EXTENDED TO AUGUST 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

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

| AF | or the | 2021 calendar year, or tax year beginning OCT T , $ZOZT$ and C | enaing 5 | EP 30, 2022 | |
|--------------------------------|----------------------|---|---------------|------------------------------|-------------------------------|
| B c | heck if oplicable | C Name of organization | | D Employer identific | cation number |
| | Addres | CHARLES RIVER WATERSHED ASSOCIATION, I | NC |] | |
| | Name change | Doing business as | | 04-61369 | 89 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | r |
| |]Final return/ | 41 WEST STREET FLOOR 8 | | 617-540- | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,674,449. |
| | Amend return | BOSION, MA UZIII | | H(a) Is this a group re | |
| | Application | F Name and address of principal officer. DARKET 10 | | for subordinates | ? Yes X No |
| | pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o | or 527 | If "No," attach a | list. See instructions |
| | | e: NTTPS: //WWW.CRWA.ORG/ | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other ▶ | L Year | of formation: 1966 N | 1 State of legal domicile: MA |
| Pa | | Summary | | | |
| a | | Briefly describe the organization's mission or most significant activities: $\underline{	ext{THE}}$ | | | |
| Activities & Governance | | USE SCIENCE, ADVOCACY, AND THE LAW TO PRO | TECT, | PRESERVE AN | D ENHANCE |
| rne | 2 | Check this box 🕨 🔛 if the organization discontinued its operations or dispos | ed of more | than 25% of its net ass | |
| ove. | | | | 3 | 18 |
| প্র | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 18 |
| es | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 20 |
| viti | | Total number of volunteers (estimate if necessary) | | | 1169 |
| ∤ cti | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | 7b | 0. |
| | | | _ | Prior Year | Current Year |
| <u>o</u> | | Contributions and grants (Part VIII, line 1h) | | 1,546,789. | 1,549,518. |
| enr | | Program service revenue (Part VIII, line 2g) | | 0. | 124,860. |
| Revenue | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 69,885. | 71. |
| - | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 15,764. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,632,438. | 1,674,449. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 39,351. | 16,667. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 810,151. | 858,333. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ďx | b | Total fundraising expenses (Part IX, column (D), line 25) 203,56 | | 425 506 | 610 602 |
| ш | ''' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 437,726. | 610,683. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,287,228. | 1,485,683. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 345,210. | 188,766. |
| Net Assets or Fund Balances | | | Ве | eginning of Current Year | End of Year |
| sset | 20 | Total assets (Part X, line 16) | | 5,827,897. | 5,692,872. |
| et A | 21 | Total liabilities (Part X, line 26) | | 185,725. 5,642,172. | 682,130. 5,010,742. |
| Z _i | rt II | Net assets or fund balances. Subtract line 21 from line 20 | | 5,042,172. | 5,010,742. |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules | and atatam | anta and to the heat of mu | knowledge and halief it is |
| | • | thes of perjury, I declare that I have examined this return, including accompanying scriedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | Kilowieuge allu bellel, it is |
| uu, | COLLEC | t, and complete. Declaration of preparer (other than officer) is based on an information of wir | icii preparei | nas any knowledge. | |
| Sigr | | Signature of officer | | Date | _ |
| Her | | LARRY YU, CLERK | | | |
| Her | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | | CHRISTOPHER NASH CHRISTOPHER NASH | : la | 08/15/23 if self-employ | P01884824 |
| Prep | | Firm's name NASH CPAS LLC | | | 92-0473723 |
| Use | ľ | Firm's address 501 PROVIDENCE HWY | | THIII O EIN | |
| | | NORWOOD, MA 02062 | | Phone no. 78 | 1-286-1320 |
| May | the IF | S discuss this return with the preparer shown above? See instructions | | , | X Yes No |

| | Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Briefly describe the organization's mission: |
| • | THE ORGANIZATION'S MISSION IS TO USE SCIENCE, ADVOCACY, AND THE LAW TO |
| | PROTECT, PRESERVE AND ENHANCE THE CHARLES RIVER AND ITS WATERSHED, |
| | INCLUDING IMPROVING AND EXPANDING ITS NATURAL RESOURCES AND |
| | RECREATIONAL OPPORTUNITIES. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| 4a | revenue, if any, for each program service reported. (Code:) (Expenses \$ 307,393 • including grants of \$) (Revenue \$) |
| та | CLIMATE RESILIENCE - CRWA IS COMMITTED TO REDUCING THE IMPACTS OF |
| | CLIMATE CHANGE AND SUPPORTING RESTORATIVE CLIMATE ADAPTATION. THE |
| | ORGANIZATION WORKS EVERY DAY ACROSS ALL PROGRAM AREAS TO CREATE RIVER |
| | AND WATERSHED RESILIENCE TO MORE INTENSE RAIN EVENTS, MORE FREQUENT |
| | SUMMERTIME DROUGHTS AND HOTTER TEMPERATURES. IT DOES THIS THROUGH |
| | CRWA'S WATER-ENERGY NEXUS WORK, BRINGING TOGETHER MUNICIPAL STAFF FROM |
| | ACROSS THE WATERSHED AS PART OF THE CHARLES RIVER CLIMATE COMPACT, |
| | PARTICIPATION IN MUNICIPAL AND STATE CLIMATE PLANNING INITIATIVES, |
| | EDUCATING LOCAL ELECTED OFFICIALS, WATERSHED- AND SUBWATERSHED-SCALE |
| | PLANNING, STREAM, WETLAND AND FLOODPLAIN RESTORATION, DAM REMOVAL, |
| | LEGISLATIVE LOBBYING AND ADVOCACY. CRWA IS ALSO ACTIVELY WORKING TO |
| | ENGAGE WITH COMMUNITIES THAT ARE PARTICULARLY VULNERABLE TO THE IMPACTS |
| 4b | (Code:) (Expenses \$184,901. including grants of \$) (Revenue \$124,860.) EDUCATION AND OUTREACH - CRWA'S WORK TO PROMOTE BETTER WATERSHED |
| | MANAGEMENT AND RIVER STEWARDSHIP INCLUDES A WIDE RANGE OF OUTREACH AND |
| | EDUCATIONAL PROGRAMMING: EDUCATIONAL TALKS AND PRESENTATIONS TO SCHOOLS |
| | AND COMMUNITY GROUPS; A COMPREHENSIVE WEBSITE AND ONLINE |
| | COMMUNICATIONS; THE PUBLICATION OF BROCHURES, PLANS AND REPORTS; |
| | TRAININGS AND WORKSHOPS FOR MUNICIPAL EMPLOYEES; AND PARTICIPATION IN |
| | MANY LOCAL AND REGIONAL EVENTS AND ACTIVITIES. COMMITTED TO GROWING THE |
| | NEXT GENERATION OF ENVIRONMENTALISTS, CRWA TRAINS NUMEROUS STUDENT |
| | INTERNS EACH YEAR AND HOSTS THE RITA BARRON FELLOW, A ONE-YEAR POSITION |
| | FOR RECENT MASTERS' DEGREE GRADUATES, AND ENGAGES NATIONAL AND |
| | INTERNATIONAL GROUPS FOR EDUCATIONAL AND NETWORKING PURPOSES. |
| 40 | (Code:) (Expenses \$172,848 •including grants of \$16,667 •) (Revenue \$) |
| 40 | ADVOCACY, POLICY, AND LAW - CRWA IS INVOLVED IN EVERY MAJOR DECISION |
| | AFFECTING THE HEALTH OF THE CHARLES RIVER AND IN IMPORTANT STATEWIDE |
| | WATER ISSUES. ADVOCACY INCLUDES COMMENTING ON ALL MAJOR WATERSHED |
| | DEVELOPMENT AND REDEVELOPMENT PROJECTS, CHALLENGING PERMITS |
| | ADMINISTRATIVELY AND SOMETIMES IN COURT, PARTICIPATING IN HEARINGS |
| | BEFORE LOCAL BOARDS AND COMMISSIONS AND STATE AGENCIES, PROTECTING |
| | PUBLIC TRUST LANDS AND ACCESS TO PARKLANDS, PARTICIPATING IN TASK |
| | FORCES, LOBBYING ON ENVIRONMENTAL LEGISLATION, AND WORKING WITH MANY |
| | PARTNER ORGANIZATIONS ON ISSUES OF NATIONAL, REGIONAL AND STATE |
| | SIGNIFICANCE, SUCH AS CLIMATE CHANGE, SMART GROWTH, STORMWATER |
| | POLLUTION, AND SUSTAINABLE WATER RESOURCE POLICIES AND REGULATIONS. |
| | CRWA'S STRONG SCIENCE IS INTEGRAL TO ITS ADVOCACY AND POSITIONS THE |
| 4d | Other program services (Describe on Schedule O.) (Expenses \$ 169,053. including grants of \$) (Revenue \$) |
| 40 | (Expenses \$ 169,053 ⋅ including grants of \$) (Revenue \$) Total program service expenses ► 834,195 ⋅ |
| 76 | Form 990 (2021) |

Part 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 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 | | X |
| 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 | X | |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | X | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| 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 | | <u> </u> |
| 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 | | X |
| 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 | <u> </u> | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | l |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 7.7 | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 3,7 |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | 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 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 441 | | x |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 4.5 | | x |
| 46 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 16 | | 16 | | x |
| 17 | or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | <u> </u> |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | .5 | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | Х | |
| _ | | | | |

| Form | 990 (2021) CHARLES RIVER WATERSHED ASSOCIATION, INC U4-0130 | 909 | Р | age 4 |
|------|---|-----|-----|-------|
| Pai | t IV Checklist of Required Schedules (continued) | | V | NI- |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 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 | | Х |
| 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 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | 3,7 |
| _ | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | A |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 200 | | х |
| 24 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? 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 | 32 | | Х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 55 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| ٠. | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, 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 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

132004 12-09-21

(gambling) winnings to prize winners?

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O21) CHARLES RIVER WATERSHED ASSOCIATION, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | ı | | Yes | No | | | |
|--|---|-------------------|----------------------|-----|-----|---------------|--|--|--|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 0.0 | | | | | | |
| | , | 2a | 20 | | 77 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | | | 2b | X | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | | | 37 | | | |
| | | | | 3a | | _X_ | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other aut | | • | 4- | | Х | | | |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account. | coun | .)? | 4a | | $\overline{}$ | | | |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc | ount | ς (ΕΡΛΡ) | | | | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | ` , | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. | | | 5b | | X | | | |
| | 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 as charitable contributions? | _ | | 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 service | ces p | ovided to the payor? | 7a | | X | | | |
| b | | - | | 7b | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | requ | ired | | | | | | |
| | to file Form 8282? | | | 7с | | X | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| е | | | | | | | | | |
| f | 3 , 3 , 1 , 1 | | | | | | | | |
| g | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | | | | |
| 8 | , | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | | | | | | | | | |
| | | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 100 | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | <u>10a</u> 10b | | | | | | | |
| | Section 501(c)(12) organizations. Enter: | IUD | | | | | | | |
| '' a | | 11a | | | | | | | |
| h | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| ~ | | 11b | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | | | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | |
| | 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 | 13b | | | | | | | |
| | | 13c | | | | | | | |
| | | | | 14a | | _X_ | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerate | | | | | 37 | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X | | | |
| 40 | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | v | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment in | ncom | ie'? | 16 | | X | | | |
| If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an | | | 47 | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069. | | | 17 | | | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check it Schedule O contains a response or note to any line in this Part VI | | | | | Λ | | | | |
|----------|--|---------------|-------------------------|------------|---------|----------|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | l | | | | |
| | | ١. | 1 10 | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 18 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | ۱., | 10 | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | 18 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | p with | any other | | | 37 | | | | |
| _ | officer, director, trustee, or key employee? | | | 2 | | X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | _ | | - T | | | | |
| | | | | 3 | | X | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form S | | | 4 | | X | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 6 | Х | | | | | |
| | 6 Did the organization have members or stockholders? | | | | | | | | | |
| 7a | 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | | | 7a | X | | | | | |
| b | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| _ | persons other than the governing body? | | | 7b | Х | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | • | | v | | | | | |
| a | The governing body? | | | 8a | X | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | _ | | . | | | | |
| 800 | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | X | | | | |
| 360 | tion B. Policies (This Section B requests information about policies not required by the Internal Re | <u>evenue</u> | Code.) | | | · | | | | |
| 40- | Did the consequentian have been been been been been as of Clinton | | | 40- | Yes | No X | | | | |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | | | | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such characteristic than the second of the sec | | | 401 | | | | | | |
| 44- | • | | | 10b 11a | Х | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | 7 7 7 7 9 9 10 11 11 11 11 11 11 11 11 11 11 11 11 | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | , | | 120 | Х | | | | | |
| 12 | on Schedule O how this was done | | | 12c 13 | X | | | | | |
| 13 14 | Did the organization have a written whistleblower policy? | | | 14 | X | | | | | |
| 15 | Did the organization have a written document retention and destruction policy? | | | 14 | 21 | | | | | |
| 13 | Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ai by ii i | dependent | | | | | | | |
| _ | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | | | | |
| a b | Other officers or key employees of the organization | | | 15b | X | | | | | |
| J | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | 135 | | | | | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | ment w | vith a | | | | | | | |
| .54 | taxable entity during the year? | | | 16a | | х | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua | | | 100 | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | · · | | | | | | | |
| | exempt status with respect to such arrangements? | iizatioi | 13 | 16b | | | | | | |
| Sec | tion C. Disclosure | | | 100 | | | | | | |
| 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 (1024 or 1024-A, if applicable), 990, a | nd 990 |)-T (section 501(c)(3)s | only) | availal | ole | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | 000 | (5555577557(5)(6)6 | J. 11y) | anui | -10 | | | | |
| | Own website Another's website X Upon request Other (explain | n on S | chedule (1) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | | finan | cial | | | | | |
| | statements available to the public during the tax year. | | sor policy, and | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | oks an | d records | | | | | | | |
| | EMILY NORTON - 617-540-5650 | | | | | | | | | |
| | | 0211 | .1 | | | | | | | |

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

| Cal Description Cal | X Check this box if neither the organization n | or any related | orga | niza | tion | con | npen | sate | ed any current officer, d | irector, or trustee. | | | | |
|--|--|----------------|----------|---------|-------|-------------------|----------------|------|---------------------------|----------------------|-----------|--|--|--|
| Name and title Notes and the component of the compone | | | (C) | | | | | | | | (F) | | | |
| Nour specific week (list any hours for related organizations below line) Nour specific week (list any hours for related organizations below line) Nour specific week (list any hours for related organizations below line) Nour specific week (list any hours for related organizations below line) Nour specific week (list any hours for related organizations below line) Nour specific week (list any hours for related organizations with the organization and related organizations with the organization with the organization with the organization with the organization | Name and title | Average | (do | | | | | nne | Reportable | Reportable | Estimated | | | |
| Compensation from the organization below Final Page | | hours per | box | , unles | ss pe | rson i | s both | an | compensation | • | | | | |
| Carrective director Carrective directive dir | | 1 | | 1 1 | | a director/truste | | iee) | | | | | | |
| Carrective director Carrective directive dir | | 1 ' | irecto | | | | | | | _ | • | | | |
| Carrective director Carrective directive dir | | 1 | e or d | tee | | | sated | | _ | • | | | | |
| Carrective director Carrective directive dir | | 1 | truste | al trus | | yee | mpen | | , | 10001120) | • | | | |
| Carrective director Carrective directive dir | | | ignal | utions | | oldma | est co oyee | er | , | | | | | |
| EXECUTIVE DIRECTOR | | line) | Indiv | Instii | Offic | Key 6 | High empl | Form | | | | | | |
| C LINDA MCLANE | (1) EMILY NORTON | 40.00 | | | | | | | | | | | | |
| Resident | EXECUTIVE DIRECTOR | | | | | | X | | 136,947. | 0. | 0. | | | |
| Campbell | (2) LINDA MCLANE | 2.50 | | | | | | | | | | | | |
| VICE PRESIDENT X | PRESIDENT | | Х | | X | | | | 0. | 0. | 0. | | | |
| (4) LAURIE DOYLE | (3) LANCE C. CAMPBELL | 2.50 | | | | | | | | | | | | |
| TREASURER | | | Х | | X | | | | 0. | 0. | 0. | | | |
| CLERK | (4) LAURIE DOYLE | 2.50 | | | | | | | _ | _ | _ | | | |
| CLERK | | | X | | X | | | | 0. | 0. | 0. | | | |
| CALCAL C | , , , | 2.50 | | | | | | | | | | | | |
| Director X | | | X | | X | | | | 0. | 0. | 0. | | | |
| Column | | 2.50 | | | | | | | | | | | | |
| Director X | | | X | | | | | | 0. | 0. | 0. | | | |
| Calcal | () , | 2.50 | | | | | | | | | • | | | |
| DIRECTOR X | | 0.50 | X | | | | | | 0. | 0. | 0. | | | |
| Section Sect | | 2.50 | | | | | | | | | • | | | |
| DIRECTOR X | | 0.50 | X | | | | | | 0. | 0. | 0. | | | |
| Color | | 2.50 | ٠,, | | | | | | | | 0 | | | |
| DIRECTOR X | | 2 50 | X | | | | | | 0. | 0. | <u> </u> | | | |
| DIRECTOR | | 2.50 | . | | | | | | _ | _ | 0 | | | |
| DIRECTOR X | | 2 50 | Α. | | | | | | 0. | 0. | <u> </u> | | | |
| DIRECTOR X | | 2.50 | v | | | | | | _ | 0 | 0 | | | |
| DIRECTOR X | | 2 50 | ^ | | | | | | 0. | 0. | <u> </u> | | | |
| Column C | | 2.50 | v | | | | | | 0 | n | 0 | | | |
| DIRECTOR X | | 2 50 | | | | | | | 0. | 0. | <u></u> | | | |
| DIRECTOR X DIRECTOR DIRECTOR X DIRECTOR DIRECTOR X DIRECTOR DIRECT | | 2.50 | x | | | | | | 0. | 0. | 0. | | | |
| DIRECTOR X 0. 0. 0. | | 2.50 | | | | | | | • | • | | | | |
| Column | | 2.30 | x | | | | | | 0. | 0. | 0. | | | |
| DIRECTOR X 0. 0. 0. 0. | | 2,50 | | | | | | | | | | | | |
| Control of the state of the sta | | | x | | | | | | 0. | 0. | 0. | | | |
| DIRECTOR X 0. 0. 0. (17) IHSSANE HASNAOUI LECKEY 2.50 | (16) PATRICIA B. KING | 2.50 | | | | | | | <u> </u> | <u> </u> | | | | |
| (17) IHSSANE HASNAOUI LECKEY 2.50 | | | x | | | | | | 0. | 0. | 0. | | | |
| | (17) IHSSANE HASNAOUI LECKEY | 2.50 | | | | | | | | | | | | |
| | DIRECTOR | | X | | | | | | 0. | 0. | 0. | | | |

132007 12-09-21

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hi | ghes | st C | ompensated Employee | s (continued) | | | | |
|--|--|--------------------------------|-----------------------|--------------------------|-------------------------------|---------------------------------|-------------|---|---|------|-------------------------|--|----------------|
| (A) Name and title | (B) Average hours per week | (do box | | Posi heck i ss per | C) ition more rson i |) than (| one n an | (D) (E) Reportable Reportable compensation compensation from from relate | | | an | (F) stimate nount o other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/1099-NEC) | organizations (W-2/1099-MIS 1099-NEC) | S | com fr org and | pensa om the anizati d relate anizatio | e ion ed |
| (18) ADITYA PERAKATH DIRECTOR | 2.50 | х | | | | | | 0. | | 0. | | | 0. |
| (19) DAN SIEGER | 2.50 | Δ | | | | | | 0. | | 0. | | | <u> </u> |
| DIRECTOR | | х | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 136,947. | | 0. | | | 0. |
| c Total from continuation sheets to Part VI | | | | | | | • | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 136,947. | | 0. | | | 0. |
| Total number of individuals (including but no compensation from the organization | ot limited to th | ose | liste | d ab | ove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | | 1 |
| 55 | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | | | | | | | | | | | | | Х |
| line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su | | | | | | | | ner compensation from t | | | 3 | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a | | | | | | | elate | ed organization or individ | dual for services | | | | v |
| rendered to the organization? If "Yes." com Section B. Independent Contractors | plete Schedule | <u> </u> | or st | ich r | oers | on | | | | | 5 | | Х |
| Complete this table for your five highest con | · · | - | | | | | | | • | ensa | tion fro | om | |
| the organization. Report compensation for t | the calendar ye | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y (B) | ear. | | (0 | <u>.)</u> | |
| Name and business | address | N | ONE | S | | | | Description of s | ervices | С | | nsatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ŭ | ot lin | nited | d to t | _ | _ | ted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organize | zation 🕨 | | | | (| J | | | | | | | |

| <u>. u</u> | 1 L V | ••• | | or note to any lin | o in this Dart VIII | | | |
|--|--------|------------------|--|-----------------------|---------------------|-------------------|--------------------------------------|------------------|
| | | | Check if Schedule O contains a response | e or note to any in | (A) Total revenue | Related or exempt | (C) Unrelated business revenue | Revenue excluded |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$ | 197,002. ,352,516. | | | | |
| <u>೧</u> 2 | | h | Total. Add lines 1a-1f | | 1,549,518. | | | |
| | | | ELIENTE AND GRONGORGITA | Business Code | 124 060 | 124 060 | | |
| Program Service Revenue | 2 | a b c | EVENTS AND SPONSORSHIP | 713990 | 124,860. | 124,860. | | |
| ran ev | | d | | | | | | |
| ο Bπ | | е | | | | | | |
| ₫. | | | All other program service revenue | | 104 060 | | | |
| | | g | Total. Add lines 2a-2f | | 124,860. | | | |
| | 3 4 | | Investment income (including dividends, inter other similar amounts) | proceeds | 71. | | | 71. |
| | 5 | | Royalties | | | | | |
| | | | (i) Real Gross rents 6a Less: rental expenses 6b | (ii) Personal | | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | | Not worted in come on /local | <u> </u> | | | | |
| | | | Gross amount from sales of (i) Securities | | | | | |
| | ′ | а | | (II) Other | - | | | |
| | | L- | assets other than inventory Less: cost or other basis | | | | | |
| Φ | | D | | | | | | |
| Revenue | | _ | and sales expenses 7b | | - | | | |
| eve | | C | Gain or (loss) 7c | | | | | |
| er B | | | Net gain or (loss) | <u></u> | | | | |
| Othe | 8 | а | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 | a | | | | |
| | | b | Less: direct expenses8 | 0 | | | | |
| | | | Net income or (loss) from fundraising events | | | | | |
| | 9 | а | Gross income from gaming activities. See | | | | | |
| | | | Part IV, line 19 | а | | | | |
| | | b | Less: direct expenses 9 | ь | | | | |
| | | | Net income or (loss) from gaming activities | > | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | | and allowances10 | a | | | | |
| | | b | Less: cost of goods sold10 | b | | | | |
| | | | Net income or (loss) from sales of inventory | > | | | | |
| " | | | | Business Code | | | | |
| Miscellaneous Revenue | 11 | а | | | | | | |
| ane | | b | | | | | | |
| Selle | | С | | | | | | |
| ΑĬŠ. | | d | All other revenue | | | | | |
| _ | | е | Total. Add lines 11a-11d | | | 401 | | = - |
| | 12 | | Total revenue. See instructions | > | 1,674,449. | 124,860. | 0. | 71. |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons | se or note to any line in t | his Part IX(B) | (C) | |
|----|---|-----------------------------|--------------------------|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 16 665 | 16 66 | | |
| | and domestic governments. See Part IV, line 21 | 16,667. | 16,667. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. 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 | 767,138. | 513,982. | 184,113. | 69,043 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 28,613. | 19,171. | 6,867. | 2,575 5,632 |
| 10 | Payroll taxes | 62,582. | 41,930. | 15,020. | 5,632 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 515. | 15. | 500. | |
| С | Accounting | 58,699. | | 58,699. | |
| d | , | 10,773. | 10,773. | | |
| е | , F | | | | |
| f | Investment management fees | | | | |
| g | , | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | E0 4EE | | E0 4EE | |
| 16 | Occupancy | 79,475. | F 600 | 79,475. | E10 |
| 17 | Travel | 10,347. | 5,690. | 4,140. | 517 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 47 120 | 0.42 | 12 670 | 20 505 |
| 19 | Conferences, conventions, and meetings | 47,138. | 943. | 13,670. | 32,525 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 12 060 | | 12 060 | |
| 22 | Depreciation, depletion, and amortization | 13,969. 10,264. | | 13,969. | |
| 23 | Insurance | 10,204. | | 10,204. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | COMMPA CH CHRISTORG | 271,839. | 201,944. | 8,495. | 61,400 |
| b | DUES FEES AND DEDICTES | 45,239. | 12,215. | 25,333. | 7,691 |
| c | PRINTING | 18,950. | - | • | 18,950 |
| d | SUPPLIES | 17,619. | 6,582. | 6,014. | 5,023 |
| е | All other expenses | 25,856. | 4,283. | 21,367. | 206 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,485,683. | 834,195. | 447,926. | 203,562 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2021) Part X Balance Sheet

| art x | ` | Balance Sneet | | | | | |
|----------------------------------|----|--|-----------------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or r | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| 1 | 1 | Cash - non-interest-bearing | 375,090. | 1 | 662,582 | | |
| 2 | | Savings and temporary cash investments | | | | 2 | |
| 3 | | Pledges and grants receivable, net | | | 178,674. | 3 | 167,987 |
| 4 | | Accounts receivable, net | 108,759. | 4 | 145,768 | | |
| 5 | | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | | | | | |
| | | controlled entity or family member of any of th | ese perso | ons | | 5 | |
| 6 | 3 | Loans and other receivables from other disqu | | | | | |
| | | under section 4958(f)(1)), and persons describ | | 6 | | | |
| , 7 | | Notes and loans receivable, net | | | | 7 | |
| 8 | | Inventories for sale or use | | | 2,535. | 8 | 2,53 |
| ť 9 | | B | | | 31,867. | 9 | 3,083 |
| 10 |)a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 321,698. | | | |
| | b | Less: accumulated depreciation | . 10b | 280,129. | 47,752. | 10c | 41,569 |
| 11 | 1 | Investments - publicly traded securities | | | 4,955,623. | 11 | 4,083,42 |
| 12 | | Investments - other securities. See Part IV, line | | | | 12 | |
| 13 | 3 | Investments - program-related. See Part IV, lin | | 13 | | | |
| 14 | 1 | Intangible assets | 2,118. | 14 | 1,37 | | |
| 15 | | Other assets. See Part IV, line 11 | 125,479. | 15 | 584,54 | | |
| 16 | | Total assets. Add lines 1 through 15 (must ea | | | 5,827,897. | 16 | 5,692,87 |
| 17 | 7 | Accounts payable and accrued expenses | 60,451. | 17 | 125,17 | | |
| 18 | | Grants payable | | 18 | | | |
| 19 | | Deferred revenue | | 19 | | | |
| 20 | | Tax-exempt bond liabilities | | | | 20 | |
| 21 | | Escrow or custodial account liability. Complet | | | 125,274. | 21 | 42,23 |
| 22 | 2 | Loans and other payables to any current or fo | rmer offic | er, director, | | | |
| | | trustee, key employee, creator or founder, sub | stantial c | ontributor, or 35% | | | |
| 22 | | controlled entity or family member of any of the | ese perso | ons | | 22 | |
| 23 | 3 | Secured mortgages and notes payable to unre | elated thir | d parties | | 23 | |
| 24 | 1 | Unsecured notes and loans payable to unrela | ted third p | parties | | 24 | |
| 25 | 5 | Other liabilities (including federal income tax, | payables [.] | to related third | | | |
| | | parties, and other liabilities not included on lin | es 17-24) | . Complete Part X | | | |
| | | of Schedule D | | | 0. | 25 | 514,71 |
| 26 | 3 | Total liabilities. Add lines 17 through 25 | | | 185,725. | 26 | 682,13 |
| | | Organizations that follow FASB ASC 958, c | heck here | • X | | | |
| } | | and complete lines 27, 28, 32, and 33. | | | | | |
| 27 | 7 | Net assets without donor restrictions | | | 447,118. | 27 | 264,10 |
| 28 | 3 | Net assets with donor restrictions | | | 5,195,054. | 28 | 4,746,64 |
| | | Organizations that do not follow FASB ASC | 958, che | eck here 🕨 🗌 | | | |
| | | and complete lines 29 through 33. | | | | | |
| 29 | 9 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| 30 | | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| 31 | 1 | Retained earnings, endowment, accumulated | income, d | or other funds | | 31 | |
| 27 28 29 30 31 32 | 2 | Total net assets or fund balances | | | 5,642,172. | 32 | 5,010,74 |
| 33 | | Total liabilities and net assets/fund balances | | | 5,827,897. | 33 | 5,692,872 |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|----------|----|----|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | <u>49.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1, | 48 | 5,6 | 83. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 18 | 8,7 | 66. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5, | 64 | 2,1 | 72. |
| 5 | Net unrealized gains (losses) on investments | 5 | _ | 82 | 0,1 | 96. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 5, | 01 | 0,7 | 42. |
| Pa | rt XII Financial Statements and Reporting | | • | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | _ | | 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 on Schedule | Ο. | _ | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | | |
| | Act and OMB Circular A-133? | | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | : | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHARLES RIVER WATERSHED ASSOCIATION 04-6136989 INC Part I 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 12, check only one box.) 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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 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.)

| Sec | ction A. Public Support | 71 | | , | | | |
|------|---|---------------------------|----------------------|-----------------------|------------------------------|----------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | • • | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2466648. | 1497095. | 933,508. | 1546789. | 1499589. | 7943629. |
| 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 | 0.466640 | 1 40000 | 000 500 | 1546500 | 1400500 | E0.40.600 |
| | Total. Add lines 1 through 3 | 2466648. | 1497095. | 933,508. | 1546789. | 1499589. | 7943629. |
| 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, | | | | | | 0727007 |
| | column (f) | | | | | | 2737227. |
| | Public support. Subtract line 5 from line 4. | | | | | | 5206402. |
| | | () 0047 | ") 0040 | () 2040 | (N 0000 | () 2004 | (C) T |
| | ndar year (or fiscal year beginning in) | (a) 2017 2466648. | (b) 2018 1497095. | (c) 2019 933, 508. | (d) 2020 1546789. | (e) 2021 1499589. | (f) Total 7943629 • |
| | Amounts from line 4 | 2400040. | 149/093. | 933,300. | 1340709. | 1433303. | 1943029. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 15,367. | 73,250. | 67,313. | 62,111. | | 218,041. |
| ^ | and income from similar sources | 13,307. | 13,230. | 07,313. | 02,111. | | 210,041. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 10 | business is regularly carried on Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 9,298. | 2,007. | 1,091. | 15,794. | | 28,190. |
| 11 | Total support. Add lines 7 through 10 | 3 / 2300 | | 2,0321 | 23 / 73 2 0 | | 8189860. |
| | Gross receipts from related activities, | etc. (see instructio | nns) | | | 12 | 0_00000 |
| | First 5 years. If the Form 990 is for th | | | | | | |
| | organization, check this box and stop | • | | | | | |
| Sec | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2021 (li | ne 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | 63.57 % |
| | Public support percentage from 2020 | | | | | 15 | 71.27 % |
| | 33 1/3% support test - 2021. If the o | | | | | ore, check this box | k and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | > X |
| b | 33 1/3% support test - 2020. If the o | | | | | | |
| | and stop here. The organization quali | fies as a publicly s | upported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | s-and-circumstance | es test, check this | box and stop her | re. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | | ▶□ |
| b | 10% -facts-and-circumstances test | - 2020. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets th | e facts-and-circum | stances test, ched | ck this box and st | t op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circu | ımstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | ▶∐ |
| 18 | Private foundation. If the organizatio | n did not check a l | oox on line 13, 16 | a, 16b, 17a, or 17b | o, check this box ar | nd see instructions | <u> </u> |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | now, please comp | olete i ait ii.j | | | | |
|--|---------------------|----------------------|----------------------|---------------------|------------------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 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 | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 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 on 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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for th | e organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organization | on, |
| check this box and stop here | | | | | | > |
| Section C. Computation of Public | | | | | | |
| 15 Public support percentage for 2021 (li | | • | column (f)) | | 15 | <u>%</u> |
| 16 Public support percentage from 2020 Section D. Computation of Inves | | | | | 16 | % |
| • | | | · | | 147 | 0/ |
| 17 Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| 18 Investment income percentage from 2 | | | on line 14 and line | | 18 | 7 is not |
| 19a 33 1/3% support tests - 2021. If the | | | | | | ▶ □ |
| more than 33 1/3%, check this box an b 33 1/3% support tests - 2020. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| line 18 is not more than 33 1/3%, chec | | - | • | | - | > |
| 20 Private foundation. If the organization | a did not check a | nox on line 14 19 | a or 19h check th | us hox and see in | structions | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
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| 10a | | |
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| 10b | | |

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2021 CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 Page 7

| Pai | Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | nizations (continued) | <u> </u> |
|----------|---|-------------------------------|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | ! | | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 |
| _4_ | Amounts paid to acquire exempt-use assets | | 4 | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | j |
| _6_ | Other distributions (describe in Part VI). See instructions. | | 6 |) |
| _7_ | Total annual distributions. Add lines 1 through 6. | | 7 | • |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | 3 |
| 9 | Distributable amount for 2021 from Section C, line 6 | | 9 |) |
| 10 | Line 8 amount divided by line 9 amount | | 10 |) |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
| _1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| _3_ | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| c | From 2018 | | | |
| d | From 2019 | | | |
| е | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | |
| i_ | Carryover from 2016 not applied (see instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, | | | |
| | line 7: \$ | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021, Subtract lines 3h | | | |

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

| | Section 501(c)(4), (5), or (6) organizat | ions: Complete Part III. | | | |
|-----|--|----------------------------------|---------------------|--|---|
| Nan | ne of organization | | | | loyer identification number |
| | | | | | 04-6136989 |
| Pa | art I-A Complete if the org | anization is exempt unde | er section 501(c) o | or is a section 527 or | ganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | > | \$ |
| Pa | art I-B Complete if the org | anization is exempt unde | er section 501(c)(3 | 3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | er section 4955 | > : | \$ |
| | Enter the amount of any excise tax | | | | |
| | If the organization incurred a section | | | | |
| 4a | Was a correction made? | | | | Yes No |
| _ | If "Yes," describe in Part IV. | | | | 1/01 |
| Pa | art I-C Complete if the org | anization is exempt unde | er section 501(c), | <u> </u> | * |
| | Enter the amount directly expended | , , , | • | | \$ |
| 2 | Enter the amount of the filing organ | | | | |
| | exempt function activities | | | | <u> </u> |
| 3 | Total exempt function expenditures | | · | | • |
| | line 17b | | | | |
| 4 | 3 3 | | | | |
| 5 | Enter the names, addresses and en made payments. For each organizar | • • | | - | |
| | contributions received that were pro | · | | | • |
| | political action committee (PAC). If | | | · | 3 3 |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

| Schedule C (Form 990) 2021 | CHARLES RIV | FD WATEDCUE | \ | N TN 04-6 | 136080 Page 2 |
|---|---|--------------------------|---|--|-----------------------------|
| Part II-A Complete if the org | | | | | |
| section 501(h)). | | | | | |
| A Check ► if the filing organiza | ation belongs to an affil | iated group (and list in | Part IV each affiliated | group member's name | e, address, EIN, |
| expenses, and shar | re of excess lobbying e | expenditures). | | | |
| B Check ▶ if the filing organiza | ation checked box A an | nd "limited control" pro | visions apply. | | T |
| | ts on Lobbying Exper ditures" means amou | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | uence public opinion (g | grassroots lobbying) | | | |
| b Total lobbying expenditures to influ | uence a legislative bod | y (direct lobbying) | | 10,773. | |
| c Total lobbying expenditures (add li | nes 1a and 1b) | | | 10,773. | |
| d Other exempt purpose expenditure | | | | 1,474,910. | |
| e Total exempt purpose expenditure | es (add lines 1c and 1d) |) | | 1,485,683. | |
| f Lobbying nontaxable amount. Enter | er the amount from the | following table in both | columns. | 223,568. | |
| If the amount on line 1e, column (a) o | or (b) is: The lob | bying nontaxable amo | ount is: | | |
| Not over \$500,000 | 20% of t | he amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | 0,000 \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 500,000 \$175,00 | 0 plus 10% of the exce | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | ,000,000 \$225,00 | 0 plus 5% of the exces | ss over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,0 | 000. | | | |
| | | | | | |
| g Grassroots nontaxable amount (en | nter 25% of line 1f) | | | 55,892. | |
| h Subtract line 1g from line 1a. If zer | o or less, enter -0 | | | 0. | |
| i Subtract line 1f from line 1c. If zero | o or less, enter -0 | | | 0. | |
| j If there is an amount other than ze | ro on either line 1h or l | ine 1i, did the organiza | tion file Form 4720 | _ | |
| reporting section 4911 tax for this | year? | | | <u>_</u> | Yes No |
| (Some organizations t | hat made a section 50 See the separa | ate instructions for lin | nave to complete all ones 2a through 2f.) | f the five columns be | elow. |
| | Lobbying Exper | nditures During 4-Yea | r Averaging Period | | Г |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | 169,634. | 177,052. | 203,965. | 223,568. | 774,219. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,161,329. |
| c Total lobbying expenditures | 7,758. | 8,059. | 7,970. | 10,773. | 34,560. |
| d Grassroots nontaxable amount | 42,409. | 44,263. | 50,991. | 55,892. | 193,555. |

Schedule C (Form 990) 2021

290,333.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | | (a) | | | (b) | |
|---|--|------------------|--------|--------|-----------|-------|--|
| of th | e lobbying activity. | Yes N | | No Amo | | ount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | | |
| b | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | |
| | Media advertisements? | | | | | | |
| | Mailings to members, legislators, or the public? | | | | | | |
| | Publications, or published or broadcast statements? | | | | | | |
| | Grants to other organizations for lobbying purposes? | | | | | | |
| g | , | | | | | | |
| i | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? | | | | | | |
| | Total. Add lines 1c through 1i | | | - | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | - | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section | 501(c)(5 | \ or | SAC | tion | | |
| · ui | 501(c)(6). | | ,, o. | | | | |
| | | | г | | Yes | No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section | | | 3 | Liana | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." | | | | | 3, is | |
| 1 | Dues, assessments and similar amounts from members | | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). | al | | | | | |
| а | Current year | | | 2a | | | |
| b | Carryover from last year | | | 2b | | | |
| С | Total | | . | 2c | | | |
| 3 | | | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | litical | L | | | | |
| _ | expenditure next year? | | ⊦ | 4 | | | |
| 5 Par | Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information | | | 5 | | | |
| | | | | | | | |
| | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-A | , line | s 1 ar | nd 2 (See | | |
| instr | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

| Par | t I | Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | or Accounts. Complete if the |
|-----|----------------|--|---|------------------------------------|
| | | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total r | number at end of year | | |
| 2 | | gate value of contributions to (during year) | | |
| 3 | Aggre | gate value of grants from (during year) | | |
| 4 | Aggre | gate value at end of year | | |
| 5 | Did th | e organization inform all donors and donor advisors in wr | riting that the assets held in donor advise | ed funds |
| | are the | e organization's property, subject to the organization's ex | cclusive legal control? | Yes No |
| 6 | Did th | e organization inform all grantees, donors, and donor adv | visors in writing that grant funds can be ι | used only |
| | for cha | aritable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose o | conferring |
| _ | | | | |
| Par | t II | Conservation Easements. Complete if the organ | inization answered "Yes" on Form 990, F | Part IV, line 7. |
| 1 | Purpo | se(s) of conservation easements held by the organization | ı (check all that appl <u>y).</u> | |
| | Щ | Preservation of land for public use (for example, recreation | on or education) Preservation of | a historically important land area |
| | | Protection of natural habitat | Preservation of | a certified historic structure |
| | | Preservation of open space | | |
| 2 | | lete lines 2a through 2d if the organization held a qualifie | d conservation contribution in the form of | |
| | day of | the tax year. | | Held at the End of the Tax Year |
| а | | | | |
| b | | acreage restricted by conservation easements | | |
| С | | er of conservation easements on a certified historic struc | | |
| d | | er of conservation easements included in (c) acquired aft | · · | I I |
| | | in the National Register | | |
| 3 | | er of conservation easements modified, transferred, relea | ased, extinguished, or terminated by the | organization during the tax |
| | year 🕨 | | | |
| 4 | | er of states where property subject to conservation ease | • | |
| 5 | | the organization have a written policy regarding the perio | | |
| | | ons, and enforcement of the conservation easements it h | | |
| 6 | Staff a | and volunteer hours devoted to monitoring, inspecting, ha | andling of violations, and enforcing cons | ervation easements during the year |
| _ | <u> </u> | | | |
| 7 | | nt of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing conservat | ion easements during the year |
| • | > \$ | | 470/ | - V 4 V D V 2 |
| 8 | | each conservation easement reported on line 2(d) above | | |
| • | | ection 170(h)(4)(B)(ii)? t XIII, describe how the organization reports conservation | a accompate in its revenue and avances | |
| 9 | | ce sheet, and include, if applicable, the text of the footnot | • | |
| | | zation's accounting for conservation easements. | te to the organization's illiancial stateme | ents that describes the |
| Par | t III | Organizations Maintaining Collections of A | Art. Historical Treasures. or Otl | her Similar Assets. |
| | | Complete if the organization answered "Yes" on Form 9 | | |
| 1a | If the o | organization elected, as permitted under FASB ASC 958, | | nd balance sheet works |
| | | historical treasures, or other similar assets held for public | • | |
| | , | e, provide in Part XIII the text of the footnote to its finance | , , | ' |
| b | | organization elected, as permitted under FASB ASC 958, | | |
| | | storical treasures, or other similar assets held for public e | | |
| | | e the following amounts relating to these items: | ,, | , |
| | • | evenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | | L 4 |
| 2 | . , | organization received or held works of art, historical treas | | |
| _ | | lowing amounts required to be reported under FASB AS | | J. 71 |
| а | | ue included on Form 990, Part VIII, line 1 | _ | > \$ |
| | | s included in Form 990, Part X | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

| | dule D (Form 990) 2021 CHARLES rt III Organizations Maintaining C | RIVER WAT | | | | | | 4-613 A ssets | 36989 |) Pa | age 2 |
|-------|--|------------------------|--------------|----------------|----------------|--------------|---------------------------------------|-------------------------|-----------|---------|--------------|
| | Using the organization's acquisition, accession | | | | | | | | (CONUIT | uea) | |
| 3 | collection items (check all that apply): | on, and other record | is, crieck | arry or trie i | ollowing that | . IIIake Si | grillicarit us | e oi its | | | |
| а | Public exhibition | , | . | oan or evo | hange progra | m | | | | | |
| b | Scholarly research | | | | nange progra | | | | | | |
| C | Preservation for future generations | • | | | | | | | | | |
| 4 | Provide a description of the organization's co | allections and explain | n how the | v further th | ne organizatio | n's even | nt nurnose | in Part \ | (III | | |
| 5 | During the year, did the organization solicit o | | | | | | | , IIII ait / | XIII. | | |
| J | to be sold to raise funds rather than to be ma | | • | | • | Ji Siiriilai | a33013 | | Yes | | No |
| Par | rt IV Escrow and Custodial Arrang | | | | | 'Yes" on | Form 990 | Part IV li | | | 110 |
| | reported an amount on Form 990, Par | | | organizatio | ii anowerea | 100 011 | 1 01111 000, | r are rv, n | 110 0, 01 | | |
| | Is the organization an agent, trustee, custodi | | liary for co | ontributions | s or other ass | sets not i | ncluded | | | | |
| | on Form 990, Part X? | | - | | | | | | Yes | X | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | , | | , |
| ~ | Too, oxplain the arrangement in real ratio | and complete the le | nownig to | | | | | | Amount | : | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on Fe | | | | | | | X | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | · · · · · · · · · · · · · · · · · · · | | , | X | _ |
| | t V Endowment Funds. Complete i | | | | | | 0. | | | | |
| | • | (a) Current year | | ior year | (c) Two year | | | ars back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | |
| _ | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent vear end balanc | e (line 1a. | column (a) |) held as: | <u> </u> | | <u>'</u> | | | |
| а | Board designated or quasi-endowment | • | % | () | , | | | | | | |
| b | Permanent endowment | | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | ation that | are held ar | nd administer | ed for th | e organizati | ion | | | |
| | by: | · · | | | | | · · | | Γ | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Par | rt VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | D, Part IV, | line 11a. S | ee Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | other | (b) Cost | or other | (c) A | ccumulated | 1 | (d) Book | c value | e |
| | | basis (investr | ment) | basis | (other) | dep | oreciation | | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | 9 | 9,556. | | 88,32 | 2. | 11 | L,2: | 34. |
| | Equipment | I | | 22 | 2,142. | 1 | 91,80 | 7. | | 33, 33 | |
| | Other | | | | | | | | | | |
| Total | I. Add lines 1a through 1e. (Column (d) must e | aual Form 990. Part | X. columi | n (B). line 1 | 0c.) | | | | 41 | L,56 | <u> 59.</u> |

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 Part XIII Supplemental Information | CHARLES RIV | ER WATERSHED | ASSOCIATION, | INC 04-6136989 | Page 5 |
|--|--------------------|--------------|--------------|----------------|---------------|
| Part XIII Supplemental Info | mation (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

Employer identification number

Open to Public

Inspection

04 - 6136989

Go to www.irs.gov/Form990 for the latest information.

INC

CHARLES RIVER WATERSHED ASSOCIATION,

% ⊠ Schedule I (Form 990) 2021 (h) Purpose of grant or assistance Yes PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 16,667 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (**p**) EIN criteria used to award the grants or assistance? BUILDING, 10 PARK PLAZA SUITE 6620 1 (a) Name and address of organization RECREATION - STATE TRANSPORTATION DEPARTMENT OF CONSERVATION AND or government - BOSTON, MA 02116 Part I Part II

132101 10-26-21

Page 2 Schedule I (Form 990) 2021 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance CHARLES RIVER WATERSHED ASSOCIATION, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2021 132102 10-26-21 Part III

04 - 6136989

SCHEDULE 0 (Form 990)

Department of the Treasury

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. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

| CHARLES RIVER WATERSHED ASSOCIATION, INC U4-6136989 |
|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| THE CHARLES RIVER AND ITS WATERSHED, INCLUDING IMPROVING AND EXPANDING |
| ITS NATURAL RESOURCES AND RECREATIONAL OPPORTUNITIES. |
| |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| OF CLIMATE CHANGE, ESPECIALLY LOW INCOME AND MARGINALIZED COMMUNITIES. |
| CRWA IS WORKING TO DEVELOP A GREENER AND MORE JUST WORLD THAT WILL BE |
| MORE RESILIENT TO THE CHANGES THAT ARE COMING. |
| |
| FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: |
| AN IMPORTANT COMPONENT OF THIS PROGRAM ARE TWO SIGNATURE OUTREACH |
| EVENTS: |
| |
| THE RUN OF THE CHARLES CANOE AND KAYAK RACE HELD EVERY APRIL, CRWA'S |
| RUN OF THE CHARLES CANOE AND KAYAK RACE, WHICH BEGAN 38 YEARS AGO, |
| SHOWCASES THE ONGOING IMPROVEMENTS TO THE RIVER. THIS RACE IS ONE OF |
| THE NATION'S OLDEST AND LARGEST CANOE AND KAYAK RACES ATTRACTING OVER |
| 1,000 NATIONAL AND INTERNATIONAL PROFESSIONALS, AMATEURS, AND CORPORATE |
| TEAMS COMPETING ON THE 26-MILE COURSE. |
| |
| ANNUAL EARTH DAY CHARLES RIVER CLEANUP THE ANNUAL EARTH DAY CHARLES |
| RIVER CLEAN UP BRINGS THOUSANDS OF VOLUNTEERS TOGETHER ACROSS THE |
| WATERSHED TO MAKE THE CHARLES CLEANER, HEALTHIER AND MORE BEAUTIFUL BY |
| PICKING UP TRASH AND REMOVING DEBRIS. CRWA ORGANIZES THE CLEANUP IN |
| PARTNERSHIP AND COLLABORATION WITH PARKLAND AND ENVIRONMENTAL GROUPS, |

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

Schedule O (Form 990) 2021

COMMUNITIES,

AND THE MA DEPARTMENT OF CONSERVATION AND RECREATION.

Schedule O (Form 990) 2021 Name of the organization **Employer identification number** 04-6136989 CHARLES RIVER WATERSHED ASSOCIATION, INC FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ORGANIZATION ADOPTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RIVER SCIENCE AND RESTORATION - COLLECTING ROBUST WATER QUALITY DATA TO UNDERSTAND THE HEALTH OF OUR RIVER, ADVOCATE FOR EFFECTIVE CLEANUP AND RESTORATION STRATEGIES, AND PROTECT PUBLIC HEALTH. REMOVING DEFUNCT DAMS, TACKLING INVASIVE SPECIES, DAYLIGHTING STREAMS, AND MORE TO RESTORE NATURAL ECOLOGY AND BUILD CLIMATE RESILIENCE. EXPENSES \$ 67,400. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. STORMWATER SOLUTIONS - CURBING STORMWATER POLLUTION WITH GREEN INFRASTRUCTURE SOLUTIONS AND STRONGER STORMWATER REGULATIONS TO ACHIEVE A CLEAN, RESILIENT CHARLES RIVER FOR FUTURE GENERATIONS. EXPENSES \$ 101,653. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWO CLASSES OF MEMBERS: CLASS A MEMBERS AND CLASS B MEMBERS. BOTH CLASSES OF MEMBERS ARE ENTITLED TO VOTE AT EACH ANNUAL MEETING OF THE ASSOCIATION WHERE OFFICERS AND DIRECTORS ARE UP FOR ELECTION OR RE-ELECTION.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS HAVE THE RIGHT TO VOTE FOR NOMINATED INDIVIDUALS TO SERVE ON THE ORGANIZATION'S BOARD OF DIRECTORS. VOTING TAKES PLACE AT THE ORGANIZATION'S ANNUAL MEETING HELD IN MARCH FOLLOWING THE ORGANIZATION'S FISCAL YEAR END

Schedule O (Form 990) 2021

Name of the organization **Employer identification number** CHARLES RIVER WATERSHED ASSOCIATION, INC

04-6136989

(9/30).

FORM 990, PART VI, SECTION A, LINE 7B:

THE BY-LAWS OF THE ORGANIZATION MAY BE AMENDED AT ANY MEETING OF THE ASSOCIATION. THE BY-LAWS REQUIRE THAT NOTICE OF THE PROPOSED AMENDMENT MUST BE GIVEN TO THE MEMBERSHIP. THE BY-LAWS REQUIRE THAT A OUROUM OF THE MEMBERSHIP BE PRESENT AT THE MEETING. IN ORDER FOR THE AMENDMENT TO BE APPROVED, TWO THIRDS OF THOSE PRESENT MUST VOTE IN FAVOR OF THE AMENDMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE GOVERNING BODY HAS DESIGNATED ITS PRESIDENT AND ITS FINANCE COMMITTE, ALONG WITH THE EXECUTIVE DIRECTOR AND THE FINANCE MANAGER, WITH THE RESPONSIBILITY TO REVIEW AND APPROVE THE FILING OF THE ANNUAL FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD, AND THEN THE FORM 990 IS REVIEWED AND COMPARED WITH ITS ANNUAL AUDITED FINANCIAL STATEMENTS. ANY QUESTION, COMMENTS, CHANGES AND SUGGESTIONS ARE ADDRESSED TO THE RETURN PRPARER AND UPON RECEIVING SATISFACTORY RESPONSES, A PROPERLY COMPLETED FORM 8879-EO IS RETURNED TO THE RETURN PREPARER INDICATING THE ORGANIZATION'S APPROVAL TO FILE THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REVIEWS AND DISCUSSES ITS CONFLICTS POLICY EACH FALL WITH BOARD MEMBERS AND STAFF. GENERAL COUNSEL FOR THE ORGANIZAION MONITORS FOR POTENTIAL CONFLICTS IN ORDER TO AVOID ACTUAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED PERIODICALLY AGAINST THE COMPENSATION OF TOP MANAGEMENT OFFICIALS OF OTHER ORGANIZATION'S

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 SIMILAR IN NATURE AND SIZE. THIS REVIEW IS UNDERTAKEN BY THE ORGANIZATIONS PRESIDENT AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THIER RECOMMENDATIONS ARE PRESENTED TO THE BOARD FOR REVIEW AND RATIFICATION THROUGH THE BUDGET PROCESS. KEY EMPLOYEES SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR WHO CONDUCTS AN EXAMINATION OF COMPENSATION IN LIKE ORGANIZATIONS, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE AND AS RATIFIED BY THE BOARD OF DIRECTORS THROUGHT THE ANNUAL BUDGET PROCESS. FORM 990, PART VI, SECTION C, LINE 18: ALL INFORMATION AND POLICIES ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION AND POLICIES ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION. FORM 990, PART XII, LINE 2C: THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.