

FY2020
(end 10/31/2020)

NHWWA Copy

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **NOVEMBER 1**, 2019, and ending **OCTOBER 31**, 20 **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

G Name of organization **NEW HAMPSHIRE WATER WORKS ASSOCIATION, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
18 NORTH MAIN STREET 308
 City or town, state or province, country, and ZIP or foreign postal code
CONCORD, NEW HAMPSHIRE 03301

D Employer identification number
22-2882433

E Telephone number
603-415-3959

F Name and address of principal officer: **CARL MCMORRAN**
20 BIRCH ROAD, HAMPTON NH 03842

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **NHWWA.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1945** **M** State of legal domicile: **NH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: to improve municipal water supply service in the State of New Hampshire: by discussion of all water supply issues and problems, inspection of water works facilities, and action to improve the position of, as well as service rendered by, operators, managers and water works personnel.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,720
b Net unrelated business taxable income from Form 990-T, line 39	7b	5,505	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	82,979	81,892
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	112,699	50,665
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	462	681
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,290	11,720
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	209,430	144,958
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	84,536	82,319
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	126,967	72,681
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	211,503	155,000	
19 Revenue less expenses. Subtract line 18 from line 12	(2,073)	(10,042)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	96,781	86,502
	22 Net assets or fund balances. Subtract line 21 from line 20	2,657	2,420
		94,124	84,082

Part II Signature Block

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

Sign Here Signature of officer: *Jessiah Lescow* Date: **2/2/2021**
 Type or print name and title: **Jessiah Lescow H, Treasurer**

Paid Preparer Use Only Print/Type preparer's name: **PHILIP W. CROASDALE, CPA** Preparer's signature: *Philip W. Croasdale* Date: **2/1/2021** Check if self-employed PTIN: **001-48-7468**
 Firm's name ▶ **SAME AS ABOVE** Firm's EIN ▶ _____
 Firm's address ▶ **185 WESTWOOD AVE, MANCHESTER NH 03103** Phone no. **603-792-2800**

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