B)

(C)

(D)

(E)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Employer Identification number Name of the organization 23-7055674 Nashua River Watershed Association Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c 🔲 Type III-Functionally integrated b 🗍 Type II a 🗌 Typel e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes (iii) below, the governing body of the supported organization? 11<u>g(i)</u> 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (vii) Amount of (v) Did you notify (vi) Is the (iii) Type of organization (iv) Is the organization (i) Name of supported (ii) EIN organization in col. support in col. (i) listed in your the organization in (described on lines 1-9 organization (i) organized in the governing document? col, fil of your above or IRC section support? Ų.S.? (see instructions)) Yes No Yes Nο

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2010

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support			(-) 0000	(d) 2009	(e) 2010	(f) Total	
Calend	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(u) 2008	(0) 20 (0	47	
1.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	833,093	1,786,023	715,913	893,197	627,094	4,855,320	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge .				200 107	627,094	4,855,320	
4	Total. Add lines 1 through 3	833,093	1,786,023	715,913	893,197	027,004	1,000,010	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .						1,181,893	
_	Public support. Subtract line 5 from line 4.		MESSES IN				3,673,427	
6 Section	on B. Total Support	To the second se				4-1-0040	(f) Total	
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		
7	Amounts from line 4	833,093	1,786,023	715,913	893,197	627,094	4,855,320	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,654	1,753	3,030	20.714	10,579	37,730	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		acen and the second				4,893,050	
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for torganization, check this box and stop here.	the organizatio e re	n's first, secor	<u>յց, լրյլա, յօս</u> ւս	ii, Oi ilitiis tet∧ y	12 ear as a section	on 501(c)(3)	
Secti	on C. Computation of Public Suppo	ort Percentag	je	11 column (f)		14	75.7% %	
14	Public support percentage for 2010 (line	6, column (f) c	livided by line	TT, COLUISIA (I))		15	99.4% %	
15	Public support percentage from 2009 So 331/3% support test—2010. If the organ	vi-ation did not	CHACK THE LITT	on line 13, an	id line 14 is 33	1/3% or more, o	check this	
16a		alifica de a DUC	MICIV SHIDDURIEL	i uruanizalion			-	
b	box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, b sheet this box and stop here. The organization qualifies as a publicly supported organization.							
17a	to the company to the company and the company at the program of the company and the second to th							
b	10%-facts-and-circumstances test— 15 is 10% or more, and if the organiz Explain in Part IV how the organization	2009. If the orgation meets the meets the "fac	ganization did in the second of the second o	not check a bo circumstances stances" test.	ox on line 13, 1 " test, check the the organizati	this box and son qualifies as	aton incontrol incontrol incontrol incontrol incontrol income inc	
18	in the formation of the organization	did not check a	a box on line 1	3, 16a, 160, 17	a, or tro, one	Cit at iid box at it		
	instructions				<u> </u>	chadula A (Form 9	190 or 990-FZ) 201	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

Name of the organization 23-7055674 Nashua River Watershed Association, Inc. Organization type (check one): Section: Filers of:) (enter number) organization Form 990 or 990-EZ **☑** 501(c)(3 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Supplemental Financial Statements

2010

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Employer identification number

Machin	a River Watershed Association, Inc.	23-7055674
Par	A 1 1 Family on Other Cimilar Funds of	
	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year .	
1	Aggregate contributions to (during year) .	
2	Aggregate grants from (during year)	
3 4	Assessed value at and of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
J	funds are the organization's property, subject to the organization's exclusive legal control?.	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds can be used
Ü	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	/ Other purpose:
	conferring impermissible private benefit?	⊔ Yes ∐ NO
Part	Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an hi	istorically important land area
	✓ Protection of natural habitat □ Preservation of a cereal	rtified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
•		\$0345400 T
а	Total number of conservation easements	2a 1 2b 5.2
b	Total acreage restricted by conservation easements	2c 0
C	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0
_	historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminate	
3		
÷	tax year ▶ 0 Number of states where property subject to conservation easement is located ▶ 1	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
3	violations, and enforcement of the conservation easements it holds?	L Yes ✓ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
Ū	~ 0	· ·
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts during the year
•	▶ \$ 0	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	stion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	LTYes ☑ NO
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's imancia	a statements that describes the
	organization's accounting for conservation easements.	or Similar Assets
Part	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	er Official Addition
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve	nue statement and balance sheet
1a	works of art, historical treasures, or other similar assets held for public exhibition, educati	ion, or research in furtherance of
	public service, provide, in Part XIV, the text of the footnote to its financial statements that des	cribes these items.
1.	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever	nue statement and balance sheet
b	works of art, historical treasures, or other similar assets held for public exhibition, educat	ion, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990 Part VIII, line 1	> \$
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
2	If the organization received or held works of art, historical treasures, or other similar assi	ets for imancial gam, provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	•
а	Revenues included in Form 990, Part VIII, line 1	. , ▶ \$
b	Assets included in Form 990, Part X	<u> ▶ \$</u>

د							
						Page	2
	le D (Form 990) 2010 Organizations Maintaining	Callections of A	rt Historical	Treasures, or O	ther Similar A	ssets (continued	<u>)</u>
Par	Using the organization's acquisition, a	conections of A	er records, che	eck any of the follo	wing that are a	significant use of i	ts
3	Using the organization's acquisition, a collection items (check all that apply):	iccession, and othe	31 1000100, 0110	on any or and	· ·		
	•		at 🗀 Ta	oan or exchange pro	ograms		
a	Public exhibition		e 🗆 0	ther			
b	Scholarly research	10					
С	Preservation for future generation Provide a description of the organization	เจ ion's collections an	d explain how	they further the or	ganization's exe	mpt purpose in Pa	ırt
4	VIV						
5	and the same did the organization	solicit or receive de	onations of art	, historical treasure	es, or other simi	lar	
Ð		than to be maintain	ו זור דוברו פב המו	ne organization o o	0110000011		
Pari	IVA Escrow and Custodial Arra	naements. Com	iplete if the oi	ganization answe	ered "Yes" to F	orm 990, Part IV	, .
Tell	I' O nemorated on omound	tan Farm Yyll Pa	art X IIII (C. 1.)				_
1a	Is the organization an agent, trustee,	custodian or other	r intermediary	for contributions of	r other assets r	iot	
	included on Form 990. Part X?					Yes 🗌 N	U
b	If "Yes," explain the arrangement in Pa	art XIV and complet	e the following	table:		Amount	_
-						Amount	_
С	Beginning balance			<u> 1</u> ,	d	·	
d	Additions during the year				<u>e</u>		_
е	Distributions during the year			· · · · · · - ·			
f	Ending balance				·	. □ Yes □ N	10
2a	Did the organization include an amour				*		
	If "Yes," explain the arrangement in Pa t V Endowment Funds. Complete	art XIV.	tion answere	d "Yes" to Form 9	990. Part IV, lin	ie 10.	_
Par	Endowment Funds. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years bac	k
		26,396					
1a	Beginning of year balance	20,000					
b	Contributions Net investment earnings, gains, and	 					
С	losses	4,869					
	Grants or scholarships						
d	Other expenditures for facilities and						
. =	programs				(4) (4) (5) (2) (4)	en consultation	
f	Administrative expenses						
	End of year balance	31,265					<u> </u>
g 2	Provide the estimated percentage of t	he year end balanc	e held as:	•	•	'	
a	Board designated or quasi-endowmen	nt 🕨	%				
b		100 %					
c	or				Juliaterad for	tha .	
3a	Are there endowment funds not in the	e possession of the	organization	that are held and a	dwillistered for	Yes N	lo
	organization by:					. 3a(i) 🗸	<u></u>
	(i) unrelated organizations						7
	(ii) related organizations			adula D2		3b	
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	quirea on Sch	eaule n :		·	

Par	Describe in Part XIV the intended uses of the Land, Buildings, and Equipmer	nt. See Form 990, P	art X, line 10.		
Par	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
			50,000	100 (100 July 100 Jul	50,000
1a	Land		135,000	81,750	53,250
b	Buildings		130,000		
С	Leasehold improvements	·			
d	Equipment		221,079	200.060	21,019
е	Other	15 000 5-4			124,269

Page	4

Sched	lle D (Form 990) 2010		
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	ents	.S
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	637,367
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	645,841
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(8,474)
4	Net unrealized gains (losses) on investments	4	12,199
5	Donated services and use of facilities	5	
6	Investment expenses	6	<u></u>
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	(8,063)
9	Total adjustments (net). Add lines 4 through 8	9	1, 222
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Parl	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	: Ret	eturn 1 637,367
1	Total revenue, gains, and other support per audited financial statements	1	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d	_2€	
3	Subtract line 2e from line 1	3	3 637,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a		70 X
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er R	Return
1	Total expenses and losses per audited financial statements	1	1 645,841
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	3 645,841
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a		
b	Other (Describe in Part XIV.)		
· C	Add lines 4a and 4b	40	c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5 645,841
Part			
Comp Part V any ao	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor Iditional information.	Part nplet	IV, lines 1b and 2b; te this part to provide
Part II	line 9: The easement is not included in the financial statements.		
Darf V	, line 8: Temp Restricted Fund loss of (\$7,959) plus permanently restricted fund loss of (\$104) = (\$8,063)	oss i	included as other.
Pail	, line of Tellip Resultice Fund 1033 of (#7)000 plus pointing		
			1047
	no page >	9	- Page >
<i>-</i>	no page 3		1 0
			1
			,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Revenue Service Attach to Form 990 or 990-EZ,

Nashua River Watershed Organization	23-7055674
Form 990, Part VI, Section A, line 7a: Members approve the Board of Directors.	
Form 990, Part VI, Section B, line 11: Form 990 is reviewed by the Board Treasurer, the Executive Dire	ctor, and Bookkeeper.
Form 990, Part VI, Section B, line 12c: The Organization requires all management and staff to review,	
violations of the conflict of interest policy.	
Working of the connect of the est points.	
Form 990, Part VI, Section B, Line 15: The Organization reviews salary history, biodata, market/industr	y comparisons and internal equity
evaluations. An annual review is performed by the Executive Director and Board of Directors.	
Form 990, Part VI, Section C, Line 19: Upon request.	
Form 990 Part XI, line 5, Other changes in Net Assets: Unrealized gain of \$12,199, less temp. restricted	I fund loss of (\$7,959) less
permanently restricted fund loss of (\$104) = \$4,136	
Form 990, Part XII Line 2C: The Organization's Board of Directors hires the independent auditing firm.	The Board's Finance Committee
reviews the audit, and makes recommendations to the entire board as a result of the audit.	
	······

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 black lung
benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

A	ror t	he 2009 calendar year, or tax year beginning JUL_1 , 2009 and ending	<u>, J</u> UN 30, 2010	,			
В	Check applica	if Please C Name of organization	D Employer identif	ication number			
	Add	ress label or NASHUA RIVER WATERSHED ASSOC., INC.					
	Nan cha	nge type. Doing Business As	23-7	055674			
L C	loitla retu Terri ated			er 3)448-0299			
	Ame	ended tions. Locustian to the control of the contro	G Gross receipts \$	927,048.			
	App tion	GROTON, MA 01450	H(a) Is this a group r				
	pen	F Name and address of principal officer: ELIZABETH AINSLEY CAME 592 MAIN STREET, GROTON, MA 01450	BE for affiliates?				
1	Taxe	xempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)			
		ite: > nashuariverwatershed.org	H(c) Group exemption	•			
		print the second		VI State of legal domicile: MA			
	art I			VI State of legal domicile, 1121			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: RESTORE	& MAINTAIN CI	EAN WATER			
raa	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of ite not a				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		14			
ď	4	Number of independent voting members of the governing body (Part VI, line 1b)		14			
တ္	5	Total number of employees (Part V, line 2a)		14			
ītie.	6	Total number of volunteers (estimate if necessary)	6	1 1 0			
ਰਿੰ	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
<	Ь.	Net unrelated business taxable income from Form 990 T, line 34		0.			
	1-	The difference beginness texable income from our sau-1, interpretation	Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	715,913.	893,197.			
	9	Program service revenue (Part VIII, line 2g)	71373131	053/15/4			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,030.	20,714.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,030.	20,714.			
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	718,943.	913,911.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	110/243.	713/7111			
	14	Departure and the form of the country of the countr					
(A	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	553,975.	541,000.			
Se	!	Professional fundraising fees (Part IX, column (A), line 11e)	33373734	341,000.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 243,771.					
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	392,620.	416,800.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	946,595.	957,800.			
		Revenue less expenses. Subtract line 18 from line 12	-227,652.	-43,889.			
es Ses		Treventes less expenses, odotract line to from line 12	Beginning of Current Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,277,188.	End of Year 1,110,480.			
Pass		Total liabilities (Part X, line 26)	12,680.	46,552.			
誓		Net assets or fund balances. Subtract line 21 from line 20	1,264,508.	1,063,928.			
Ď.	rt II	Signature Block	1,204,300.	1,003,920.			
**********			nte, and to the hest of my knowledge	ne and helief It is true correct			
		Under penaltles of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge.	,			
Sign			·				
Here		Signature of officer	Date				
		ELIZABETH AINSLEY CAMPBELL, EXECUTIVE DIR					
		Type or print name and title	BOTOK				
•	~-	Preparer's Date	Check if Prepare	er's identifying number			
Paid -		signature NORMAN R. FOUGERE, JR. CPA 01/11/11	self- employed ► X	tructions)			
	arer's	Firm's name (or NORMAN R FOLICERE TR CDA	EIN D				
Use (Jnly	self-employed), >99 HERTTAGE LANE	LIN				
		address, and ZIP+4 DUXBURY, MA 02332	Dhanna 7	81-934-0460			
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)	Filone no /	X Yes No			
	*1 1 V/ 1	·- viver one recent with the proporor and will above ((See Instructions)		IN TPS I INO			

Forr	990 (2009) NASHUA RIVER	WATERSHED ASSOC., INC.	23-7055674 Page 2
Pa	rt III Statement of Program Service Ac	complishments	
1	Briefly describe the organization's mission: Se	e Schedule O for Continu	ation
		water quality and quant	ity for people, fish,
٠	and wildlife		
	* Conserve open space	s for water quality, wile	dlife habitat, farms,
	forests, and recreation		
2	Did the organization undertake any significant prog		
			Yes X No
	If "Yes," describe these new services on Schedule		
3	Did the organization cease conducting, or make sig	gnificant changes in how it conducts, any progra	m services? Yes X No
	If "Yes," describe these changes on Schedule O.		•
4	Describe the exempt purpose achievements for ea		the state of the s
	Section 501(c)(3) and 501(c)(4) organizations and s	The state of the s	e amount of grants and
	allocations to others, the total expenses, and rever	nue, if any, for each program service reported.	
 -		6 505	
4a	(Code:) (Expenses \$ 52° RESTORATION & MAINTENANCE	6,595. including grants of \$)(Revenue \$)
		HE NASHUA RIVER & THOSE I	
	BENEFIT FROM THE ORGANIZA		WHO OTTERE THE KIVEK
•	DENEFTI FROM THE ORGANIZA	IION:	·
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
			. '
			<u> </u>
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
70	(Code:) (Expenses 4	including grants of ψ) (inevenue y
		· · · · · · · · · · · · · · · · · · ·	
			t -
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including gran	ts of \$) (Revenue \$	<u> </u>
4e	Total program service expenses ►\$	526,595.	222
			Form 990 (2009)

Part IV **Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 Х 10 If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X 11 Х 11 as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. Yes No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X 14b and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X 15 or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х

complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

20

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Dld the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Χ. Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х 27 Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was Х an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ. sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R; Part I 33 Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

Page 5

2000	Otatements regarding Other mornings and rax Compilatios		······			Yes	Ma
1.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	I			res	IND
Ia	U.S. Information Returns. Enter -0- if not applicable	1a		5			
ь		1b	<u> </u>	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization comply with backup withholding rules for reportable payments to vendors and the organization complete payments are considered to the organization complete payments and the organization complete payments are considered to the organization considered to the or		ble gaming				
٠	(gambling) winnings to prize winners?	opolic	iolo garring	*	1c	********	£0000000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			···			
40	filed for the calendar year ending with or within the year covered by this return	2a.		14			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			——·	2b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		•		<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere			ľ	3a	200002000	Х
		. "		Г	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			···			
	financial account in a foreign country (such as a bank account, securities account, or other financial				4a		X
b	If "Yes," enter the name of the foreign country:	u0000					
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and	-			
	Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. [`	5a	oriestostosto	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		A Committee of the Comm	г	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			···· [-			
-	Tax Shelter Transaction?				5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			···· -			
	any contributions that were not tax deductible?				6a		Х
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?			[6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services				
	provided to the payor?			L	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			L	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired				ĺ
	to file Form 8282?				7c	7.000	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	oerson	al				
	benefit contract?			-	7e	<u>X</u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control				7f	Х	·
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			-	7g	,	. X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0				7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	isiness holdings	8			
_	at any time during the year?				8	:::::::::::::::::::::::::::::::::::::::	
9	Sponsoring organizations maintaining donor advised funds.			8		********	
a	Did the organization make any taxable distributions under section 4966?			⊢	9a	1.	
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b	****	****
10	Section 501(c)(7) organizations. Enter:	10a					
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			∭		
11	Section 501(c)(12) organizations. Enter:	100	<u> </u>		∭		
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against	110					
D	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		· · · · · · · · · · · · · · · · · · ·		12a	0.000000000	NAMES OF STREET
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>			
	11 121 2015 the difficult of the overlipt interest received of the food during the year			100	· · · · · · · · ·		Mark (1989)

Form 990 (2009) NASHUA RIVER WATERSHED ASSOC., INC. 23-7055674 Page
Part VII Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.

Sec	tion A. Governing Body and Management			1	1
		L. I	1 /	Yes	No
1a	Enter the number of voting members of the governing body	1a	14 14		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			17
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				17
	of officers, directors or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its organizational documents since the prior For				X
5	Did the organization become aware during the year of a material diversion of the organization's asset			X	X
6	Does the organization have members or stockholders?		6	Α.	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me			v	
	governing body?			X	X
_			//		
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during the year			
	by the following:		0	X	9900 St. 5000
a	The governing body?			X	
þ	Each committee with authority to act on behalf of the governing body?		8b	<u>^</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		9		х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)		Yes	No
10-	Dage the every imption have local charters by analysis as affiliated?		10a	res	X
10a	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such or	· ·		 	
D		mapters, animates,	10ь		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before fill			X	
11 11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the longs			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	economies.
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou		(20	+	· ·
U	to conflicts?	id give rise	12b	X	İ
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes." describe			
٠	in Schedule O how this is done		12c	x	
13	Does the organization have a written whistleblower policy?			X	
14	Does the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,			
а	The organization's CEO, Executive Director, or top management official		15a	X	************
b	Other officers or key employees of the organization	·	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16b.		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶MA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avai	lable for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest police	cy, and fina	ncial	
	statements available to the public.	•			
20	State the name, physical address, and telephone number of the person who possesses the books an	d records of the orga	anization:	-	
	ELIZABETH A. CAMPBELL - 978-448-0299				
	592 MAIN STREET, GROTON, MA 01450				
					_

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	ny current officer, director (C)						(D)	(E)	(F)		
Name and Title Average			Position					Reportable	Reportable	Estimated		
	hours	(check all that apply)					y)	compensation	compensation	amount of		
	per week	ector			ļ			from the	from related organizations	other compensation		
	WOOK	b	88			Sign		organization	(W-2/1099-MISC)	from the		
•		rustee	E E		88	The Control		(W-2/1099-MISC)		organization		
	:	ndividual frustee or director	nstitutional trustee	75	Key employee	Str.	2 5			and related organizations		
		Indi	噩	Officer	\$	Highest compensated employee	퉏			Organizations		
JUDY LARTER												
DIRECTOR - VICE PRESIDEN	5.00	X		X				0.	0.	0.		
LUCY WALLACE		ŀ										
DIRECTOR - PRESIDENT	5.00	Х	<u> </u>	Х		<u> </u>		0.	0.	0.		
TIM ALTHOF								_		* .		
DIRECTOR	5.00	X	<u> </u>				L_	0.	0.	0.		
CONNIE KEERAN LAPRES					1			_	•			
DIRECTOR - TREASURER	5.00	Х		Х			Ĺ	0.	0.	0.		
RALPH BAKER			٠.			- '		_	•			
DIRECTOR	3.00	Х	<u> </u>	<u> </u>	L			0.	0.	0.		
MARY DACQUINO			1						•			
DIRECTOR	3.00	Х	<u> </u>		<u> </u>		_	0.	0.	0.		
MARK EATON	2 00	Ι,,										
DIRECTOR	3.00	Х	├					0.	0.	0.		
ROGER GOSCOMBE	2 00	,,						0.	0.	_		
DIRECTOR	3.00	Х	┢			ļ <u>.</u>	-	Ų.	۷.	0.		
ED MCNIERNEY	2 00	17		v				0.	0.	۸		
DIRECTOR - SECRETARY	3.00	X	ļ	Х	·	<u> </u>	<u> </u>	0.	<u> </u>	0.		
BOB PINE DIRECTOR	3.00	х						0.	0.	0.		
MARION STODDART	3.00	^	┢			1,	-	0.	· ·	0.		
DIRECTOR	3.00	Х	ĺ					0.	0.	0.		
BETSY HOPKINS	3.00	Λ		-				0.	0.			
DIRECTOR	3.00	Х						· 0.	0.	0.		
GREG WERTHEIMER	3.00		\vdash			\vdash	\vdash			· ·		
DIRECTOR	3.00	Х	١.					0.	0.	0.		
JARED WOLLASTON		 	 				-					
DIRECTOR	3.00	х					ŀ	0.	0.	0.		
ELIZABETH AINSLEY CAMPBE			\vdash				\vdash					
EXECUTIVE DIRECTOR	40.00			Х		х		83,143.	0.	2,490.		
	· · · · · · · · · · · · · · · · · · ·											
				·						<u> </u>		
					·							
									·	·		

Page 8

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	руес	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)					٠	(D)		(F)		
Name and title	Average	Position (check all that apply)					1. A	Reportable	Reportable			
	hours per		neci T	(all	tnat I	app	iy) I	compensation from	compensati from relate		amount of other	
	week	Indivíduai trustee or director						the	organization		compensation	
		5	蠡			nsated		organization	(W-2/1099-MI	ISC)	from the	
		Targar	重		25 25	eg		(W-2/1099-MISC)			organization and related	
		iğ de	Institutional trustee	See .	Keyemployee	Highest compensated employee	Ē				organizations	
		르	₹	₹	ş	温皂	Ē				·	
		-	-	-		-					·	
								,				
									·			
. ·				ļ							 	
		_			-						-	
,												
·												
1b Total						<u> </u>		83,143.		0.	2,490.	
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed al	oove	e) wh	o re	eceived more than \$100	,000 in reportab	le	0	
compensation from the organization	· · · · · · · · · · · · · · · · ·										Yes No	
3 Did the organization list any former officer,	director or tru:	stee	. key	v em	olaı	vee.	or h	ighest compensated en	nolovee on		1.00	
line 1a? If "Yes," complete Schedule J for st											3 X	
4 For any individual listed on line 1a, is the su	m of reportabl	le co										
and related organizations greater than \$150Did any person listed on line 1a receive or a											4 X	
the organization? If "Yes," complete Schedu	•				-	Uilli	cial	ed organization for servi	ces remadied to	Î	5 X	
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
1 Complete this table for your five highest cor	npensated inc	lepe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of cor	npensa	ition from	
the organization.		<u></u>						, (P)		Γ	(0)	
(A) Name and business	address						İ	(B) Description of s	ervices	C	(C) ompensation	
AQUATIC CONTROL TECHNOLOG			••••									
11 JOHN ROAD, SUTTON, MA	01590					•	- [PROGRAM CONS	ULTANTS		117,500.	
								-				
	·						+					
	.						+				·	
											· .	
2 Total number of independent contractors (in		ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than			
\$100,000 in compensation from the organiz	ation 📂					L.						

Forn	n 990	(2009) NASHU	A RIVER	WATERSHE	D ASSOC.,	INC.	23-7055	674 Page 9
Pa	rt V	III Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 ((a Federated campalgns b Membership dues c Fundraising events d Related organizations d Government grants (contributions, gifts, grant similar amounts not included about	1b 1c 1d ions) 1e ts, and ve 1f	337,732. 555,465.				
	_	Noncash contributions included in lines Total. Add lines 1a-1f		_	893,197.			
Program Service Revenue	2 a	3		Business Code	************************************			
ď	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts)	k-exempt bond p	proceeds	20,824.			20,824.
	5	Royalties	(i) Real	(ii) Personal				
	t	Gross Rents Less: rental expenses		(ii) i bisoriai				
		Rental income or (loss)		▶				
		Net rental income or (loss)	(i) Securities	(ii) Other				
.		a Gross amount from sales of assets other than inventory Less: cost or other basis	13,027.					
	ć	and sales expenses	-110.		-110.	-110.		
evenue		d Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	g events (not		-110:	-110.		
Other Revenue		Part IV, line 18 Less: direct expenses Net income or (loss) from fund	a b					
	9 a	Gross income from gaming ac Part IV, line 19	tivities. See					
	•	 Net income or (loss) from gam Gross sales of inventory, less 	ing activities returns	·——-				
-		and allowances Less: cost of goods sold Net income or (loss) from sale:	b s of Inventory	>				
ŀ	44 -	Miscellaneous Revenu	e	Business Code				
	11 a							
ŀ	c	d All other revenue						
		Total. Add lines 11a-11d			913,911.	-110.	Λ	20,824.
93200 02-04	12 9 10	Total revenue. See instructions.		P	2131211	-110•	0.	Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. rations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must compl				I (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		·		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors,			· . · .	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	456,798.	250,444.	81,423.	124,931.
8	Pension plan contributions (include section 401(k)		,		· · · · · · · · · · · · · · · · · · ·
	and section 403(b) employer contributions)	13,676.	7,498. 19,136.	2,438. 8,263.	3,740. 5,035.
9	Other employee benefits	32,434.			5,035.
.10	Payroli taxes	38,092.	20,638.	7,041.	10,413.
11	Fees for services (non-employees):				
а	Management				·
b	Legal				
c	Accounting	4,000.		4,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	9,273.	60.	8,430.	783.
12	Advertising and promotion				
13	Office expenses				<u>,</u>
14	Information technology	<u>.</u>			
15	Royalties				<u></u>
16	Occupancy	18,174.		18,174.	·
17	Travel	5,271.	4,874.	34.	363.
18	Payments of travel or entertainment expenses			ŀ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u>.</u>
20	Interest			·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,182.	4,198.	10,741.	1,243.
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
a	CONSULTANTS	249,029.	192,938.	0.	56,091.
b	SUPPLIES	24,153.	984.	23,048.	121.
c	EVENTS & MEETINGS	19,597.	487.	641.	18,469.
d	MATERIALS	17,918.	17,279.	472.	167.
е	PRINTING & REPRODUCTION	17,382.	5,390.	1,698.	10,294.
f	All other expenses	35,821.	2,669.	21,031.	12,121.
25	Total functional expenses. Add lines 1 through 24f	957,800.	526,595.	187,434.	243,771.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization	·			,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Earm 900 (2000)

Part X Balance Sheet (A) Beginning of year End of year 91,364. 227,619. 1 Cash · non-interest-bearing 852,725. 909,342. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 2,335. 33,505. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part il of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 399,139 basis. Complete Part VI of Schedule D ______ 10a 266,253. 132,886. 137,892. b Less: accumulated depreciation _______10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 1,277,188. 1,110,480. Total assets. Add lines 1 through 15 (must equal line 34) 16 12,680. 46,552. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities. Complete Part X of Schedule D 12,680. 46,552. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 929,341. 985,288. 27 27 Unrestricted net assets 108,191. 255,213. 28 Temporarily restricted net assets 24,007. 26,396. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund 31. 32 32 Retained earnings, endowment, accumulated income, or other funds 1,063,928. 1,264,508. 33 33 Total net assets or fund balances 1,277,188. 1,110,480. Total liabilities and net assets/fund balances

LOTT	1990 (2008)			M
Pa	tt XII Financial Statements and Reporting			·
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b		2b	Х	L
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	2c	Х	
	review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
þ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u>L</u>	
		Earm	aan /	2000

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

		_		
Name	of	the	orga	nization

NASHUA RIVER WATERSHED ASSOC., INC. Employer identification number 23-7055674

Part I	Reason	for Public Char	ity Status (All organia	zations mu	st comple	te this par	t.) See ins	tructions.				
Γhe organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one l	oox.)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in s e	ection 170)(b)(1)(A)(i)).				
2	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical re-	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ii	i). Enter th	e hospital	s nam	е,
	city, and stat	ie:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
·	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b){	1)(A)(v).					
7 X	An organizat	ion that normally rec	elves a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ibed in	1
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)							· ·		
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗔			eives: (1) more than 33									
			nctions - subject to certa									
	income and	unrelated business t	axable income (less sec	tion 511 te	x) from bu	sinesses	acquired b	y the orga	nization af	iter June 3	0, 197	5.
_		509(a)(2). (Complete										
10 🖳			perated exclusively to te									
11 📖			perated exclusively for the									r
			itions described in secti				2). See se c	ction 509(a)(3). Chec	k the box	that	
			organization and compl	_			_		ا است			
	a L Type		,,,	с 🔲 Тур		•	•			Type III - C		
e L			t the organization is not)
			han one or more publicl						9(a)(1) or se	ection 509	(a)(2).	
f .	-		ten determination from t	4.)				
	,	-	nis box									Li
g			rganization accepted ar								37. -	NI.
			irectly controls, either al							44.0	Yes	No
		· • .	upported organization?							11g(i)		
			described in (i) above?							11g(ii)		
			person described in (i)							[11g(iii)	L	
n _. .	Provide the f	ollowing information	about the supported or	ganization	(S).							
		T	(iii) Type of	This is the		(a) Did vo	u natifu tha	(vi) is	the			
	of supported	(ii) EIN	organization		sted in your		(v) Did you notify the organization in col.		on in col. l	(iiv) Am		
. orga	nization .		(described on lines 1-9 above or IRC section		document?			(I) organiz U.S	90 IN THE .?	sup	ווטנ	
•			(see instructions))	Yes	No	Yes	No	Yes	No			
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		Econocide concentration (2000) 100 (2000)	varior (1995) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996	400000000000000000000000000000000000000	8 000000000000000000000000000000000000			100000000000000000000000000000000000000	100000000000000000000000000000000000000			

Schedule A (Form 990 or 990 EZ) 2009 NASHUA RIVER WATERSHED ASSOC., INC. 23-70556

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Se	ction A. Public Support						
Cal	andar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not]		-			
	include any "unusual grants.")	721,661.	833,093.	1786023.	715,913.	893,197.	4949887.
2	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					,	
	furnished by a governmental unit to					,	
	the organization without charge						
4	Total. Add lines 1 through 3	721,661.	833,093.	1786023.	715,913.	893,197.	4949887.
5	The portion of total contributions						-
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						4949887.
	ction B. Total Support					,	
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	721,661.	833,093.	1786023.	715,913.	893,197.	4949887.
8	Gross income from interest,			4.			,
	dividends, payments received on		·				
	securities loans, rents, royalties		1 654	1 250	2 222	20 714	27 204
	and income from similar sources	833.	1,654.	1,753.	3,030.	20,714.	27,984.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				-		
10	Other income. Do not include gain	}					
	or loss from the sale of capital					'	
	assets (Explain in Part IV.)						4977871.
	Total support. Add lines 7 through 10						49//0/1.
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for	-					► [
S-0.	organization, check this box and storection C. Computation of Publ			<u></u>	·		············
				- lunes (6)		14	99.44 %
	Public support percentage for 2009 (,		15	99.83 %
	Public support percentage from 2008 33 1/3% support test - 2009. If the o						
108	stop here. The organization qualifies						
2.	33 1/3% support test - 2008. If the o						
1.	and stop here. The organization qual	- .			the state of the s		
474	10% -facts-and-circumstances tes			and the second s			
1/0	and if the organization meets the "fac		•	•			
	meets the "facts-and-circumstances"			•	•		
1.	10% -facts-and-circumstances tes			· ·	4°		
1.	more, and if the organization meets the						
	organization meets the "facts and circ	* *			- ,	•	
18	Private foundation. If the organization	the state of the s					
	The state of the s					dule A (Form 990	
						•	•

Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support (d) 2008 (e) 2009 (f) Total (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (e) 2009 (f) Total Calendar year (or fiscal year beginning in)▶ (c) 2007 (d) 2008 (a) 2005 (b) 2006 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on: 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this how and ston here

Check this box and stop here		
Section C. Computation of Public Support Percentage		
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	·	%
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2009 (line 10c, column (f) divided by line	∋ 13, column (f))17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17		%
19a 33 1/3% support tests - 2009. If the organization did not check the box of	n line 14, and line 15 is more than 33 1/3%, and li	ine 17 is not
more than 33 1/3%, check this box and stop here. The organization qualifi	es as a publicly supported organization	
b 33 1/3% support tests - 2008. If the organization did not check a box on	line 14 or line 19a, and line 16 is more than 33 1/3	3%, and
line 18 is not more than 33 1/3%, check this box and stop here. The organ	ization qualifies as a publicly supported organizat	ion
20 Private foundation. If the organization did not check a box on line 14, 19a		> L

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

	NASHUA RIVER WATERSHED ASSOC., INC.	23-7055674
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
•	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
·	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· ·	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mor mplete Parts I and II.	
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, li of cruelty to children or animals. Complete Parts I, II, and III.	contributor, during the year, terary, or educational purposes, or
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or use exclusively for religious, charitable, etc., purposes, but these contributions did ecked, enter here the total contributions that were received during the year for an expect complete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year.	not aggregate to more than \$1,000. clusively religious, charitable, etc.,
but <mark>it must</mark> answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Sch on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or o e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Schedule D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Nam	e of the organization	CHED ACCOC THE	Employer identification number 23-7055674
1000000000	NASHUA RIVER WATER	SHED ASSUC., INC.	
1	Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised fullos	(b) I dilas and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
100****	impermissible private benefit?		
	TII Conservation Easements. Complete if the or		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	torically important land area
	X Protection of natural habitat	Preservation of a certi	ned historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Hald state Find of the Toy Vees
			Held at the End of the Tax Year
а	Total number of conservation easements		5 20
b	Total acreage restricted by conservation easements		
Ċ.			
d	Number of conservation easements included in (c) acquired		20
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶U		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	Yes X No
	violations, and enforcement of the conservation easements	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements di	the year > \$
7	Amount of expenses incurred in monitoring, inspecting, and	entorcing conservation easements during	
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization a accounting to
80°0	conservation easements. T. III Organizations Maintaining Collections of	of Art Historical Transuras or O	ther Similar Assets
8.850	Complete if the organization answered "Yes" to Form	000 Part IV line 8	and difficult records.
	Complete if the organization answered Tree to Torre	, 555, 7 (1177) 1110 (1	
	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and he	alance sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, e		
			olic service, provide, in Fait XIII, the toxe o
L	the footnote to its financial statements that describes these If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures
b	or other similar assets held for public exhibition, education,		
	•	of research in furtherance of public service	, provide the lonowing amounts relating to
	these items:		> \$
	(i) Revenues included in Form 990, Part VIII, line 1		
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		гдан, ргомое
	the following amounts required to be reported under SFAS		.
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		Ψ Ψ

Scher	dule D (Form 990) 2009 NASHUA I	RIVER WATER	SHED	ASSOC.	, INC		23-7	70 <u>55674</u>	4 Pa	age 2
*********	III Organizations Maintaining C						Similar As	sets (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the follo	wing that	are a sign	ificant use of	its collection	n item	8
	(check all that apply):									
а	Public exhibition	d	ا 🗀 ده	an or exchan	ge progra	ms				
b	Scholarly research	e		ther '						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	y further the c	rganizatio	n's exemp	ot purpose in F	Part XIV.		
5	During the year, did the organization solicit or	receive donations o	f art, hist	orical treasure	es, or othe	er similar a	ssets		,	
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang							ne 9, or		
	reported an amount on Form 990, Par									
1a	is the organization an agent, trustee, custodia	an or other intermed	iary for co	ontributions o	other as:	sets not in	cluded		,	•
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing tal	ble:					_	
		•						Amount	<u> </u>	
C	Beginning balance		-,		.,		10			
d	Additions during the year	.· 					1d	<u>.</u>		
e	Distributions during the year						10			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	L.	No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	the organization ans	swered "\	es" to Form 9	990, Part	IV. line 10.				
-		(a) Current year	(b) Prid	or year (c) Two year	s back (d) Three years ba	ck (e) Four	years	back
1a	Beginning of year balance	24,007.								
þ	Contributions									
C	Net investment earnings, gains, and losses	2,389.								*****
d	Grants or scholarships									
e	Other expenditures for facilities	•								
	and programs									
· f	Administrative expenses						wer			*****
g	End of year balance	26,396.								
2	Provide the estimated percentage of the year	end balance held a	8.	•						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 100.00	%			,					
С	Total Chock The Charles	%								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held and a	administe	red for the	organization	ī		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	<u> X</u>	
	(ii) related organizations							3a(ii)		_X_
b	If "Yes" to 3a(ii), are the related organizations							3b		L
4	Describe in Part XIV the intended uses of the				·					
Pa	t VI Investments - Land, Building									
	Description of investment	(a) Cost or of		(b) Cost or	-		umulated	(d) Boo	k valu	е
		basis (investn	ient)	basis (oth		aepre	eciation	E .	Λ Λ	00
1a	Land				000.		77 250			$\frac{00.}{50.}$
b	Buildings			135,	000.		77,250.		1,1	.
C	Leasehold improvements									
. d	Equipment		-	214	120	1 (00 002	<u>.</u>	5 1	26
е	Other	···		214,	133	13	39,003.	1 2	3 , I	36. 86

Part VII Investments - Other Securities. See			• •
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
Financial derivatives			
Closely-held equity interests			
Other			· · · · · · · · · · · · · · · · · · ·
			
		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (8) line 12.)			
Part VIII Investments - Program Related. See	Form 990. Part X. line	13	
		(c) Method of	valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-yea	ar market value
			<u></u>
	· · · · · · · · · · · · · · · · · · ·		
Totat. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 1	E		
(a) D	escription		(b) Book value
	<u> </u>		· ·
		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line	<u>15.)</u>		>
opposer (1986)	ne 25.		
Part X Other Liabilities. See Form 990, Part X, lin		(h) Amount	
1. (a) Description of liability	·	(b) Amount	
1. (a) Description of liability		(b) Amount	
1. (a) Description of liability		(b) Amount	
1. (a) Description of liability		(b) Amount	
1. (a) Description of liability		(b) Amount	
1. (a) Description of liability		(b) Amount	
		(b) Amount	
1. (a) Description of liability		(b) Amount	
1. (a) Description of liability		(b) Amount	
1. (a) Description of liability		(b) Amount	

Sche	dule D (Form 990) 2009 NASHUA RIVER WATERSHED ASSO					5567 <u>4</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to /	<u>Audite</u>	d Financ	cial St	tatements	·	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			911.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			800.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-43,	889.
4	Net unrealized gains (losses) on investments			4			058.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments		***************************************	7			
8	Other (Describe in Part XIV.)			8		-144,	633.
9	Total adjustments (net). Add lines 4 through 8			9		-156,	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	α	***********	10		-200,	
10 02.	XIII Reconciliation of Revenue per Audited Financial Statemen	ıte Wi	th Reven		r Return		-
	Total revenue, gains, and other support per audited financial statements		41110101	p	1	913.	911.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				····		
2		2a					
a	Net unrealized gains on investments	2b		·			
b	Donated services and use of facilities						
C	Recoveries of prior year grants	i I					-
d	Other (Describe In Part XIV.)				2e		0.
	Add lines 2a through 2d					913	911.
3	Subtract line 2e from line 1				3	710/	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا					
	Investment expenses not included on Form 990, Part VIII, line 7b	40					
b	Other (Describe in Part XIV.)	<u> </u>	<u>-</u>		4c	*	Ö.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					913.	911.
<u>5</u>	t XIII Reconciliation of Expenses per Audited Financial Stateme	nte W	ith Eyne	2020	ner Return	<u> </u>	
						957.	800.
1	Total expenses and losses per audited financial statements				··· ••		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ده ا					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					*
¢	Other losses	2c					
d	Other (Describe in Part XIV.)						0.
е	Add lines 2a through 2d				1 - 1	957	800.
3	Subtract line 2e from line 1				3	9317	000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	11. 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	:				0.
	Add lines 4a and 4b				4c	057	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		***		5	931,	800.
	1 XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete this	part to prov	/ide any	y additional int	ormation.	
Pai	t II, line 9: THE EASEMENT IS NOT INCLUDED	TIN	THE F	TIATI	CIND		
ב תולים	MEMENTIC	•					
21.5	ATEMENTS.						
				•	* * * * * * * * * * * * * * * * * * * *		
Dai	rt XI, Line 8 - Other Adjustments:				•		
<u>. aı</u>	.c Al, litte o other Adjustmentes.						
DEC	CREASE IN TEMPORARILY RESTRICTED NET ASSETS	: -]	L47022				
INC	CREASE IN PERMANENTLY RESTRICTED NET ASSETS	2.	389.				
						•	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 23-7055674 NASHUA RIVER WATERSHED ASSOC., INC. Form 990, Part III, Line 1, Description of Organization Mission: * Encourage careful land use with well-planned development We serve as an educator, advocate, and steward for the 31 watershed communities in north central Massachusetts and southern New Hampshire for the Nashua River Watershed. Form 990, Part VI, Section A, line 6: MEMBERS APPROVE THE BOARD OF DIRECTORS. Form 990, Part VI, Section A, line 7a: MEMBERS APPROVE THE BOARD OF DIRECTORS. Form 990, Part VI, Section B, line 11: FORM 990 IS REVIEWED BY THE BOARD TREASURER, THE EXECUTIVE DIRECTOR AND BOOKKEEPER. Form 990, Part VI, Section B, Line 12c: THE ORGANIZATION REQUIRES ALL MANAGEMENT AND STAFF TO REVIEW, UNDERSTAND AND REPORT ANY VIOLATIONS OF THE CONFLICT OF INTEREST POLICY. Form 990, Part VI, Section B, Line 15: THE ORGANIZATION REVIEWS SALARY HISTORY, BIODATA, MARKET/INDUSTRY COMPARISONS AND INTERNAL EQUITY EVALUATIONS. AN ANNUAL REVIEW IS PERFORMED BY THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization NASHUA RIVER WATERSHED ASSOC., INC. 23-7055674 FORM 990 PART XI, LINE 2C THE ORGANIZATION'S BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE THAT HIRES THE INDEPENDENT AUDITING FIRM, REVIEWS THE AUDIT AND MAKES RECOMMENDATIONS TO THE ENTIRE BOARD AS A RESULT OF THE AUDIT

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

4.20112011011			
2009, and ending	JUN	30	,20 10

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	Į۱	##	ч

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2009, or fiscal year beginning $\,\,\, {
m JUL}\,\,\,\, 1$ Do not send to the IRS. Keep for your records.

See instructions. Name of exempt organization

Employer identification number

NASHUA RIVER WATERSHED ASSOC.,

23-7055674

Name and title of officer

ELIZABETH AINSLEY CAMPBELL EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter ·0·). But, if you entered ·0· on the return, then enter ·0· on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ►X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	913911
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN	l: check	one	box	only
---------------	----------	-----	-----	------

er's PIN: check one box only				
I authorize			A.L.	 to enter my PIN
		ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

04249701446

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date > 01/11/11

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	re filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
	omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	
Parti		· · · · · · · · · · · · · · · · · · ·
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	plete
Part I only		▶ □
All other c	corporations (including 1120-C fliers), partnerships, REMICs, and trusts must use Form 7004 to request ar tome tax returns.	extension of time
noted beli not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consultant the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Туре or	Name of Exempt Organization	Employer identification number
print	NACHUA DIVEN MAREDONED ACCOC TAIC	23-7055674
file by the fue date for liing your	NASHUA RIVER WATERSHED ASSOC., INC. Number, street, and room or suite no. If a P.O. box, see instructions. 592 MAIN STREET	23-7033074
etum. See netructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GROTON, MA 01450	
Check ty	pe of return to be filed (file a separate application for each return):	÷
X For	m 990 Form 990-T (corporation)	′ 20
For	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
For	m 990-EZ Form 990-T (trust other than above) Form 60	
For	m 990-PF Form 1041-A	370
• The bo	ELIZABETH A. CAMPBELL boks are in the care of ► 592 MAIN STREET - GROTON, MA 01450 cone No. ► 978-448-0299 FAX No. ►	
	organization does not have an office or place of business in the United States, check this box	▶ □
11 100 -	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	in the fact the subale group, check this
- nundt Diffbiel	a fold a droop trattitit true or admirenter a root area croop exempliant trattings from	IS IS TOT THE WHOLE UTOUD, CHECK THE
If this i	If it is for part of the group, check this box. ▶ and attach a list with the names and EINs of all	members the extension will cover.
lf this loox ► [. If it is for part of the group, check this box \(\bigsim \) and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unterpretary 15, 2011, to file the exempt organization return for the organization named a	members the extension will cover.
lf this loox ► [quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt	members the extension will cover.
If this I	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt February 15, 2011 , to file the exempt organization return for the organization named a process or the organization's return for:	members the extension will cover.
tf this l box ▶ [1 I rec is fc ▶ [quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unterpretary 15, 2011 , to file the exempt organization return for the organization named a or the organization's return for:	members the extension will cover.
If this in the latest	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt February 15, 2011 , to file the exempt organization return for the organization named a process or the organization's return for:	members the extension will cover. il bove. The extension
If this is for the second of t	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2011 , to file the exempt organization return for the organization named a por the organization's return for:	members the extension will cover. il bove. The extension Change in accounting perior
If this is for the second of t	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2011 , to file the exempt organization return for the organization named a por the organization's return for:	members the extension will cover. il bove. The extension
If this is for the second of t	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2011 , to file the exempt organization return for the organization named a por the organization's return for:	members the extension will cover. il bove. The extension Change in accounting perio
If this is for book if this is for book if the non bifth tax	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2011 , to file the exempt organization return for the organization named a por the organization's return for:	members the extension will cover. il bove. The extension Change in accounting perior
this box ► [1 I recomplete 1 I recomplete 2 If the complete 3a If the complete b If the complete c Ball	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2011 , to file the exempt organization return for the organization named a por the organization's return for:	members the extension will cover. il bove. The extension Change in accounting period 3a \$

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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201046

Department of the Treasury Internal Revenue Service Ogden UT 84201

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NASHUA RIVER WATERSHED ASSOCIATION INC 592 MAIN ST GROTON MA 01450-1230923 MA

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: November 29, 2010

Taxpayer Identification Number: 23-7055674 Tax Form: 990

93404-312-04304-0

237055674

Tax Period: June 30, 2010



103479

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.



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)

OMB No. 1545-0047

inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

IIII		TIT 1 2000	JUN 30, 2009	· · · · · · · · · · · · · · · · · · ·
<u>A F</u>	or the		D Employer identific	ation number
B c	heck if pplicabl	Please use IRS C Name of organization	D Employer Identific	ation number
	Addre:	e print or NASHUA RIVER WATERSHED ASSOC., INC.		• .
$\overline{}$	Name chang		23-70)55674
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/sui	e E Telephone number	448-0299
Ļ	Termin	Instruc-		718,943.
<u>_</u>	Amend	Gry of town, state of country, and 211	G Gross receipts \$	
	Applic tion pendir	GROTON, MA 01450	H(a) is this a group re	Yes X No
	F	F Name and address of principal officer: ELITZADETIT ATROUBT CARTE	for affiliates? H(b) Are all affiliates incl	
				list. (see instructions)
<u>I</u>	ax exe	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	H(c) Group exemption	
JV	Vebsit	te: > nashuariverwatershed.org		State of legal domicile: MA
K T	ype of	Organization. (2-2)	ar of formation. 1909 is	State of legal dufficile. 2222
Maria.	irt I	Summary Briefly describe the organization's mission or most significant activities: RESTORE &	MAINTAIN CL	EAN WATER
9	1	Briefly describe the organization's mission or most significant activities: [NEDIONE 4	IIIIIII OZ	
Activities & Governance		Check this box I if the organization discontinued its operations or disposed of mo	ere than 25% of its assets	
/en				11
ő	3	Number of voting members of the governing body (Part VI, line 1a)		11
8		Number of independent voting members of the governing body (Part VI, line 1b)		14
ties		Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)	- 1	0
Ę		Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.
Ac		Net unrelated business taxable income from Form 990-T, line 34		0.
	0	Net unrelated dusiness taxable income non 1 onn 990-1, line 04	Prior Year	Current Year
	a	Contributions and grants (Part VIII, line 1h)	1,786,023.	715,913.
Ĭ.		Program service revenue (Part VIII, line 2g)		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,753.	3,030.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,787,776.	718,943.
_		Grants and similar amounts paid (Part IX, column (A), fines 1-3)		
		Benefits paid to or for members (Part IX, column (A), line 4)		
ra.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	545,619.	553 , 975 .
še		Professional fundraising fees (Part IX, column (A), line 11e)		
Expenses	. С	Total fundraising expenses (Part IX, column (D), line 25) 244,804.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	289,629.	392,620.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	835,248.	946,595.
		Revenue less expenses. Subtract line 18 from line 12	952,528.	<227,652.>
Ses			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,709,208.	1,277,188.
d Big	21	Total liabilities (Part X, line 26)	12,048.	12,680.
		Net assets or fund balances. Subtract line 21 from line 20	1,697,160.	1,264,508.
Pa	irt II	Signature Block		es and belief it is true correct
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge.	ge and bench, it is trad, contact,
			ľ	
Sig	n	District the first	Date	
Her	е	Signature of officer EITZABETH AINSLEY CAMPBELL, EXECUTIVE DIRE		•
		ELIZABETH AINSLEY CAMPBELL, EXECUTIVE DIRI	CIOR	
		- A Date	Check if Prepar	er's identifying number structions)
Paid	1	Preparer's	self- employed > X	structions)
Prep	arer's		EIN ►	
Use	Only	yours if	EM P	
	•	address, and	Phone no > 7	81-934-0460
_			I Hone Hu. F	X Yes No
May	<u>/ the li</u>	RS discuss this return with the preparer shown above? (see instructions)		

<u>Form</u>	8868 (Rev. 4-2009)		٠.,	Pa	ge 2
• If y	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box		▶ X	
Note	. Only complete Part II if you have already been granted an automatic 3 month extension on a previously file	ed Form	8868.		
• If y	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	<u>-</u>			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies r	needed).	, , ,	
Туре	or Name of Exempt Organization	Emp	loyer identi	fication numb	er
print	NASHUA RIVER WATERSHED ASSOC., INC.	2	3 - 7055	674	
File by extend- due da	ed Number, street, and room or suite no. If a P.O. box, see instructions. The for IS 9 2 MAIN STREET	For II	RS use only		
filing th return. instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 orm 6069	Form 88	370
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ously file	d Form 886	18.	
Te ● If t		this is fo	r the whole		this
4	request an additional 3-month extension of time until May 15, 2010				
5	For calendar year, or other tax year beginning JUL 1, 2008, and ending	JUN	30, 2	009	<u> </u>
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in a	ccounting per	iod
, 7	State in detail why you need the extension See Statement 1				<u> </u>
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.	8a	\$		
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.	8b	\$		
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			1 :	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	s. 8c	\$	N/A	
	Signature and Verification				
	penaities of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to le, correct, and complete, and that I am authorized to prepare this form.	he best o	f my knowled	ge and belief,	
Signati	ure ► Title ► EXECUTIVE DIRECTOR	Date	•		

Form 8688 Statement Explanation for Extension

Explanation

Additional time is needed because the organization is waiting for the completion of the annual independent audit of the financial statements.

Form	990 (2008) NASHUA	RIVER WATERSHE	D ASSOC.,	INC.	23-7055674	Page 2
Pa	till Statement of Program Se	rvice Accomplishmen	ts (see instructio	ns)		
1	Briefly describe the organization's mission * Restore and pr	see Schedul	e O for C	ontinuation	or people, fi	sh.
	and wildlife	Otect water qu	arrey and	qualities 1.	<u> </u>	
	* Conserve open	snaces for wat	er qualit	v. wildlife	habitat, far	ms,
	forests, and recreat	ion	CT GRATTE	<u>, , , , , , , , , , , , , , , , , , , </u>		
2	Did the organization undertake any signi		ng the year which	were not listed on		
-					Yes	X No
	If "Yes", describe these new services on				•	
3	Did the organization cease conducting,	or make significant changes	in how it conducts	s, any program services	? Yes	X No
_	If "Yes", describe these changes on Sch					
4	Describe the exempt purpose achievement	ents for each of the organiza	tion's three larges	at program services by a	expenses.	
	Section 501(c)(3) and 501(c)(4) organizate	ions and section 4947(a)(1)	rusts are required	d to report the amount of	of grants and	
	allocations to others, the total expenses	, and revenue, if any, for eac	h program service	reported.		
4a	(Code:) (Expenses \$	511,898. inclu	ding grants of \$ เพลเมเมเม TN		Revenue \$ - p ተሃዋው - Wa ጥዊያ S	HED
	RESTORATION & MAINTE - ALL PERSONS LIVING	NANCE OF CLEAN	MATER IN	THOSE MASHOR	TITZE THE RI	VER
	BENEFIT FROM THE ORG		KIAEK &	THOOH WHO C.	111100 1110 112	<u> </u>
	BENEFIT FROM THE ORG	ANIZALION.				
		,	<u> </u>		•	
		·				
	,					
						·
4b	(Code:) (Expenses \$	inclu	ding grants of \$) ((Revenue \$)
				· · · · · · · · · · · · · · · · · · ·		
						·
				·		
				<u>,</u>		
		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
					<u></u>	
4c	(Code:) (Expenses \$	inclu	ding grants of \$)((Revenue \$)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		<u> </u>				
				<u></u>		
				<u> </u>		
			•			
		·	·			
						
4d	Other program services. (Describe in Sc	hedule O.)	-			
74		luding grants of \$) (Re	evenue \$		
4e	Total program service expenses \$	511,898.		rt IX, Line 25, column (E	3).)	
	The second secon				Form 9	990 (2008)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice X on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 Х 11 If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 Х 12 prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the U.S.? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X 14b and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity Х located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х located outside the United States? If "Yes," complete Schedule F, Part III 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 Х Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Х Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. Х 24a If "No", go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a Х 25b prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial 27 Х contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part V Checklist of Required Schedules (continued) No Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? X 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional Х 28c corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? 34 Х 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Form 990 (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 10 U.S. Information Returns. Enter 0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X Бa 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? X 6a 6a Did the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7с to file Form 82827 d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7e benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X For all contributions of qualified intellectual property, did the organization file Form 8899 as required? X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2008) NASHUA RIVER WATERSHED ASSOC., INC. 23-7055674 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management		Yes	No
			res	NO
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
-	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 11			
ь	Enter the number of voting members that are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u>X</u>
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6	Х	
6	Does the organization have members of stockholders, or other persons who may elect one or more members of the			
7 a	governing body?	7a	Х	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
ь	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
8				
	by the following:	8a	X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b	Does the organization have local chapters, branches, or affiliates?	9a		X
9a	boes the organization have local chapters, branches, or anniates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b	and branches to ensure their operations are consistent with those of the organization?	9b		
	and branches to ensure their operations are consistent with those of the organization:			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	10	Х	
	describe in Schedule O the process, if any, the organization uses to review the Form 990			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	11		Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 1.1		
Sec	tion B. Policies		Yes	No
	No. of the second of the secon	12a	X	140
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	X	
	to conflicts?	12.0	 	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	X	
	in Schedule O how this is done	13	X	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	15a	X	(boonevous)
а	The organization's CEO, Executive Director, or top management official?	15b	X	
b	Other officers or key employees of the organization?			
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	00000000000	X
	taxable entity during the year?	100		
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b	516050505000	\$800000000000
	exempt status with respect to such arrangements?	100		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA	e for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check of the complex	0 101		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	and fic	امتحنما	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	anu iini	ancial	
	statements available to the public.	otion. I		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	สแ ดก: 1	_	
	ELIZABETH A. CAMPBELL - 978-448-0299			
	592 MAIN STREET, GROTON, MA 01450			(9009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co (A)	(B)			(C	;)			(D)	(E) Reportable	(F) Estimated
Name and Title	Average hours	(c	heck		tion		v)	Reportable compensation	compensation	amount of
	per week	Individual trustee or director	_	Officer		Highest compensated 5 employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JUDY LARTER	5.00	х		х				0.	·0 •	0.
PRESIDENT	3.00	_	+-	25						
LUCY WALLACE VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
TIM ALTHOF			T		<u> </u>					_
TREASURER	5.00	X		X				0.	0.	0.
CONNIE KEERAN LAPRES	E 00	v		X				0.	0.	0.
SECRETARY	5.00	X	+	^	_					
RALPH BAKER	3.00	х						0.	0.	0.
DIRECTOR	3.00	Λ	╁	╁	├-				,,	
MARY DACQUINO DIRECTOR	3.00	X						0.	0.	0.
MARK EATON		==	†	T	1					_
DIRECTOR	3.00	X						0.		0.
ROGER GOSCOMBE										0.
DIRECTOR	3.00	X		ot	<u> </u>	-		0.	0.	
WILLIAM LUERS								0.	0.	0.
DIRECTOR	3.00	X	┼-	╀-	\vdash	-	┝	<u> </u>		
BOB PINE	2 00	X						0.	0.	0.
DIRECTOR	3.00	^	+-	╁	+	├─				
MARION STODDART	3.00	\ x	.				l	0.	0.	. 0.
DIRECTOR ELIZABETH AINSLEY CAMPBE	3.00	1	+	+	 	T				
EXECUTIVE DIRECTOR	40.00			X		X		80,728.	0.	2,418.
ANDREW M. CASEY		T	_	\top	ļ .				_	2 252
PROGRAM	40.00	ŀ		<u> </u>	X			75,573.	. 0.	2,263.
ALAN S. FUTTERMAN										1 247
PROGRAM	32.00	_		1	X	<u> </u>	-	45,037	. 0	1,347
MARK P. ARCHAMBAULT								40,880	0	1,222
PROGRAM	32.00	+-	-	+	X	+	+	40,880		1,222
									<u> </u>	Form 990 (2008

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est			1	
(A)	(B)				2)			(D)	(E)		(F)
Name and title	Average	اسار		Posi		app	kΛ	Reportable compensation	Reportable compensation	,	Estimated ·
	hours per week	Individual frustee or director	nstitutional trustee			Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	, (other compensation from the organization and related
·		Individua	Institutio	Officer	Кеу ещр	Highest	Former				organizations
						_					
	<u>.</u>		-								
						_					
			_								
											<u> </u>
					-	-					·
	-								1.111		
1b Total						<u> </u>		242,218.		0.	7,250.
Total number of individuals (including those	in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable	•	_	0
										<u> ▶</u>	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated er	mployee on		3 X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ens	atio	n an	d of	her compensation from	the organization		
and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J	for such individual			4 X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	accrue compe	nsat	ion i	from	an	y un	rela	ted organization for serv	ices rendered to	883	5 X
Section B. Independent Contractors	ule J for such	pers	SUIT .							.,,,,,	
Complete this table for your five highest co the organization.	mpensated inc	dep	ende	ent c	ont	ract	ors	that received more than	\$100,000 of com	pensat	
(A) Name and business	address							(B) Description of s	services	Co	(C) mpensation
AQUATIC CONTROL TECHNOLOG 11 JOHN ROAD, SUTTON, MA								PROGRAM CONS	ULTANTS		144,361.
NASHOBA PADDLER RTE 255, WEST GROTON, MA	01472							PROGRAM CONS	ULTANTS		38,153.
MCLAUGHLIN WATER 592 MAIN STREET, GROTON	. MA 014	45	0					PROGRAM CONS	ULTANTS		10,783.
DEVENS ENTERPRISES COMMIS	SSION		-						. "		
33 ANDREWS PARKWAY, DEVEL	NS, MA	01	43	4				PROGRAM CONS	ULTANTS		9,932.
ROBERT J. CORCORAN COMPAN	NY	_						PROGRAM CONS	אווז מאמשפ		9,556.
5 LOEW CIRCLE, MILTON, I 2 Total number of independent contractors (i	VIA UZIBO	0 o in	1) 9	ho r		ived					7,330.
2 Total number of independent contractors (in from the organization ▶	5	5 II S	1) 11	101	30 0	1460	, 110	TO MICH WISSINGS IN SOIL			

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

D-	All other organizations must complete include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	-			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	,			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	466 100	222 705	84,514.	158,890
7	Other salaries and wages	466,199.	222,795.	04,314.	130,030
8	Pension plan contributions (include section 401(k)	12 600	6 516	2,483.	4 - 670
	and section 403(b) employer contributions)	13,699. 33,586.	6,546. 18,035.		4,670 8,060
9	Other employee benefits		19,677.		13,433
0	Payroll taxes	40,491.	19,077.	1,301.	13/133
1	Fees for services (non-employees):				•
а	Management				
b	Legal	3,500.		3,500.	
¢	Accounting	3,300.		3/3001	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,443.		8,443.	
9	Other	0,443.	<u> </u>	0/1134	
2	Advertising and promotion				
13	Office expenses			-	
14	Information technology		*		
15	Royalties	30,430.	**	30,430.	
16	Occupancy	5,491.	4,270.	284.	937
7	Travel	<u> </u>	1/2/00	2010	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	18,361.	4,216.	12,902.	1,243
22					
23	Other expenses. Itemize expenses not covered				
24	above, (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	CONSULTANTS	255,764.	215,019.	846.	39,899
·a b	CUDDI TEC	21,511.	1,071.		. 103
_	DRIMING & DEDBODUCTION	11,011.	7,318.		3,362
¢	MAMEDIATO	10,955.	9,629.		717
u e	ESTENDE C MEEDINGS	10,493.	441.	82.	9,970
e f	All other expenses	16,661.	2,881.		3,520
25	Total functional expenses. Add lines 1 through 24f	946,595.	511,898.		244,804
<u>25</u> 26	Joint Costs. Check here if following		•		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	agasational varieting it and randraiding solicitation			-	Form 990 (200

					(A) Beginning of year		(B) End of year	
				<u> </u>	400,047.	1	227,619	•
	1	Cash · non-interest-bearing			1,115,673.	2	909,342	
.	2	Savings and temporary cash investments			2/220/01/2	3		
	3	Pledges and grants receivable, net			38,325.	4	2,335	•
	4	Accounts receivable, net		trustoes kov				_
	5	Receivables from current and former officers, di	ectors	, trustees, key		5		
		employees, or other related parties. Complete P	artii oi	Schedule L				
]	6	Receivables from other disqualified persons (as						
1		4958(f)(1)) and persons described in section 495				6		****
ŀ		Part II of Schedule L				7		
ets	7	Notes and loans receivable, net				8		_
Assets	8	Inventories for sale or use				9		_
`	9	Prepaid expenses and deferred charges		387,963.				
	10a	Land, buildings, and equipment: cost basis	10a	301,303.	4			
	þ	Less: accumulated depreciation. Complete	_	250 071	155,163.	10c	137,892	9506
		Part VI of Schedule D	10b	250,071.	155,105.		13,700	Ť
	11	Investments - publicly traded securities				11		_
	12	Investments - other securities. See Part IV, line				12		_
ļ	13	Investments - program-related. See Part IV, line				13		_
	14	Intangible assets				14		_
İ	15	Other assets. See Part IV, line 11			1,709,208.	15	1,277,188	- _
	16	Total assets. Add lines 1 through 15 (must equ			12 040		12,680	<u>-</u>
	17	Accounts payable and accrued expenses			12,040.		127000	
	18	Grants payable				18	<u> </u>	_
j	19	Deferred revenue		***************************************		19		_
	20	Tax-exempt bond liabilities				20		
g	21	Escrow account liability. Complete Part IV of Sc				21		
Liabilities	22	Payables to current and former officers, director	rs, trus	tees, key employees,				
abi		highest compensated employees, and disqualif	ied per	sons. Complete Part II				
=		of Schedule L				22		
	23	Secured mortgages and notes payable to unrela				23	<u> </u>	
	24	Unsecured notes and loans payable				24		
	25	Other liabilities. Complete Part X of Schedule D			12 040	25	12,680	<u> </u>
	26	Total liabilities. Add lines 17 through 25			12,048.	26	12,000	
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete				
ŝ		lines 27 through 29, and lines 33 and 34.		•	1 212 040		985,288	:::::::::::::::::::::::::::::::::::::
ğ	27	Unrestricted net assets			1,212,940.		255,213	
ala	28	Temporarily restricted net assets			453,083.		24,007	
Q B	29	Permanently restricted net assets			31,137.	29	24,007	. •
5		Organizations that do not follow SFAS 117, o	heck h	nere 🕨 💹 and				
卢		complete lines 30 through 34.						333
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	 	—
SS	31	Paid-in or capital surplus, or land, building, or e-	quipme	ent fund		31	 	
et /	32	Retained earnings, endowment, accumulated in	rcome,	or other funds	1 607 160	32	1 064 506	<u>_</u>
Ž	33	Total net assets or fund balances					1 277 100	<u>;</u>
	34	Total liabilities and net assets/fund balances		<u></u>	1,709,208	34	1,211,100	<u>. د</u>
Pai	it XI	Financial Statements and Reporting	<u>. </u>				Yes N	ło
							100	
1	Acco	ounting method used to prepare the Form 990:	c	ash X Accrual	Other			888 V
2a	Were	e the organization's financial statements compile	d or rev	/iewed by an independen	t accountant?		17	X
b	Were	e the organization's financial statements audited	by an i	ndependent accountant?			2b A	
C	If "Y	es" to lines 2a or 2b, does the organization have	a comi	mittee that assumes resp	onsibility for oversight of th	e aud	lit,	
	revie	ew, or compilation of its financial statements and	selecti	on of an independent acc	countant?		2c A	
3a	As a	result of a federal award, was the organization re	equired	l to undergo an audit or a	udits as set forth in the Sin	gle Au	udit	v
	Act a	and OMB Circular A-133?					38 2	X
b	If "Y	es," did the organization undergo the required at	<u>idit or a</u>	audits?	<u></u>	<u></u>	3b	
	1 12-18						Form 990 (20)	U8

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		· · · · · · · · · · · · · · · · · · ·		RIVER WATERS						23	-/055	0 / 4	
00000000	ir el			rity Status (All organiz				.) (see inst	tructions)				
Γhe	organi			n because it is: (Please ch									
1				es, or association of chur		ribed in se	ction 170	(b)(1)(A)(i)	•				
2				70(b)(1)(A)(ii). (Attach Sc									
3		A hospital or	a cooperative hosp	oital service organization	described i	in section	170(b)(1)	A)(iii). (Att	ach Sched	dule H.)			
4		A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii)). Enter the	e hospital'	s nami	∌,
		city, and stat	e:										
5				e benefit of a college or ur	niversity ov	wned or op	erated by	a govern	nental unit	described	d in		
•			(b)(1)(A)(iv). (Comp						•				
6		A federal, sta	ite, or local governi	ment or governmental uni	t described	d in section	n 170(b)(1)(A)(v).				tion and the	
7	X			ceives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general pu	iblic descr	ibea ir	1
			b)(1)(A)(vi) . (Comp										
8	\square	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)						ainta f	
9		An organizati	on that normally re	ceives: (1) more than 33	1/3% of its	support fr	om contri	butions, m	embership	tees, and	gross rec	eipts i	rom mant
		activities rela	ted to its exempt fo	unctions - subject to certa	ain exception	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross i	nvesแ	nent =
				taxable income (less sec	tion 511 ta	x) from bus	sinesses a	cquired b	y the organ	nization ar	ter June 3	J, 1977	5.
		See section	509(a)(2). (Comple	te the Part III.)				- 500(-)(4	1) <i>(</i> i	mustissa)			
10	\vdash	An organizati	on organized and	operated exclusively to te	st for publi	ic safety. S	ee sectio	n sustant	y, (see inst	raut the n	urocees of	f one r	nt .
11		An organizati	on organized and	operated exclusively for the	ne benefit (or, to perio	rm the lui	CHOIS OI,	tion 500/s	MGN Chec	k the box	that	
		more publicly	supported organi	zations described in secti	on obelaji eta linea 1:	1) Of Section	. 11h	.). 066 360		ij(oji Once	in the box		
				g organization and compl	ete iiites i Typ	elli-Func	tionally in:	earsted		d 🗔	Type III - C	ther	
	\Box	a Type I	_ b العنائد المصادرة	l Type II					r more disc				n
e	•	By checking	this box, i certify if	than one or more publicly	v eunnorte	d organiza	itions desi	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2).	
		foundation in	ranagers and other	ritten determination from	the IRS the	atitis a Tv	ne I Type	II. or Type	e ((-)(.)			
f			rganization, check			at it is a 1 y	po 1, 1, po	1,, 0					
		Supporting of	t 17 2006 has the	organization accepted a	ny aift or c	ontribution	from any	of the follo	owing pers	ons?			
g		(i) A perso	n who directly or in	directly controls, either a	lone or tog	ether with	persons	lescribed i	in (ii) and (i	ii) below,		Yes	No
		the dove	erning body of the	supported organization?		,,					11g(i)		
		(ii) A family	member of a pers	on described in (i) above?							11g(ii)		
		(iii) A 35% (controlled entity of	a person described in (i)	or (ii) abov	e?					11g(iii)		<u></u>
h	1			n about the organizations									
									· · · · · · · · · · · · · · · · · · ·				
70	Mama	of supported	(ii) EIN	(iii) Type of	(iv) is the o	organization	(v) Did yo	notify the	(vi) ls	the	(vii) Am	ount o	f
. (1)		nization	(11) = 11	organization (described on lines 1-9		sted in your			organizatio (i) organiza	ed in the	sup	port	
	9-			above or IRC section		document?		.	0.8.	,7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
											•		
	· · ·				ļ				 	 			
									-				
					1			 		 			
		· · · · · · · · · · · · · · · · · · ·							<u> </u>				
		-											
			,	<u> </u>	 	-	_	-		 -			
							1						
Tota					<u> </u>			1	Calcada	+	990 or 99	0.E7	2008
$\square \wedge$	Car D	rivoer Ast ar	ad Danamuark Dan	luction Act Notice, see t	ne instruc	tions for l	-orm 990		ocneau	C A ILOUI	こうさい ひょうと	· · · · · · ·	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and		·				
	membership fees received. (Do not						4515064
	include any "unusual grants.")	458,374.	721,661.	833,093.	1786023.	715,913.	4515064.
2	Tax revenues levied for the organ-	-					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				1 - 5 4 5 5 5		4515064
4	Total. Add lines 1 - 3	458,374.	721,661.	833,093.	1786023.	715,913.	4515064.
	The portion of total contributions						
	by each person (other than a						•
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						•
	column (f)						4535064
6	Public Support. Subtract line 5 from line 4.						4515064.
Sec	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	458,374.	721,661.	833,093.	1786023.	715,913.	4515064.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				1 550	2 020	7 652
	and income from similar sources	383.	833.	1,654.	1,753.	3,030.	7,653.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						4522717.
11	Total support. Add lines 7 through 10					_ 1	4322/1/
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	ightharpoonup
	organization, check this box and sto	p here			<u></u>		
Se	ction C. Computation of Pub	lic Support Pe	rcentage				99.83 %
14	Public support percentage for 2008	(line 6, column (f) c	livided by line 11,	column (f))		14	99.86 %
15	Public support percentage from 200	7 Schedule A, Part	IV-A, line 26f		4.4.100.4./00/	[13]	
16a	33 1/3% support test - 2008. If the	organization did no	ot check the box o	n line 13, and line	14 IS 33 1/3% OF F	nore, check this of	→ X
	stop here. The organization qualifies	as a publicly supp	oorted organization	n		······································	
ŧ	33 1/3% support test - 2007. If the	organization did no	ot check a box on	line 13 or 16a, and	1 line 15 is 33 1/37	o or more, check t	IIIS DOX
	and stop here. The organization qua	difies as a publicly	supported organiz	ation	- 40 40 16h	and line 14 is 10%	or more
17a	10% -facts-and-circumstances tes	st - 2008. If the org	janization did not	check a box on lin	e 13, 16a, or 166, here Evalois in Po	and line 14 is 10 /0	nization
	and if the organization meets the "fa	cts-and-circumstar	ices" test, check t	nis pox and stop I	nere. Explain in Pa	iit iv now the orga	▶ □
	meets the "facts-and-circumstances	test. The organiza	ation qualifies as a	i publiciy supporte	o organization	17a and line 15 is	10% or
t	10% -facts-and-circumstances tes	st - 2007. If the org	janization did not	Check a box on lin	e 13, 10a, 10b, 01 Leton here Evolui	n in Part IV how th	e
	more, and if the organization meets t	ine "tacts-and-circi	ımstances" test, d	audifice as a sub-	ich supported ord	anization	▶ □
	organization meets the "facts-and-cir	cumstances" test.	ine organization	quames as a publ	to a proportion of the control of th	and see instruction	ns D
18	Private foundation. If the organization	on did not check a	DOX OR HINE 13, 16	oa, 100, 1/a, 0/1/	D, CHECK THE DOX	and see manucilor	, , , , , , , , , , , , , , , , , , ,

Sch Pæ	edule A (Form 990 or 990-EZ) 2008 int III Support Schedule for C	Organizations	Described in	Section 509(a	(2) (Complete only i	f you checked the bo	Page 3 x on line 9 of Part I.)
Sec	ction A. Public Support				<u> </u>		·
Cale	andar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				·	-	
	membership fees received. (Do not					,	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				·		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			_			
5	The value of services or facilities		<u> </u>				
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5				•		
-	Amounts included on lines 1, 2, and						
<i>1</i> a	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
N	from other than disqualfied persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
<u></u>	tion D. Total Support						
Sec	ction B. Total Support						
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)						
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)						
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
Cale 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
Cale 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
Cale 9 10a b 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	r the organization's ic Support Pe	s first, second, this rcentage ivided by line 13,	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
Cale 9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2008 (Public support percentage from 2007)	r the organization's ic Support Pe line 8, column (f) d' 7 Schedule A, Part	s first, second, this rcentage ivided by line 13, IV-A, line 27g	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors ► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

	NASHUA RIVER WATERSHED ASSOC., INC.	23-7055674
Organization type (check one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
·	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	1
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organi for both the General	ization is covered by the General Rule or a Special Rule . (Note. Only a section 501(c)(7) If Rule and a Special Rule. See instructions.)	i, (8), or (10) organization can check boxes
General Rule		
	zations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more r. Complete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1)/1	ion 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support I 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts	he greater of (1) \$5,000 or (2) 2% or the
aggregate	ion 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from contributions or bequests of more than \$1,000 for use exclusively for religious, charitable or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	any one contributor, during the year, le, scientific, literary, or educational
some cont \$1,000. (If etc., purpo	ion 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from tributions for use exclusively for religious, charitable, etc., purposes, but these contribution this box is checked, enter here the total contributions that were received during the year ose. Do not complete any of the parts unless the General Rule applies to this organization charitable, etc., contributions of \$5,000 or more during the year.)	ons did not aggregate to more than r for an exclusively religious, charitable, on because it received nonexclusively
Caution. Organizat	tions that are not covered by the General Rule and/or the Special Rules do not file Sched "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 99 not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	dule B (Form 990, 990-EZ, or 990-PF), but

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

NASHUA RIVER WATERSHED ASSOC., INC.

Employer identification number 23-7055674

organization answered "Yes" to Form 990, Part IV, Ijne 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grains from (during year) 4 Aggregate value at end of year 5 Did the organization inform all cinors and donor advisors in writing that the assets held in donor advised funds are the organization inform all cinors and donor advisors in writing that the part funds are the organization form all cinors and donor advisors in writing that the assets held in donor advisor funds are the organization inform all grantees, donors, and donor advisors in writing that the grant funds may be used only for charitable purposes and not for the tenefit of the donor or donor advisor or other impermisable private benefit? Yes No Plant III Conservation Easements. Complete if the organization reversed Yes's to Form 990, Part IV, line 7. Purpose(9) of conservation easements had by the organization (neck at lith at part) Preservation of land for public use (e.g., recreation or plessure) Preservation of land for public use (e.g., recreation or plessure) Preservation of and for public use (e.g., recreation or plessure) Preservation of order habbats Preservation of open apace Complete lines 2a2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements a Total number of conservation easements included in (e) 22 0 0 Number of conservation easements included in (e) acquired after 8/1706 Number of conservation easements included in (e) acquired after 8/1706 Number of conservation easements included in (e) acquired after 8/1706 Number of organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements is holder? Staff or volunter hours devoted to monitoring, inspecting, and enforcing easements during the year \$ 50 Does the organization elected, as	Par	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
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a lotal number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2 d 0 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0 Number of states where property subject to conservation easement is located ▶ 1 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 85 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ 3,000. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes theyorganization's accounting for conservation easements. The Lacument II was accounted by the first that the footnote to the organization answered "Yes" to Form 990, Part IV, line 8. The Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text or the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for		•		Held at the End of the Year
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2c 0 2d 0 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0 Number of states where property subject to conservation easement is located ▶ 1 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 85 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 3,000 . Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	а	Total number of conservation easements		
c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year O Number of states where property subject to conservation easement is located 1 Number of states where property subject to conservation easement is located 1 Number of states where property subject to conservation easement is located 1 Number of states where property subject to conservation easement is located 1 Number of states where property subject to conservation easement is located 1 Number of states where property subject to conservation easement is located 1 Number of states where property subject to conservation easement is located 1 Number of states where property subject to conservation easements in located 1 Number of states where property subject to conservation easements in located 1 Number of states where property subject to conservation, inspecting, and enforcing easements during the year 1 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 1 Amount of expenses incurred in monitoring, inspecting, and enforcing easements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	ь	Total acreage restricted by conservation easements		2b 5.20
Number of conservation easements included in (c) acquired after 8/17/06		Number of conservation easements on a certified historic stru-	cture included in (a)	2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located 1		Number of conservation easements included in (c) acquired at	fter 8/17/06	
Number of states where property subject to conservation easement is located ▶ 1 Number of states where property subject to conservation easement is located ▶ 1	3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the taxable
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Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \$ 3,000. Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ 3,000. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)		enforcement of the conservation easements it holds?		Yes A No
Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6	Staff or volunteer hours devoted to monitoring, inspecting, an	d enforcing easements during the year	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing easements during the year 🟲	\$
and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. The lacement is that describes the organization's accounting for conservation easements. The lacement is that describes the organization's accounting for conservation easements. The lacement is that describes that describes the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(l) -
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide			1- fire-rial etatements that describe	se the organization's accounting for
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b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	oublic service, provide, in Part XIV, the text of
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these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		or other similar assets held for public exhibition, education, or	rresearch in furtherance of public serv	ice, provide the following amounts relating to
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 		these items:		•
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 		(i) Revenues included in Form 990, Part VIII, line 1		
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		(iii) Assets included in Form 990, Part X		> \$
	2	If the organization received or held works of art, historical trea	asures, or other similar assets for finan	cial gain, provide
man remarkable and a second se		the following amounts required to be reported under SFAS 11	16 relating to these items:	<u>.</u>
a Revenues included in Form 990 Part VIII line 1	а	Peyenues included in Form 990 Part VIII line 1		
b Assets included in Form 990, Part X	b	Assets included in Form 990, Part X		• \$

م مام د	Aula D (Farm 000) 2008 MASHIIA F	RIVER WATER	SHED ASSO	OC. INC	. 23-	-705567	4 <u>P</u> a	ge 2
Dox	dule D (Form 990) 2008 NASHUA II III Organizations Maintaining C	ollections of Ar	. Historical T	reasures, or	Other Similar A	ssets (cont	inued)	
3	Using the organization's accession and other	records, check any	of the following th	at are a significa	ant use of its collection	n items (chec	k all	
_	that apply):	7000100, 0110011 011,						
	Public exhibition	ď	Loan or exc	change progran	าร		*	
8	Scholarly research	e						
b	Preservation for future generations	·						
٥	Provide a description of the organization's co	llections and explain	how they further	the organization	a's exempt purpose in	Part XIV.		
4	During the year, did the organization solicit or	receive donations o	f art, historical trea	asures, or other	similar assets			
5	to be sold to raise funds rather than to be ma	intained as part of th	e organization's o	collection?		. Yes		No
Dair	t IV Trust, Escrow and Custodial	Arrangements.	Complete if organ	nization answere	ed "Yes" to Form 990	, Part IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributio	ns or other asse	ets not included			`
	on Form 990, Part X?					Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:					
-	The root of the same of the sa	·		•		Amoun	<u>t </u>	
c	Beginning balance		.,.,.,.,.		1c			
	Additions during the year							
ė	Distributions during the year				1e			
f	Ending balance				<u>1f</u>			1
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			Yes		No
	If "Yes." explain the arrangement in Part XIV.							
	t V Endowment Funds. Complete if	organization answe	red "Yes" to Form	990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years	back (e) Fou	r years	back
1a	Beginning of year balance	31,137						
	Contributions							
	Investment earnings or losses		>					
	Grants or scholarships			1				
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses	· · · · · · _		<u> </u>				
g	End of year balance	24,007.						
2	Provide the estimated percentage of the year	r end balance held a	s:					
а	Board designated or quasi-endowment	<u> </u>	_%					
ь	Permanent endowment ► 100.00	%						
c		%						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	ed for the organizatio	u	Yes	Nia ·
	by:					2-6	X	No_
	(i) unrelated organizations					3a(i)	 	Х
	(ii) related organizations					3a(ii) 3b	\vdash	- 21
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?		***************************************		L	
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.	O Dad V Bas t	^			
Pa	t VI Investments - Land, Building	1				(d) Boo	ak velu	
	Description of investment	(a) Cost or o		st or other s (other)	(c) Depreciation	(u) bot	M Valu	9
		Dasis (investi		50,000.		5	0,0	00.
1a	Land			35,000.	72,750		2,2	
þ	Buildings		<u>_</u>	33,000.	121130	`	, _	<u> </u>
Ç	Leasehold improvements	1		<u>-</u>	<u> </u>			
d	Equipment		7	02,963.	177,321	. 2	5,6	42.
<u>е</u>	Other Column (d) should equal F						37,8	

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Onto dula D./Farra 0003 0008 NASHIIA RTV	ER WATERSHED ASS	OC., INC.	23-7055674 Page 3
Part VII Investments - Other Securities.	See Form 990 Part X line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth Cost or end-	od of valuation: of-year market value
inancial derivatives and other financial products			
Closely-held equity interests	1		
Other			
			· · · · · · · · · · · · · · · · · · ·
	<u></u>		
		-	
,			
otal. (Col (b) should equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.	4 > 3.4 41	- d -f brotion
(a) Description of investment type	(b) Book value	(c) Meth	od of valuation: of-year market value
(4)			
			
			· · · · · · · · · · · · · · · · · · ·
otal. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, I	ne 15. (a) Description	<u> </u>	(b) Book value
	(a) Boothplian		
A CONTRACTOR OF THE CONTRACTOR			
	<u> </u>		
	<u>.'</u>		
Total. (Column (b) should equal Form 990, Part X, col (b	R) line 15)		
Part X Other Liabilities, See Form 990, Part	X. line 25.		
(a) Description of liability	(1	b) Amount	
Federal income taxes			

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)..... In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

Sche	dule D (Form 990) 2008 NASHUA RIVER WATERSHED ASSO	<u>C.,</u>	INC.		556/4 Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to F	-inanc	al Statements	<u> </u>	710 0/2
1	Total revenue (Form 990, Part VIII, column (A), line 12)				718,943. 946,595.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		<227,652.>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<u> </u>
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5	<u>,</u>	
6	Investment expenses		6		
7	Prior period adjustments				<205,000.>
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net), Add lines 4-8		9 _		<205,000.>
4.0	Evenes or (deficit) for the year per financial statements, Combine lines 3 and 9		<u>. 10 </u>	D - 4	<432,652.
Pa	*XII Reconciliation of Revenue per Audited Financial Statemen	its wit	n Kevenue pe	r Keturn	718,943.
1	Total revenue, gains, and other support per audited financial statements			1	110,343.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	_2d _			0.
е	Add lines 2a through 2d			<u>2e</u>	718,943.
3	Subtract line 2e from line 1			3	/10,943.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			0.
c	Add lines 4a and 4b			4c	718,943.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		-1	5	
Pa	TXIII Reconciliation of Expenses per Audited Financial Stateme	ents W	tn Expenses p	er neturn	946,595.
1	Total expenses and losses per audited financial statements			1	7407333.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
ď	Other (Describe in Part XIV)	2d			0.
е	Add lines 2a through 2d			2e	946,595
3	Subtract line 2e from line 1			3	940,3751
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i I			
а	investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b			0.
c	Add lines 4a and 4h			4c	946,595.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u></u>		5	9401333
Pε	* VIVI Cumplemental Information				D 437 See 4: Deet
V. D	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. "THE EASEMENT IS NOT INCLUDED THE TRANSPORT OF THE PASEMENT IS NOT INCLUDED."				Fait v, iiie +, i ait
ST	ATEMENTS.				
<u>Pa</u>	rt XI, Line 8 - Other Adjustments:				
	CREASE IN TEMPORARILY RESTRICTED NET ASSETS				<u> </u>
<u>DE</u>	CREASE IN PERMANENTLY RESTRICTED NET ASSETS	S: -	7130.		·
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Attach to Form 990. To be completed by organizations to provide additional information additional information.

2008 Open to Public Inspection

Name of the organization

NASHUA RIVER WATERSHED ASSOC., INC.

Employer identification number 23-7055674

NASHUA RIVER WATERSHED ABOUC. / The .
Form 990, Part III, Line 1, Description of Organization Mission:
* Encourage careful land use with well-planned development
We serve as an educator, advocate, and steward for the 31 watershed
communities in north central Massachusetts and southern New Hampshire
for the Nashua River Watershed.
Form 990, Part VI, Section A, line 6: MEMBERS APPROVE THE BOARD OF
DIRECTORS.
Form 990, Part VI, Section A, line 7a: MEMBERS APPROVE THE BOARD OF
DIRECTORS.
Form 990, Part VI, Section A, line 10: FORM 990 IS REVIEWED BY THE BOARD
OF DIRECTORS, TREASURER, THE EXECUTIVE DIRECTOR AND BOOKKEEPER.
Form 990, Part VI, Section B, Line 12c: THE ORGANIZATION REQUIRES ALL
MANAGEMENT AND STAFF TO REVIEW, UNDERSTAND AND REPORT ANY VIOLATIONS OF THE
CONFLICT OF INTEREST POLICY.
Form 990, Part VI, Section B, Line 15: THE ORGANIZATION REVIEWS SALARY
HISTORY, BIODATA, MARKET/INDUSTRY COMPARISONS AND INTERNAL EQUITY
EVALUATIONS. AN ANNUAL REVIEW IS PERFORMED BY THE EXECUTIVE DIRECTOR AND
BOARD OF DIRECTORS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Employer identification number Name of the organization 23-7055674 NASHUA RIVER WATERSHED ASSOC., INC. FORM 990 PART XI, LINE 2C THE ORGANIZATION'S BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE THAT HIRES THE INDEPENDENT AUDITING FIRM, REVIEWS THE AUDIT AND MAKES RECOMMENDATIONS TO THE ENTIRE BOARD AS A RESULT OF THE AUDIT.