Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

Kevin P. Martin & Associates, P.C. South Shore Executive Park Ten Forbes West Braintree, MA 02184 August 14, 2020 Charles River Watershed Association, Inc 190 Park Road Weston, MA 02493 Dear Mr. Englander: Enclosed is the organization's 2018 Exempt Organization The state Exempt Organization Annual Report is also return. These should be signed, dated, and mailed. enclosed. Specific filing instructions are as follows. FORM 990 RETURN: Please sign and mail on or before August 17, 2020. Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027 MASSACHUSETTS FORM PC: The Massachusetts Form PC should be mailed on or before November 16, 2020 to: Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108 You have a balance due of \$500.00. Payment must be made electronically via the Commonwealth of Massachusetts website at: Www.paybill.com/maagocharities The report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing. Copies of all the returns are enclosed for your files. We

suggest that you retain these copies indefinitely. Sincerely,

Jolanta Tuck, CPA

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

September 30, 2019

Dramarad far	
Prepared for	Charles River Watershed Association, Inc 190 Park Road Weston, MA 02493
Prepared by	Kevin P Martin & Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

		** PUBLIC DISCLOSURE COPY	* *	
	Ο	nn Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
Forr	n J	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		s 2018
		▶ Do not enter social security numbers on this form as it m		Open to Public
		e 2018 calendar year, or tax year beginning OCT 1, 2018 and ending	SEP 30, 2019	Inspection
	heck if		D Employer identifica	ation number
D a	pplicab	le:		
	Addre	CHARLES RIVER WATERSHED ASSOCIATION, INC		
	Name chang	Doing business as	04-61	36989
	Initial returr	, , , , , , , , , , , , , , , , , , , ,	· ·	
	Final returr termi		(781)	
	ated]Amer	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,684,140.
	_lreturr]Appli		H(a) Is this a group reto for subordinates?	
	⊥tiòn pendi	^{ng} SAME AS C ABOVE	H(b) Are all subordinates incl	
ΙT	ax-ex			st. (see instructions)
J٧	Vebsi	te: 🕨 WWW . CRWA . ORG	H(c) Group exemption	
ΚF	orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 Y	ear of formation: 1966 M	State of legal domicile: MA
Pa	rt I	Summary		
ė	1	Briefly describe the organization's mission or most significant activities: TO USE S	CIENCE, ADVOCA	CY AND THE
Activities & Governance		LAW TO PROTECT, PRESERVE AND ENHANCE THE CHA		
/err		Check this box Lift the organization discontinued its operations or disposed of r		ets. 13
ĝ		Number of voting members of the governing body (Part VI, line 1a)	13	
s S		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		18
vitie	6	Total number of volunteers (estimate if necessary)	2300	
Cti		Total unrelated business revenue from Part VIII, column (C), line 12		0.
<		Net unrelated business taxable income from Form 990-T, line 38		0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	2,466,648.	1,497,095.
Revenue	9	Program service revenue (Part VIII, line 2g)	94,010.	97,608.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,367.	73,250.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,051.	-91,006.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,546,974.	1,576,947.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	893,030.	702,884.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $120,958.$		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	480,656.	261,343.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,373,686.	964,227.
	19	Revenue less expenses. Subtract line 18 from line 12	1,173,288.	612,720.
s or			Beginning of Current Year	End of Year
Net Assets or Fund Balances		Total assets (Part X, line 16)	3,896,573.	4,592,536.
et A	21	Total liabilities (Part X, line 26)	201,578.	220,595.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,694,995.	4,371,941.
	nrt II	Signature Block Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tamante and to the heat of mul	knowledge and belief it is
	er heu	ances of perjury, ruechare that i have examined this return, including accompanying schedules and sta	ternents, and to the best of My I	knowledge alld bellel, it is

true, correc	ct, and	I complete. Declaration of preparer (other than officer) is based on all information of which preparer has any k	nowledge.
. .		Signature of officer	Data

Sign	Signature of officer		Date							
Here	EDWARD ENGLANDER, CLER	K								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	JOLANTA TUCK, CPA	JOLANTA TUCK, CPA	08/14/20 ^{if} P01340068							
Preparer		ASSOCIATES, P.C.	Firm's EIN 04-3097400							
Use Only	Firm's address ▶ 10 FORBES WEST									
	BRAINTREE, MA 02	184	Phone no. (781)380-3520							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedule O contains a response or note to any line in this Part II		990 (2018) CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 Part III Statement of Program Service Accomplishments
Biology describe the organization's mission: TO USE SCIENCE, ADVOCACY AND THE LAW TO PROTECT, PRESERVE AND ENHANC THE CHARLES RIVER AND ITS WATERSHED, INCLUDING IMPROVING AND EXPANDI ITS NATURAL RESOURCES AND RECREATIONAL OPPORTUNITIES. Did the organization undertake any significant program services during the year which were not listed on the pror form 900 or 900 c27 If "Yes" describe these new services on Schedule O. Describe the organization's program service accompliabments for each of its three lengest program services, as measured by expenses. Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, Section 501 (c)3) and 501 (c)40 organizations are required to report to account the report of the COMMUNITY GROUPS; A COMPREHENSIVE WEBSITE AND ONLINE COMMUNITY GROUPS; A COMPREHENSIVE WEBSITE AND ONLINE COMMUNICATIONS; THE PUBLICATION OF BROCHURES; LANS AND REPORTS; TRAININGS AND WORKSHOPS FOR MUNICITAL EMERGACES NATIONAL AND INTERNATIONAL GROUPS FOR EDUCATIONAL AND NETW		
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Did the organization undertake any significant program services during the year which were not listed on the prior form 590 or 990-C2? [
proferom 980 or 980-E27 [ITS NATURAL RESOURCES AND RECREATIONAL OPPORTUNITIES.
proferom 980 or 980-E27 [
<pre> tryes.' describe these new services on Schedule O Dot the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the anound of grants and allocations to others, the total expenses, as revenue.if any, for each program service required to report the anound of grants and allocations to others, the total expenses, as revenue.if any, for each program service required to report the anound of grants and allocations to others, the total expenses, as revenue.if any, for each program service required to report the anound of grants and allocations to others, the total expenses, as revenue.if any, for each program service required to report the anound of grants and allocations to others, the total expenses, a revenue.if any, for each program service required to report the anound of grants and allocations to others, the total expenses, a revenue.if any, for each program service required to report the anound of grants and allocations to others, the total expenses, a revenue.if any, for each program service required to report the anound of grants and allocations to others, the total expenses, a revenue.if any, for each program service and the anound of grants and allocations to others, the total expenses EDUCATION AND OUTREACH - CRWA'S WORK TO PROMOTE BETTER WATERSHED Supersonal contents of the anound of grants and allocations to others, the total expenses COMMUNICATIONS THE PUBLICATION OF BROUTROATIES. CHAINES, AND PARTICIPATION TO COMMUNICATIONS THE PUBLICATION OF BROUTROATIES. CRWA TRAINS MUMEROUS STUDENT INTERNS EACH YEAR AND HOSTS THE RITH SARRON FELLOW, A ONE-YEAR POSIT For RECENT MASTERS' DEGREE GRADUATES, AND ENGAGES NATIONAL AND INTERNS EACH YEAR AND HOSTS THE RITH SARRON FELLOW, A ONE-YEAR CLIMATE TITIS AND AND ADVORATION - CRWA IS COMMITTED TO REDUCING TH IMPACTS OF CLIMATE CHANGE AND SUPPORTI</pre>	2	
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If 'ves' describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 5010(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, as reverue, if any, for each program service reported. @ (come) [Repress 164.748. (modulin guint of) (means at allocations to others, the total expenses, as reverue, if any, for each program service reported. @ (come) [Repress 164.748. (modulin guint of) (means at allocations to others, the total expenses, as reverue, if any, for each program service reported. @ (come) [Repress 164.748. (modulin guint of) (means at allocations to others, the total expenses, as reverue, if any, for each program services reported. @ (come) [Repress 164.748. (modulin guint of) (means at allocations to others, the total expenses, as reverue, if any, for each program service reported. @ (come) [Repress 164.748. (modulin guint of) (means at allocations to others, the total expenses, as reverue, if any, for each program service reported. @ (come) [Repress 117.679. (moduling guint of) (means at allocations to others, the rearrest program service reported. @ (come) [Repress 117.679. (moduling guint of) (means at allocations to others, the rearrest program service reported. @ (come) [Repress 117.679. (moduling guint of) (means at allocations to others, the rearrest program service reported. @ (come) [Repress 1117.679. (moduling guint of) (means 1171.1000, Crimats (modulin) (means at allocations to others, the rearre		
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Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported a (code [Conversed] (54,748. holding genils of 3) (newwest EDUCATION AND OUTREACH - CRWA'S WORK TO PROMOTE BETTREW MATERSHED MANAGEMENT AND RIVER STEWARDSHIP INCLUDES A WIDE RANGE OF OUTREACH & EDUCATIONAL PROGRAMMING: EDUCATIONAL TALKS AND PRESENTATIONS TO SCHC AND COMMUNITY GROUPS; A COMPREHENSIVE WEBSITE AND ONLINE COMMUNICATIONS; THE PUBLICATION OF BROCHURES, FLANS AND REPORTS; TRAININGS AND WORKSHOPS FOR MUNICIPAL EMPLOYEES; AND PARTICIPATION I MANY LOCAL AND REGIONAL EVENTS AND ACTIVITIES. COMMITTED TO GROWING NEXT GENERATION OF ENVIRONMENTALISTS, CRWA TRAINS NUMEROUS STUDENT INTERNS EACH YEAR AND HOSTS THE RITA BARRON FELLOW, A ONE-YEAR POSIT FOR RECENT MASTERS' DEGREE GRADUATES, AND ENGGES NATIONAL AND INTERNATIONAL GROUPS FOR EDUCATIONAL AND NETWORKING PURPOSES. (Code) [Generals 117,679. holding genits of 2) [Generals CLIMATE MITIGATION AND ADAPTATION - CRWA IS COMMITTED TO REDUCING TH IMPACTS OF CLIMATE CHANGE AND SUPPORTING RESTORATIVE CLIMATE ADAPTATION, WE WORK EVERY DAY ACROSS ALL PROGRAM AREAS TO CREATE RIV AND WATERSHED RESILIENCY TO MORE INTENSE RAIN EVENTS AND MORE FREQUE SUMMERTIME DROUGHTS AND HOTTER TEMPERATURES. IT DOES THIS THROUGH CRWA'S WATERENERGY NEXUS WORK, BRINGING TOGETHER MUNICIPAL STAFF FROM ACROSS THE WATERS AS PART OF THE CHARLES RIVER CLIMATE COMPACT, PARTICIPATION IN MUNICIPAL AND STATE CLIMATE PLANNING INITIATIVES, EDUCATION GLOCAL ELECTED OFFICIALS, WATERSHED- AND SUBWATERSHED-SCALE PLANNING, STREA AS PART OF THE CHARLES RIVER CLIMATE COMPACT, PARTICIPATION IN MUNICIPAL AND STATE CLIMATE CHANING INITIATIVES, EDUCATING GLOCAL ELECTED OFFICIALS, WATERSHED- AND SUBWATERSHED-SCALE PLANNING, STREA ADVOCACY POLICY AND LAW - CRWA IS INVOLVED IN EVERY MAJOO DECISION AND REDEVELOPMENT PROJECTS, CHALLENGING PREMITS ADMINISTRATIVELY AND SOMETIMES IN COURT, PARTIC		If "Yes," describe these changes on Schedule O.
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04-6136989 Form 990 (2018) CHARLES RIVE Part IV Checklist of Required Schedules CHARLES RIVER WATERSHED ASSOCIATION, INC Page 3

	Is the experimentian described in section $E(1/c)(0)$ or $40.47/c)(1)$ (at the section section for indiction)(2)		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	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	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	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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?		x	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		x
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		Х
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		X
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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? <i>If "Yes,"</i>	10		x
20-	complete Schedule G, Part III	19 20a		A X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25a	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		X
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		<u>^</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note. All Form 990 filers are required to complete Schedule O tV Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	
1 01	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 10		103	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	4			
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Form 990 (2018)	CHARLES RIVE	N WATERSHED	ASSOCIATION,	INC	04-6136989	Page 5
Part V Statements	Regarding Other IRS	Filings and Tax	Compliance (continued	l)		

0-			Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
h	filed for the calendar year ending with or within the year covered by this return 2a 2 2a 2a 2b	2b	x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	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		X
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).		37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
		7c		
		70		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	104		
h	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form		(2018)

Form **990** (2018)

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Form 990	(2018))
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04-6136989 CHARLES RIVER WATERSHED ASSOCIATION, INC Page **6**

X

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 in Schedule O. See instructions.

ion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	1a		13		Yes	
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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	1a		13		Yes	11
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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	<u>1a</u>		13			1
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent						
Enter the number of voting members included in line 1a, above, who are independent						
-						
Did any officer director trustee or key employee have a family relationship or a business relationsh	1b		13			
bla any employed have a family relationer por a backhood relationer	ip with	any other				
officer, director, trustee, or key employee?				2		
Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision				Γ
of officers, directors, or trustees, or key employees to a management company or other person?				3		L
Did the organization make any significant changes to its governing documents since the prior Form				4		Г
Did the organization become aware during the year of a significant diversion of the organization's as				5		t
Did the organization have members or stockholders?				6	Х	t
			···· –	-		t
	• •			79	х	
			····· -	10		t
				76	v	
			····· -	70		┢
	-	-		-	v	ł
The governing body?	•••••					╀
				8b	X	∔
						l
				9		T
ion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				т
			-		Yes	ļ
			[1	10a		ļ
If "Yes," did the organization have written policies and procedures governing the activities of such o	chapte	rs, affiliates,				
and branches to ensure their operations are consistent with the organization's exempt purposes? $\ $			1	10b		
Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the forr	n? t	11a	Х	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.						Ι
Did the organization have a written conflict of interest policy? If "No," go to line 13			-	12a	Х	I
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to coi	nflicts?		12b	Х	T
			···· -			t
			-	12c	х	
Did the organization have a written whistleblower policy?						t
						t
			····· -	17		t
						l
					v	ł
						╀
			[1	15b		╁
						l
	ement	with a				ļ
			[1	16a		Ļ
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation				l
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's				l
exempt status with respect to such arrangements?			1	16b		
ion C. Disclosure						
List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m MA}$						
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990	D-T (Section 501	(c)(3)s	only)	avail	a
for public inspection. Indicate how you made these available. Check all that apply.						
Own website X Another's website X Upon request Other (explain	n in Sc	hedule O)				
Describe in Schedule O whether (and if so, how) the organization made its governing documents. co	onflict	of interest policy	/, and f	inan	cial	
	ooks a	nd records >				
SUZANNE CARLEO, COMPTROLLER - 781-788-0007	5 u					-
						-
				Form	990	(
6						(
314 758606 14812000 2018.06010 CHARLES RIVER			~ ~ ~	1 / 8	12	n
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the ye The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal f Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such of and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustes, and key employees required to disclose annually interests that could give ris Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written whistleblower policy? Did the organization inave a written document substantiation of the deliberation and decision The organization is CEO, Executive Director, or top management official Other officers or key employees of the organization The organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements Ox Disclosure List the states with which a copy	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stock? persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Revenu Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapter and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co Did the organization nave a written whistleblower policy? Did the organization nave a written whistleblower policy? Did the organization nave a written whistleblower policy? Did the organization is 2GO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," did the organization flow a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable foderal tax law, and take steps to safeguard the organization for espanization flow a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable formal t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization nave written contlict of interest policy? If 'No,' go to line 13 Weer officers, directors, or trustes, and key employee sequired to disclose annually interests that could give rise to conflicts? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization invest in, contribute assets to, or paralogeneous bustantiation of the deliberation and decision? The organization invest in, contribute assets to, or paralogeneous bustantiation of the deliberation and decision? The organization flow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? List the organization follow a written policy or procedure requiring the organization is ev	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' arounde the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If 'Yes,'' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? Has the organization have a written policies and procedures governing the governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,'' go to line 13 Were officers, directors, or trustes, and key employees required to disclose annually interest that could give rise to conflict? Did the organization have a written whistleblower policy? Did the organization have a written document referitin and destruction policy?	more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons ofter than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8a Each committee with authority to act on behalf of the governing body? 8a Each committee with authority to act on behalf of the governing body? 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? III "Yes," and branches to ensure their operations are consistent with the organization's exempt purposes? 10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a Has the organization nave a written conflict of interest policy? If "No," go to line T3 12a Weer officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization nave a written conflict of interest policy? If "No," go to line T3 12a Weer officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization nave a written whisteblower policy? <td>more members of the governing body?</td>	more members of the governing body?

CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(da		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	nd a d I	irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		æ	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	onal		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDA MCLANE	2.00	<u> </u>	<u> </u>	0	\times	포히	E			
PRESIDENT		x		x				0.	0.	0.
(2) GRANT THOMAS-LEPORE	2.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) SARAH SLAUGHTER	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) EDWARD ENGLANDER	2.00									
CLERK		Х		Х				0.	0.	0.
(5) GRETA MESZOELY	2.00									_
DIRECTOR		Х						0.	0.	0.
(6) BRYAN NATALE	2.00									_
DIRECTOR		Х						0.	0.	0.
(7) LANCE CAMPBELL	2.00									_
DIRECTOR		Х						0.	0.	0.
(8) RALPH ABELE	2.00									
DIRECTOR		х						0.	0.	0.
(9) DAVID BRYANT	2.00									
DIRECTOR (UNTIL 9/19)		х						0.	0.	0.
(10) LAURIE DOYLE	2.00									
DIRECTOR		x						0.	0.	0.
(11) JAMES HEALY	2.00									
DIRECTOR		x						0.	0.	0.
(12) SHAWN KONARY	2.00									
DIRECTOR		X						0.	0.	0.
(13) DIANE HALL	2.00									
DIRECTOR		X						0.	0.	0.
(14) PATRICIA KING	2.00									0
DIRECTOR		X						0.	0.	0.
(15) PETER FERNANDEZ	2.00							_	_	~
DIRECTOR	10.00	X	<u> </u>				<u> </u>	0.	0.	0.
(16) JULIANNE WOOD	40.00	-							<u> </u>	~
DEPUTY DIRECTOR	40.00		<u> </u>	X			<u> </u>	56,450.	0.	0.
(17) EMILY NORTON	40.00	-		77				ED 004		2 0 2 2
EXECUTIVE DIRECTOR				Х				52,884.	0.	2,833. Form 990 (2018)

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Form 990 (2018)

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	· · · · · · · · · · · · · · · · · · ·								OCIATION, IN		136	989	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employ	ees (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable	•	Est	timate	; d
		hours per					is bot	h an	· ·	compensatio			ount	of
		week	<u> </u>				rector/trustee)		from	from related			other	
		(list any hours for	Individual trustee or director						the	organization			bensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	50)		om the anizati	
		organizations	ruste	l trus		ee	mpen		(00-2/1033-10130)			Ŭ Ŭ	l relate	
		below	d ual t	Institutional trustee	L	nploy	est co	ы					nizatio	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				Ŭ		
(18)	MARGARET VAN DEUSEN	40.00												
DEPU	TY DIRECTOR (UNTIL 3/19)				Х				105,481		0.	1:	3,8	80.
			-											
				-			-							
			-											
							-							
			1											
			1											
1b	Sub-total								214,815		0.	10	5 , 7	13.
с	Total from continuation sheets to Part V	II, Section A							0		0.			0.
d	Total (add lines 1b and 1c)								214,815	,	0.	10	5,7	13.
2	Total number of individuals (including but r	not limited to th	nose	e liste	ed a	bov	e) wł	no r	received more than \$10	0,000 of reportab	ole			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer					•			v .					v
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su									the organization				v
-	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or					-			-			5		х
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors	ipiele Schedul	eji	OF S	ucn	pers	5011					5		
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors	that received more that	1 \$100.000 of cor	npens	ation f	rom	
-	the organization. Report compensation for	•	•										••••	
	(A)	<u> </u>			0				(B)	,		(C)	
	Name and business	address							Description of	services	C	omper		n
TOV	VN OF WATERTOWN								CONSTRUCTION	1				
149	MAIN STREET, WATERTO	WN, MA (024	472	2				MANAGEMENT			114	1,0	00.
											<u> </u>			
											1			
											 			
											1			
											<u> </u>			
											1			
2	Total number of independent contractors (including but n	not li	mite	d to	tho	se li	ster	l above) who received	more than				
-	\$100,000 of compensation from the organ	e e					1	5.00						
	,,	F										Form S	990 (2	2018)

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	990 (WATERSH	ED ASSOCIA	TION, INC	04-6136	989 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII	(B) [(C)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Noncash contributions included in lines 1a-1f: \$	42,019. 209,307. 130,080. 115,689. 23,923.	1,497,095.			
		EVENTS AND SPONSORSHIP	Business Code 900099	97,608.	97,608.		
Program Service Revenue	b c d						
Pro		All other program service revenue Total. Add lines 2a-2f		97,608.			
	3	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p	proceeds	73,250.			73,250.
	b c	Royalties (i) Real Gross rents	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
	d	Gain or (loss) Net gain or (loss)	>				
Other Revenue			<u>14,180.</u> 107,193.				
U	9 a	Gross income from gaming activities. See Part IV, line 19	····· ►	-93,013.			-93,013.
	с	Less: direct expensesbNet income or (loss) from gaming activitiesGross sales of inventory, less returns					
		and allowancesaLess: cost of goods soldbNet income or (loss) from sales of inventory					
[Miscellaneous Revenue	Business Code				
	11 a						
	b						
	c d	All other revenue	900099	2,007.	2,007.		<u> </u>
	d	All other revenue		2,007.	2,007.		
	е 12	Total revenue. See instructions		1,576,947.	99,615.	0.	-19,763.
83200	9 12-31		····· 🕨	_, _ , _ , _ , , •	2270130		Form 990 (2018)

Form 990 (2018) CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 Page 10 Part IX Statement of Functional Expenses

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 response	e or note to any line in			
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,		100 707	AC CA1	40 247
	trustees, and key employees	284,695.	188,707.	46,641.	49,347
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	224 504	246 222		
7	Other salaries and wages	334,594.	246,323.	62,797.	25,474.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	30,990.	20,541.	5,077.	E 270
9	Other employee benefits				5,372, 9,118,
10	Payroll taxes	52,605.	34,869.	8,618.	9,118.
11	Fees for services (non-employees):				
	Management	454.	348.	81.	25.
	Legal	454. 19,425.	9,166.	7,862.	2,397
	Accounting	7,758.	7,758.	/,002.	4,397
		7,750.	7,750.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(°	55,514.	53,863.	192.	1,459.
	column (A) amount, list line 11g expenses on Sch 0.)	JJ, J14.	55,005.	192.	1,439
12	Advertising and promotion	53,334.	26,621.	9,522.	17,191.
13	Office expenses	55,554.	20,021.	9,522.	11,1910
14	Information technology				
15	Royalties	47,566.	22,445.	19,252.	5,869.
16		9,242.	8,730.	131.	381
17	Travel	, 4 4 2 •	0,750.		501.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	15,341.	9,595.	4,157.	1,589.
19 00	Conferences, conventions, and meetings	15,511.	5,555.	4,157.	1,505
20 21	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	8,804.	4,154.	3,564.	1,086.
22 23		10,039.	5,705.	3,172.	1,162
23 24	Other expenses. Itemize expenses not covered	10,000.	5,105.	571724	-,-020
27	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	33,866.	32,116.	1,262.	488.
a b			,	_,,	1000
c	-				
d	-				
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	964,227.	670,941.	172,328.	120,958.
26	Joint costs. Complete this line only if the organization				,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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3,694,995.

3,896,573.

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 335,854. 176,151. Cash - non-interest-bearing 1 1 1,521. 128. 2 2 Savings and temporary cash investments 1,061,074. 593,281. 3 3 Pledges and grants receivable, net 28,999. 47,453. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 2,554. 2,538. 8 8 Inventories for sale or use 6,715. 4,885. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 294,577. basis. Complete Part VI of Schedule D _____ 10a 252,015. 36,922. 42,562. b Less: accumulated depreciation 10b 10c 2,568,850. 3,401,865. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 13,787. 12,230. 14 14 Intangible assets 151,740. Ο. 15 Other assets. See Part IV, line 11 15 4,592,536. 3,896,573. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 201,578. 17 68,855. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 151,740. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 201,578. 220,595. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. -182,766. -4,861. 27 Unrestricted net assets 27 640,435. 4,376,802. Temporarily restricted net assets 28 28 3,237,326. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances_____

04-6136989 Page 11 CHARLES RIVER WATERSHED ASSOCIATION, INC

Part X Balance Sheet

Form 990 (2018)

Assets

_iabilities

Vet Assets or Fund Balances

30

31

32

33

34

Form **990** (2018)

4,371,941.

4,592,536.

30 31

32

33

34

Ο.

Form	990 (2018) CHARLES RIVER WATERSHED ASSOCIATION, INC	04-6	136989	Pag	ge 12			
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	1,576					
2	Total expenses (must equal Part IX, column (A), line 25)	2	964	1,2	27.			
3	Revenue less expenses. Subtract line 2 from line 1	3			20.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,694					
5	Net unrealized gains (losses) on investments	5	64	1,2	26.			
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	4,371	L,9	41.			
Pa	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		1					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection											
				Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.	Englaria	-	-
Nam	ie of	the organizati				COCTA	TON	TNO			ation number
Do		Decen			WATERSHED AS					4-613	6989
Pa					All organizations must co				S.		
	orgar				(For lines 1 through 12, o						
1		-			on of churches describe			1)(A)(i).			
2	Щ	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i i	ii).			
4		A medical res	search organiz	ation operated in co	onjunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospit	al's name,
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental ι	unit descrik	oed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ite, or local go	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organizati	on that norma	Ily receives a substa	antial part of its support t	from a gov	vernmental	unit or from t	he general	public des	scribed in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agrid	culture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or	
		university:									
10		An organizati	on that norma	Illy receives: (1) mor	e than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross r	receipts from
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gros	ss investment
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June	∋30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes	s of one or
		more publicly	v supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the I	box in
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s), f	typically by	giving	
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	upporting	
		organizatio	n. You must c	complete Part IV, S	ections A and B.						
b		Type II. A s	supporting org	anization supervise	d or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	ving	
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III fur	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
		_ its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not t	functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness	
		requiremen	nt (see instruct	ions). You must co	mplete Part IV, Sections	s A and D,	, and Part	V .			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III		
		functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.				
f	Ente	er the number	of supported of	organizations							
g			<u> </u>	about the support			ningtion lists d				
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of			ount of other
		organizatior	I		above (see instructions))	Yes	No	support (see ir	istructions)	support (se	ee instructions)
							ļ				
Tota	ıl										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	970,388.	2,656,465.	2,154,327.	2,466,648.	1,497,095.	9,744,923.
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 \dots						
4	Total. Add lines 1 through 3	970,388.	2,656,465.	2,154,327.	2,466,648.	1,497,095.	9,744,923.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,012,939.
6	Public support. Subtract line 5 from line 4.						6,731,984.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	970,388.	2,656,465.	2,154,327.	2,466,648.	1,497,095.	9,744,923.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	51,876.	255.	22.	15,367.	73,250.	140,770.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,200.	15,489.	1,100.	9,298.	2,007.	29,094.
11	Total support. Add lines 7 through 10						9,914,787.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	262,393.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					
See	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	67.90 %
	Public support percentage from 2017					15	74.11 %
1 6a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶∟
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ►
					Sche	edule A (Form 990	or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	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.)						
	ction B. Total Support				-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) org	anization,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	⁷ Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17 _			18	%
19 a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and li	ne 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2017. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	% , and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organizat	ion ▶Ц
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
83202	23 10-11-18			15	Sch	nedule A (Form	990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

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Schedule A (Form 990 or 990-EZ) 2018

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 5

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integra	ted Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions		· · ·	Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organization is responsive								
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	(iii) Distributable								
	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2018	Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
а	From 2013								
b	From 2014								
с	From 2015								
d	From 2016								
е	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
с	Remainder. Subtract lines 4a and 4b from 4.								
	Remaining underdistributions for years prior to 2018, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
	Remaining underdistributions for 2018. Subtract lines 3h								
-	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j								
-	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
-	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 8 Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2014 AMOUNT: \$ 1,200.	
2015 AMOUNT: \$ 15,489.	
2016 AMOUNT: \$ 1,100.	
2017 AMOUNT: \$ 9,298.	
2018 AMOUNT: \$ 2,007.	
832028 10-11-18	Schedule A (Form 990 or 990-EZ) 2018
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

989

INC	04-6136
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Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

CHARLES RIVER WATERSHED ASSOCIATION,

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (For	m 990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

Farm leven ide

Page 2

Employer identification number

CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 43,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 100,710. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 75,000. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

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823452 11-08-18

2018.06010 CHARLES RIVER WATERSHED ASS 14812001

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Name of organization

Employer identification number

04-6136989

CHARLES RIVER WATERSHED ASSOCIATION, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$51,285.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$33,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-08-18		\$	Person Payroll Occurrent Payroll Occurrent Payroll Occurrent Payroll Occurrent Part II for noncash contributions.)

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Name of organization

CHARLES RIVER WATERSHED ASSOCIATION, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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Employer identification number

04-6136989

ame of organ	RIVER WATERSHED ASSO	CIATION, INC		Employer identification m $04-6136989$
Part III E	xclusively religious, charitable, etc., contribut om any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, lse duplicate copies of Part III if additional	ions to organizations described through (e) and the following line charitable, etc., contributions of \$1,000	entry For organiz	ations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		nship of transferor to transferee
-				·
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of nd ZIP + 4	-	nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	 gift	
	Transferee's name, address, a			nship of transferor to transferee
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-P

SCHEDULE C	Political Campaign and Lobbying Activitie	es	OMB No. 15	45-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section		20 ⁻	18
Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		Inspec	uon
	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political C	ampaign Acti	vities), then	
	anizations: Complete Parts I-A and B. Do not complete Part I-C.			
	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete) Part I-B.		
•	tions: Complete Part I-A only.			
-	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying			
	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A.			
	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Par		•	
If the organization answ Tax) (see separate instr	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or F uctions). then	orm 990-EZ,	Part V, line 3	5c (Proxy
	, or (6) organizations: Complete Part III.			
Name of organization		Employer	^r identificatio	n numbe
Ũ	CHARLES RIVER WATERSHED ASSOCIATION, INC	0	4-61369	89
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section			
	political campaign activities	······		
	any excise tax incurred by the organization under section 4955	▶\$		
	any excise tax incurred by organization managers under section 4955	<u> </u>		
	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No
	ade?		Yes	
b If "Yes," describe in				
Part I-C Comple	ete if the organization is exempt under section 501(c), except secti	on 501(c)(3	8).	
1 Enter the amount d	rectly expended by the filing organization for section 527 exempt function activities	▶ \$		
2 Enter the amount of	the filing organization's funds contributed to other organizations for section 527			
exempt function ac	ivities	▶\$		
	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,			
line 17b		▶\$		
4 Did the filing organi	zation file Form 1120-POL for this year?		Yes	No.
	Idresses and employer identification number (EIN) of all section 527 political organization		e filing organiz	zation
contributions receiv	r each organization listed, enter the amount paid from the filing organization's funds. Als ed that were promptly and directly delivered to a separate political organization, such as nittee (PAC). If additional space is needed, provide information in Part IV.		•	

(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

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

Schedule C (Form 990 or 990-EZ) 2018

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Sche	edule C (Form 990 or 990-EZ) 2018 CHARL	ES RIVER WATERSHED ASSOCIATI	ON, IN 04-6	136989 Page 2
Pa	rt II-A Complete if the organization	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).			
A C	heck 🕨 🛄 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
вс	heck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	0.	
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	7,758.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	7,758.	
d			956,469.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	964,227.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	169,634.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	42,409.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e		0.	
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?		L	Yes No
		4 Veen Avenening Devied Linder Cestion 501/b)		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount	206,762.	191,009.	212,369.	169,634.	779,774.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,169,661.		
c Total lobbying expenditures	8,556.	6,943.	2,434.	7,758.	25,691.		
d Grassroots nontaxable amount	51,691.	47,752.	53,092.	42,409.	194,944.		
e Grassroots ceiling amount (150% of line 2d, column (e))					292,416.		
f Grassroots lobbying expenditures	712.	795.	167.		1,674.		

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, IN 04-6136989 Page 3 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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a) (b))	
of the	e lobbying activity.	Yes	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: Volunteers?				
b	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?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OF	R (b) Par	t III-A, lir	ne 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 political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de 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, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

2018.06010 CHARLES RIVER WATERSHED ASS 14812001

28

09070814 758606 14812000

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

Part I

1

2

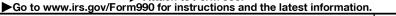
3

4

1

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.



OMB No. 1545-0047
2018
Open to Public
Inspection

Employer identification number

_ Yes

Yes

No

No

No

Name of the organization

04-6136989 CHARLES RIVER WATERSHED ASSOCIATION, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year .. .

5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds
	are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only

for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Ρ

art II	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
Purpo	use(s) of conservation easements held by the organization (check all that apply).

	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservation easement on the last

	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure		
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nizatio	n during the tax
	year 🕨		

Number of states where property subject to conservation easement is located 4

•	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
~	

6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶
_	

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶\$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)? Yes

	conservation easements.
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

114	For Demonstructure Deduction Act Nation, and the Instructions for Form 000	0 - k k - k - D / E 000) 0040
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	ide
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

Schedule D (Form 990) 2018

29

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		RIVER WAT									age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	it are a sig	gnificant u	se of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c			hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c			-	-			se in Par	t XIII.		
5	During the year, did the organization solicit of								-		1
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par			ete if the	organizatio	n answered	"Yes" on	Form 990,	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	7.2	v	No
	on Form 990, Part X?							L	Yes	Δ] NO
D	If "Yes," explain the arrangement in Part XIII	and complete the to	bilowing ta	adie:					A		
									Amoun	[
	Beginning balance										
	Additions during the year										
f	Distributions during the year Ending balance										
' 2a	Did the organization include an amount on F							X	Yes		No
	If "Yes," explain the arrangement in Part XIII						·····			X	
Par											
	· · · ·	(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										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administe	ered for th	ie organiza	ation	г	r	
	by:									Yes	No
	(i) unrelated organizations								3a(i)	-+	
										\rightarrow	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipn	0	owment fi	unds.							
Fai	Complete if the organization answere		0 Dort IV	lino 110 C	Soo Form 000	Dort V	lina 10				
		(a) Cost or c			or other		cumulated	-	(d) Poo		
	Description of property	basis (investr		• •	or other (other)	• •	reciation	1	(d) Boo	x value	2
10	Land	· · · ·		54515		dep					
	LandBuildings										
	Leasehold improvements			10	1,446.		73,06	<u>4.</u>	2	8,38	82.
	Equipment				3,131.	1	78,95			$\frac{1}{4,18}$	
	Other				,					_,	
	Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	0c.)				4	2,50	62.
-											-

Schedule D (Form 990) 2018

832052 10-29-18

Part VII	Investme	ents - O	Other Securitie	es.					
Schedule D	(Form 990) 2	2018	CHARLES	RIVER	WATERSHED	ASSOCIATION,	INC	04-6136989	Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	
<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 CHARLES RIVER WATERSHED AS				
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue p	per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,780,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	64,2		
b	Donated services and use of facilities	2b	32,6	20.	
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	107,1	93.	
е	Add lines 2a through 2d			2e	204,039.
3	Subtract line 2e from line 1			3	1,576,947.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с					0.
5	Tatal wave Add lines 2 and 4. (This second second Forms 000 Part / line 10)			5	1,576,947.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit			
		nents Wit			ırn.
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit a.	h Expenses	s per Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit a.	h Expenses	s per Retu	ırn.
Pa 1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses	s per Retu	ırn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a	h Expenses	s per Retu	ırn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a 2b	h Expenses	20.	ırn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wit a. 	h Expenses	20.	urn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses 32,6 107,1	20. 93.	urn. <u>1,104,040.</u> 139,813.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	h Expenses 32,6 107,1	93. 2e	urn.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	h Expenses 32,6 107,1	93. 2e	urn. <u>1,104,040.</u> 139,813.
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wit a. 2a 2b 2c 2d	h Expenses 32,6 107,1	93. 2e	urn. <u>1,104,040.</u> 139,813.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	h Expenses 32,6 107,1	93. 2e	urn. 1,104,040. 139,813. 964,227.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses 32,6 107,1	93. 20. 3	urn. 1,104,040. 139,813. 964,227. 0.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses	93. 20. 3	urn. 1,104,040. 139,813. 964,227.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

IN FEBRUARY 2019, THE ORGANIZATION ENTERED INTO AN ESCROW AGREEMENT WITH
THE TOWN OF MILFORD AND MILFORD POWER LLC FOR IMPLEMENTATION OF
SUBWATERSHED RESTORATION PROJECTS. THE PROJECTS ARE TO BE COMPLETED BY THE
TOWN OF MILFORD AND FUNDS WILL BE RELEASED TO THE TOWN IN ACCORDANCE WITH
THE AGREEMENT. DURING THE YEAR ENDED SEPTEMBER 30, 2019, \$150,000 WAS
DEPOSITED TO THE ACCOUNT AND INTEREST EARNED WAS \$1,740. NO FUNDS WERE
RELEASED DURING THE FISCAL YEAR. AS OF SEPTEMBER 30, 2019, THE ESCROW HELD
FOR OTHERS AND THE ESCROW HELD FOR OTHERS (CONTRA) ACCOUNT BALANCE WERE
EACH \$151,740.

	PART	XI,	LINE	2D -	OTHER	ADJUSTMENTS:					
	832054 10-	29-18					20		Sch	edule D) (Form 990) 2018
							34				
09	07081	4 75	68606	14812	2000	2018.06010	CHARLES	RIVER	WATERSHED	ASS	14812001

SPECIAL EVENT EXPENSES	RECLASSIFIED	TO REVENUE	6			107,19
				Sc	hedule D) (Form 990) 2
32055 10-29-18		22				
70814 758606 14812000	2018.060	33 10 CHARLES	RIVER	WATERSHED	ASS	148120

Schedule D (Form 990) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 5 Part XIII Supplemental Information (continued)

SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE

107,193.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047		
(Form 990 or 990-EZ)			on answered "Yes" on entered more than \$1					, or if the	2018
Department of the Treasury		-	Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs	.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	CHARLES		WATERSHED A					04-6136	
	complete this par		the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	s or oral agreer art VII) or en viduals or en	f Solicita g Special ment with any individual tity in connection with p tities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Ye:	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	-			
			ed or licensed to solicit			s or has been notifier	d it is	evernot from	registration
or licensing.								exempt from	
LHA For Paperwork R	eduction Act Not	ice, see the	Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

. arc

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr		,	Ū	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GALA	DOCK PARTY	NONE	(add col. (a) through
Ð			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	205,013.	18,474.		223,487.
Ä		Less: Contributions	196,223.			209,307.
	-					
	3	Gross income (line 1 minus line 2)	8,790.	5,390.		14,180.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	10,125.	2,415.		12,540.
Direct Expenses	7	Food and beverages	31,796.	3,890.		35,686.
Ō	8	Entertainment	500.	700.		1,200.
	9	Other direct expenses		13,046.		1,200. 57,767.
	10	Direct expense summary. Add lines 4 through			►	107,193.
_	11					-93,013.
Ра	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo/progressive bingo		
Å	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No
		Yes," explain:				
83208	32 10	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INCO4-	<u>5136989</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		, -
	Name		
	Address		
	Address		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ves	No
IJa	boes the organization have a contract with a third party norm whom the organization receives gaming revenue?		
h	If "Ves." enter the amount of coming revenue received by the exception \mathbf{E}		
D	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
b			
Pa	organization's own exempt activities during the tax year s supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, linos Q	0h 10h
ľů	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, iiries 5,	30, 100,
	TSD, TSC, TO, and T7D, as applicable. Also provide any additional information. See instructions.		
83000	33 10-03-18 Schedule G (For	m 990 or 900	-F7) 2019
55200	36 36		

09070814 758606 14812000

Schedule G	i (Form 990 or 990-EZ) Supplemental Infor	CHARLES	RIVER	WATERSHED	ASSOCIATION,	INC04-6136989	Page 4
Fartiv	Supplemental mor	mation (continu	uea)				
						Schedule G (Form 990 or	000 =71
832084 04-01-	18					Schedule & (Form 990 Of	୬୭ ∪- EZ)
				37			

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WATERSHED, INCLUDING IMPROVING AND EXPANDING ITS NATURAL RESOURCES AND

RECREATIONAL OPPORTUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ACTIVELY WORKING TO ENGAGE WITH COMMUNITIES THAT ARE PARTICULARLY

VULNERABLE TO THE IMPACTS 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 4D, OTHER PROGRAM SERVICES:

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 37 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 ALL 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. 832211 10-18

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CHARLES RIVER WATERSHED ASSOCIATION, INC	Employer identification number 04-6136989
CHARDES RIVER WATERSHED ASSOCIATION, INC	04-0130909
COMMUNITIES, LEGISLATORS, AND THE MA DEPARTMENT OF CONSER	VATION AND
RECREATION.	
EXPENSES \$ 103,849. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 97,608.
FIELD SCIENCE	
VOLUNTEER MONTHLY MONITORING - THE ORGANIZATION'S 24-YEAR	COMPREHENSIVE

VOLUNTEER CITIZEN SCIENTISTS WHO COLLECT WATER SAMPLES MONTHLY THROUGHOUT THE LENGTH OF THE RIVER. CRWA HAS ESTABLISHED ONE OF THE MOST EXTENSIVE WATER QUALITY DATA SETS FOR ANY RIVER IN THE NATION. THIS MONITORING INFORMS CRWA'S SCIENCE, RESEARCH AND ADVOCACY. THE DATA IS USED BY NUMEROUS RESEARCHERS, POLICY MAKERS AND STUDENTS AND SERVES AS THE BASIS FOR THE ANNUAL CHARLES RIVER REPORT CARD ISSUED BY THE U.S. EPA. THE ORGANIZATION ALSO ISSUES AN ANNUAL REPORT ON ITS WATER QUALITY MONITORING RESULTS. CRWA ALSO CONDUCTS MACROINVERTEBRATE SAMPLING AND ANALYSIS FOR ASSESSING ECOSYSTEM HEALTH OF STREAM SEGMENTS.

STUDY OF WATER QUALITY IN THE CHARLES INVOLVES A LARGE NETWORK OF

LOWER CHARLES WATER QUALITY FLAGGING - FROM JUNE THROUGH OCTOBER, BOATERS FROM WATERTOWN, TO BOSTON ARE APPRISED OF REAL-TIME WATER QUALITY FORECASTS THROUGH CRWA COLOR-CODED FLAGS FLOWN AT MULTIPLE BOATING LOCATIONS IN THE LOWER BASIN. CRWA USES A PREDICTIVE MODEL PREMISED ON RAINFALL AND RIVER FLOW; DATA IS ALSO COLLECTED FROM A WEATHER STATION IN THE LOWER BASIN. THIS INFORMATION IS POSTED ON CRWA'S WEBPAGES AND DISSEMINATED VIA E-MAILS AND TWITTER ALERTS. IN THE SUMMER, E. COLI BACTERIA DATA IS COLLECTED TWICE PER WEEK TO VERIFY FORECASTS AND CYANOBACTERIA OUTBREAKS ARE REPORTED AND MONITORED. 892212 10-10-18 39 09070814 758606 14812000 2018.06010 CHARLES RIVER WATERSHED ASS 14812001 WATER CHESTNUT REMOVAL - THE ORGANIZATION WORKS WITH LOCAL AND STATE PARTNERS TO ELIMINATE THE INVASIVE WATER CHESTNUT INFESTATION IN THE RIVER'S LAKES DISTRICT IN NEWTON, WALTHAM AND WESTON THROUGH MECHANICAL HARVESTING AND HAND-PULLING BY VOLUNTEERS. THIS PROGRAM INCREASES AWARENESS ABOUT INVASIVE SPECIES AND THE IMPACTS OF NUTRIENT POLLUTION WHILE CREATING

NEW RIVER STEWARDS.

EXPENSES \$ 83,194. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BLUE CITIES INITIATIVE - UNDER THIS PROGRAM, CRWA PLANS,

DESIGNS, IMPLEMENTS AND PROMOTES GREEN INFRASTRUCTURE APPROACHES, OR

NATURE-BASED SOLUTIONS, FOR MANAGING WATER IN THE URBAN ENVIRONMENT.

THROUGH RESEARCH, DESIGN AND IMPLEMENTATION OF DEMONSTRATION PROJECTS

ON PUBLIC AND PRIVATE PROPERTIES, THE ORGANIZATION'S GOAL IS TO MIMIC,

OR RE-CREATE, NATURAL HYDROLOGY AT THE SUB-WATERSHED SCALE, MAKING LAND

AND WATER ONCE AGAIN WORK TOGETHER. THESE PROJECTS ARE MODELS FOR

BETTER SITE DESIGN, PROVIDE PUBLIC REALM BENEFITS, SERVE TO EDUCATE THE

PUBLIC ON THE IMPORTANCE OF STORM WATER MANAGEMENT, REDUCE POLLUTION

AND FLOODING, AND PROVIDE DEVELOPERS AND LOCAL BOARDS WITH INFORMATION

ON LOW IMPACT DEVELOPMENT.

EXPENSES \$ 97,564. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

 FORM 990, PART VI, SECTION A, LINE 6:

 THE ORGANIZATION DOES NOT HAVE SEPARATE CLASSES OF MEMBERS ALTHOUGH THE

 BYLAWS ALLOW FOR THIS. MEMBERS ONLY HAVE THE RIGHT TO VOTE FOR NOMINATED

 INDIVIDUALS TO SERVE ON THE BOARD OF DIRECTORS. MEMBERS DO NOT HAVE ANY

 OTHER RIGHTS ASSIGNED TO THEM REGARDING PARTICIPATION IN THE ORGANIZATION'S

 832212 10-10-18
 Schedule O (Form 990 or 990-EZ) (2018)

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 2018.06010 CHARLES RIVER WATERSHED ASS 14812001

Schedule O (Form 990 or 9		Page 2				
Name of the organization						Employer identification number
	CHARLES	RIVER	WATERSHED	ASSOCIATION,	INC	04-6136989
GOVERNANCE.						

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 (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 QUROUM 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. 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-E0 IS RETURNED TO THE RETURN PREPARER INDICATING THE ORGANIZATION'S APPROVAL TO FILE THE RETURN.

FORM 990, PART VI, SECTIO	ON 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
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CHARLES RIVER WATERSHED ASSOCIATION, INC	Employer identification number 04-6136989
POTENTIAL CONFLICTS IN ORDER TO AVOID ACTUAL CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED PE	RIODICALLY AGAINST
THE COMPENSATION OF TOP MANAGEMENT OFFICIALS OF OTHER ORG	ANIZATION'S
SIMILAR IN NATURE AND SIZE. THIS REVIEW IS UNDERTAKEN BY	THE ORGANIZATIONS
PRESIDENT AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTO	RS. THIER
RECOMMENDATIONS ARE PRESENTED TO THE BOARD FOR REVIEW AND	RATIFICATION
THROUGH THE BUDGET PROCESS. KEY EMPLOYEES SALARIES ARE DE	TERMINED BY THE
EXECUTIVE DIRECTOR WHO CONDUCTS AN EXAMINATION OF COMPENS	ATION IN LIKE
ORGANIZATIONS, IN CONSULTATION WITH THE EXECUTIVE COMMITT	EE 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.

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Schedule O (Form 990 or 990-EZ) (2018) 42 2018.06010 CHARLES RIVER WATERSHED ASS 14812001

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

September 30, 2019

Prepared for	Charles River Watershed Association, Inc
	190 Park Road Weston, MA 02493
Prepared by	Varia D. Mautin C. Jananistan D. C.
	Kevin P Martin & Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Balance due of \$500.00
Make check payable to	Not Applicable
Mail tax return and check (if	Non-Profit Org/Public Charities Div Office of the Attorney General
applicable) to	One Ashburton Place Boston, MA 02108
Return must be mailed on or before	November 16, 2020
Special Instructions	The report should be signed and dated by the authorized individual(s).
	Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:
	Www.paybill.com/maagocharities
	All the necessary attachments should be included with Form PC before filing.

Office	Use	Only:	Fiscal	Year
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(617) 727-2200, ext. 2101

THE COMMONWEALTH OF MASSACHUSETTS **OFFICE OF THE ATTORNEY GENERAL** NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION **ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108** www.mass.gov/ago/charities

Form PC Check all items attached Report for the Fiscal Period: 10/01/18 to 09/30/19 (if applicable) Filing Fee or Printout of X Electronic Payment Attorney General's Account #: 001865 Confirmation Federal ID #: 04-6136989 X Copy of IRS Return X Audited Financial Statements/Review Electronic Payment Confirmation #: Amended Articles/ By-Laws When did the organization first engage in X Schedule A-1 09/23/1966 charitable work in Massachusetts? X Schedule A-2 Has the organization applied for or been granted Schedule RO X Yes No IRS tax exempt status? Schedule VCO Probate Account 09/23/1966 If yes, date of application **OR** date of determination letter: 3 IRS Exemption under 501(c): If exempt under 501(c), are contributions to the organization X Yes No tax deductible as charitable contributions? **Organization Data** Name: CHARLES RIVER WATERSHED ASSOCIATION, INC Mailing Address: 190 PARK ROAD _{ZIP:} 02493 State: MA City: WESTON Fax Number: (781) 788-0057 Phone Number: (781) 788-0007 Website: WWW.CRWA.ORG Email:

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	9	Organization Purpose Code 1	28
Type of Organization (Table 2)	3	Organization Purpose Code 2	56
Please check box if final return prior to dissolution:			

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Office Use Only: Payment Received

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CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1.	On what date was the organization created?	09/23/	/1966

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	

Other (please describe):

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.*

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,497,095.
В.	Gross support and revenue	1,576,947.
C.	Program services and similar amounts paid out	670,941.
D.	Fundraising expenses	120,958.
E.	Management and general expenses	172,328.
F.	Payments to affiliates	0.
G.	Total expenses	964,227.
Н.	Net assets or fund balances at the end of the year	4,371,941.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title		Salary and Other Income	Benefit Plans	Other Compensation
	EMILY NORTON				
1.	EXECUTIVE DIRECTOR	40.00	150,000.	5,640.	0.
	PALLAVI MANDE				
2.	DIRECTOR OF WATERSHED RESILIANCE	40.00	80,000.	Ο.	0.
	SUZANNE CARLEO				
3.	COMPTROLLER	40.00	71,379.	6,240.	0.
	JULIANNE WOOD				
4.	DEPUTY DIRECTOR	40.00	67,797.	0.	0.
	MARGARET VAN DEUSEN				
5.	DEPUTY DIRECTOR (UNTIL 03/19)	40.00	57,482.	3,777.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).*



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CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	KEVIN P MARTIN & ASSOCIATES	19,425.	AUDIT/TAX SERVICE
2.	ROBERT ZIMMERMAN		ED TRANSITION ASSISTANCE
3.	MARGARET VAN DEUSEN	3,797.	LEGAL SERVICES
4.	JENNY SISK		ANNUAL REPORT DESIGN
5.	ANGELINA GUGGEMOS		EVENT SERVICES - FACE PAINTING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
	28 STATE STREET, BOSTON, MA 02109	
VILLAGE BANK		617-527-6090
	1 FEDERAL STREET, BOSTON, MA 02110	617-778-5876
10. What is the organization's accounting method?	Cash X Accrual	
	Other (specify):	
11. If organization's mailing address is a P.O. Box, list	t the organization's full street address:	
Address:		
City:	State: ZIF	^o Code:
12. Contact Person Name: EMILY NORTON		
Street Address: 190 PARK ROAD		
City: WESTON	State: MA ZIF	P Code: 02493
Phone Number: 781-788-0007		

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Rev. 11/2016

CHARLES	RIVER	WATERSHED	ASSOCIATION,	INC	04-6136989
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13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

X Yes	🗌 No
-------	------

- 14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?
 If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.
- 15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from	
more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpai	b
volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	

- 16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **STATEMENT** 1
- 17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

- Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
 STATEMENT 3
- 19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

Yes	XN	b
-----	----	---

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

NAME, ADDRESS, PHONE OF OTHER OFFICES FORM PC STATEMENT 1

NAME AND ADDRESS

N/A

PHONE NUMBER

FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	2
NAME AND ADDRES	SS			т	ITLE		
MARGARET VAN DE 190 PARK ROAD WESTON, MA 024				D	EPUTY DIRECTOR	(UNTIL 3/19)	
JULIANNE WOOD 190 PARK ROAD WESTON, MA 024	493			D	EPUTY DIRECTOR		
EMILY NORTON 190 PARK ROAD WESTON, MA 024	493			E	XECUTIVE DIREC	TOR	
GRETA MESZOELY 190 PARK ROAD WESTON, MA 024	493			D	IRECTOR		
BRYAN NATALE 190 PARK ROAD WESTON, MA 024	493			D	IRECTOR		
LANCE CAMPBELL 190 PARK ROAD WESTON, MA 024	493			D	IRECTOR		
EDWARD ENGLANDE 190 PARK ROAD WESTON, MA 024				С	LERK		
RALPH ABELE 190 PARK ROAD WESTON, MA 024	493			D	IRECTOR		
DAVID BRYANT 190 PARK ROAD WESTON, MA 024	493			D	IRECTOR (UNTIL	9/19)	

LAURIE DOYLE 190 PARK ROAD WESTON, MA 02493	DIRECTOR
JAMES HEALY 190 PARK ROAD WESTON, MA 02493	DIRECTOR
LINDA MCLANE 190 PARK ROAD WESTON, MA 02493	PRESIDENT
SARAH SLAUGHTER 190 PARK ROAD WESTON, MA 02493	TREASURER
GRANT THOMAS-LEPORE 190 PARK ROAD WESTON, MA 02493	VICE PRESIDENT
SHAWN KONARY 190 PARK ROAD WESTON, MA 02493	DIRECTOR
DIANE HALL 190 PARK ROAD WESTON, MA 02493	DIRECTOR
PATRICIA KING 190 PARK ROAD WESTON, MA 02493	DIRECTOR
PETER FERNANDEZ 190 PARK ROAD WESTON, MA 02493	DIRECTOR

FORM PC	PAGE 4, LINE 18 STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILITY
EMILY NORTON 190 PARK ROAD WESTON, MA 02493	RESPONSIBLE FOR CUSTODY OF FUNDS
SUZANNE CARLEO 190 PARK ROAD WESTON, MA 02493	RESPONSIBLE FOR CUSTODY OF FUNDS
TANI MARINOVICH 190 PARK ROAD WESTON, MA 02493	RESPONSIBLE FOR FUNDRAISING
EMILY NORTON 190 PARK ROAD WESTON, MA 02493	RESPONSIBLE FOR FUNDRAISING
SUZANNE CARLEO 190 PARK ROAD WESTON, MA 02493	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
EMILY NORTON 190 PARK ROAD WESTON, MA 02493	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
EMILY NORTON 190 PARK ROAD WESTON, MA 02493	CUSTODY OF FINANCIAL RECORDS
SUZANNE CARLEO 190 PARK ROAD WESTON, MA 02493	CUSTODY OF FINANCIAL RECORDS
EMILY NORTON 190 PARK ROAD WESTON, MA 02493	AUTHORIZED TO SIGN CHECKS
MARGARET VAN DUESEN 190 PARK ROAD WESTON, MA 02493	AUTHORIZED TO SIGN CHECKS

20.	Has	CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 this organization or any of its officers, directors, or employees:		
	lf ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, <i>please attach an explanation</i> .	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Rela ies" (see <i>instructions and definition sections</i>). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.		
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No

If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

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2018.06010 CHARLES RIVER WATERSHED ASS 14812001

CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:	_	-
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	U Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	X Yes	□ No
١.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
К.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship? STATEMENT 4	Yes	X No

STATEMENT 4



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09070814 758606 14812000

FORM PC

NAME AND ADDRESS

MARGARET VAN DEUSEN 190 PARK ROAD WESTON, MA 02493

N

\mathbf{P}

N

N

PROCEDURE FOLLOWED

NORMAL BUSINESS

WESTON, MA 02493	
NATURE OF TRANSACTION	AMOUNT INVOLVED
24H) COMPENSATION PAID TO OFFICER	61,259.
PROCEDURE FOLLOWED	
NORMAL BUSINESS	
NAME AND ADDRESS	
EMILY NORTON	
190 PARK ROAD WESTON, MA 02493	
NATURE OF TRANSACTION	AMOUNT INVOLVED
24H) COMPENSATION PAID TO OFFICER	155,640.

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

JULIANNE WOOD 190 PARK ROAD WESTON, MA 02493

NATURE OF TRANSACTION

24H) COMPENSATION PAID TO OFFICER

PROCEDURE FOLLOWED

NORMAL BUSINESS

AMOUNT INVOLVED

67,797.

Signature Required				
Under penalty of perjury, I declare that the information furnished in this report, i correct to the best of my knowledge.	including all attachments, is true and			
Signature:	Date:			
Printed Name: EDWARD ENGLANDER				
Title: CLERK				
Name of Preparer: <u>KEVIN P MARTIN & ASSOCIATES, P.C</u> Address <u>10 FORBES WEST</u> City <u>BRAINTREE</u> Phone Number <u>(781)380-3520</u>	State MA ZIP Code 02184			



Rev. 11/2016

CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	Х	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	Х
Entertainment event		Sale of goods other than by telephone	X
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):		•	

Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	X
Commercial co-venturer*		
* Provide applicable names and addresses:		

Professional Solicitor Name:			
Address			
City	a	ZIP Code	
Professional Fundraising Counsel Name:			
Address			
City	State	ZIP Code	
Commercial Co-Venturer Name:			
Address			
City	State	ZIP Code	

Rev. 11/2016

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CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

dentify the individuals who will have final responsibility for the c EMILY NORTON	charity's custody of contributions:	
Name and Title: EXECUTIVE DIRECTOR		
Address 190 PARK RD		
City WESTON	State MA	ZIP Code 02493
SUZANNE CARLEO Name and Title: COMPTROLLER		
Address 190 PARK RD		
City WESTON	State MA	ZIP Code 02493
Name and Title:		
Address		
City	State	ZIP Code
dentify the individuals who will have final responsibility for the c EMILY NORTON	charity's distribution of contributions:	
Name and Title: EXECUTIVE DIRECTOR		
Address 190 PARK RD City WESTON	State MA	
SUZANNE CARLEO Name and Title: COMPTROLLER		
Address 190 PARK RD		
City WESTON	State MA	ZIP Code 02493
Name and Title:		
Address		
City	State	ZIP Code

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CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	X	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	X
Entertainment event	X	Sale of goods other than by telephone	Χ
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Othor (specify):			

Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	Х
Commercial co-venturer*		
	-	

* Provide applicable names and addresses:

Professional Solicitor Name:		
Address		
City	State	ZIP Code
Professional Fundraising Counsel Name:		
Address		
City	State	ZIP Code
Commercial Co-Venturer Name:		
Address		
Citv	State	ZIP Code

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CHARLES RIVER WATERSHED ASSOC		6989
Schedule Solicitation Activities Planned for Fiscal		orting Year
Identify the individuals who will have final responsibility for the charity's custo	ody of contributions:	
EMILY NORTON Name and Title: EXECUTIVE DIRECTOR		
City WESTON		
SUZANNE CARLEO Name and Title: COMPTROLLER		
Address 190 PARK RD		
City WESTON		
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's distri	bution of contributions:	
EMILY NORTON Name and Title: EXECUTIVE DIRECTOR		
City WESTON		
SUZANNE CARLEO Name and Title: COMPTROLLER		
Address 190 PARK RD		
City WESTON	State MA	ZIP Code 02493
Name and Title:		
Address		
City	State	ZIP Code

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Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: EDWARD ENGLANDER	
Title: CLERK	
Signature:	Date:
Printed Name:	
Title:	



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- - -

			** PUBLIC DISCLOSURE COPY	Z **		
	Ω	00	Return of Organization Exempt Fro	om l	ncome Tax	OMB No. 1545-0047
990 Porm Heturn of Organization Exempt From Income Lax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) b Do not enter social security numbers on this form as it may be made public. b Control the result is not delivered to street address 2018 Open to Public Inspection A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending D Employer identification number A dridess Inspection C Name of organization D Employer identification number Object if Implication C Name of organization D Employer identification number Object if Implication Doing business as 04-6136989 Under sect of CP.0. box if mail is not delivered to street address) Room/suite E Telephone number (781) 788-0007 City or town, state or province, country, and ZIP or foreign postal code G cross receipts \$ 1, 684, 14 WESTON, MA 02493 H(a) Is this a group return for subordinates included? Yes X I Tax-exempt status; X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 H(b) Are al subordinates instructions) H(c) Group exemption number > K form of organization; X Corporation Trust Association Other > L vear of formation; 1966 M State of legal domicile H No,* attach a list, (see instructions) 9 1 Briefly describe the organization's mission or most significant activities: TO USE SCIENCE, ADVOCACY AND THE LAW TO PRO						
			-	-		Open to Public
						Inspection
				ng ວ	1	ation number
B	pplicab	ole: C Name of	organization		D Employer Identifie	cation number
			LES RIVER WATERSHED ASSOCIATION, INC	2		
		e		-	04-6	136989
	Initial return			m/suite	E Telephone number	r
	∟returr	/	PARK ROAD		(781	·
	ated	City or t			G Gross receipts \$	1,684,140.
	returr					
	tion					
	-			507		
				527		
				Vear		
			e the organization's mission or most significant activities: TO USE	SCI	ENCE, ADVOC	ACY AND THE
nce		LAW TO	PROTECT, PRESERVE AND ENHANCE THE CH	IARL	ES RIVER AN	D ITS
rna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	sets.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			13
	4					13
es	5					18
ivit						2300
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 38	<u></u>		
		Caratrilaritiera			Prior Year 2,466,648.	Current Year 1,497,095.
Revenue	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		94,010.	97,608.
sver	10		come (Part VIII, column (A), lines 3, 4, and 7d)		15,367.	73,250.
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-29,051.	-91,006.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,546,974.	1,576,947.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		893,030.	702,884.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>120,958</u> .	🖵	0.	0.
ă	b	Total fundrais	ng expenses (Part IX, column (D), line 25) <a>120,958	·	400 656	
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		480,656.	261,343.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,373,686. 1,173,288.	<u>964,227.</u> 612,720.
3S	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Fund Balances	20	Total assets (I	Part X line 16)		3,896,573.	End of Year 4,592,536.
Assu Bal	20		Part X, line 16) (Part X, line 26)		201,578.	220,595.
Net,	21		fund balances. Subtract line 21 from line 20		3,694,995.	4,371,941.
		Signature		·· I	, ,	, ,
			I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of m	y knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which p			

Sign Here	Signature of officer EDWARD ENGLANDER, CLERK Type or print name and title	Date
Paid Preparer Use Only	Finit/Type preparer S hanne Freparer S signature	ate Check PTIN B/14/20 self-employed P01340068 Firm's EIN ► 04-3097400 Phone no. (781)380-3520
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3		Form 990 (2018)
	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMEN 4 758606 14812000 2018.06010 CHARLES RIVER	NT CONTINUATION WATERSHED ASS 14812001

758606	14812000	2018.06010	CHARLES	
00000	14012000	2010.00010	CUAKTES	

	990 (2018) CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 Page t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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	
	If "Yes," describe these changes on Schedule O.
1	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
	revenue, if any, for each program service reported.
l a	(Code:) (Expenses \$ 164,748. including grants of \$) (Revenue \$
	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 SCHOOL
	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 TH
	NEXT GENERATION OF ENVIRONMENTALISTS, CRWA TRAINS NUMEROUS STUDENT
	INTERNS EACH YEAR AND HOSTS THE RITA BARRON FELLOW, A ONE-YEAR POSITIC
	FOR RECENT MASTERS' DEGREE GRADUATES, AND ENGAGES NATIONAL AND
	INTERNATIONAL GROUPS FOR EDUCATIONAL AND NETWORKING PURPOSES.
1b	(Code:) (Expenses \$ 117,679. including grants of \$) (Revenue \$
	CLIMATE MITIGATION AND ADAPTATION - CRWA IS COMMITTED TO REDUCING THE
	IMPACTS OF CLIMATE CHANGE AND SUPPORTING RESTORATIVE CLIMATE
	ADAPTATION. WE WORK EVERY DAY ACROSS ALL PROGRAM AREAS TO CREATE RIVER
	AND WATERSHED RESILIENCY TO MORE INTENSE RAIN EVENTS AND MORE FREQUENT
	SUMMERTIME DROUGHTS AND HOTTER TEMPERATURES. IT DOES THIS THROUGH
	CRWA'S WATERENERGY
	NEXUS WORK, BRINGING TOGETHER MUNICIPAL STAFF FROM ACROSS THE WATERSHE
	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
1c	(Code:) (Expenses \$103,907including grants of \$) (Revenue \$)
	ADVOCACY, POLICY AND LAW - CRWA IS INVOLVED IN EVERY MAJOR DECISION
	AFFECTING THE HEALTH OF THE CHARLES RIVER AND IMPORTANT STATEWIDE WATH
	ISSUES. ADVOCACY INCLUDES COMMENTING ON ALL MAJOR WATERSHED DEVELOPMEN
	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 CLIMAT
	CHANGE, SMART GROWTH, STORMWATER POLLUTION, AND SUSTAINABLE WATER
	RESOURCE POLICIES AND REGULATIONS. CRWA'S STRONG SCIENCE IS INTEGRAL
	OUR ADVOCACY AND THE POSITIONS THE ORGANIZATION ADOPTS.
łd	Other program services (Describe in Schedule O.)
	(Expenses \$ 284,607. including grants of \$) (Revenue \$ 97,608.)
1e	Total program service expenses ► 670,941.
	Form 990 (2)
2002	SEE SCHEDULE O FOR CONTINUATION(S)
	20 214 750606 14012000 2010 06010 GUDDING DIVER WITTER UNTER UNTER UNTER DIVER
10	814 758606 14812000 2018.06010 CHARLES RIVER WATERSHED ASS 148120

Form 990 (2018)

04-6136989 CHARLES RIVER WATERSHED ASSOCIATION, INC Page 3

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
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	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	Х	
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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
832003	3 12-31-18	Form	990	(2018)

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 Form 990 (2018)
 CHARLES RIVER WATERSHED ASSOCIATION, INC
 04-6136989
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

22			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		x
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		X
	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			
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 . 3a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>			
	· · · · · · · · · · · · · · · · · · ·	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32 33		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>			x x
34 35a	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34 35a	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33 34 35a		x x
34 35a b	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33 34		x x
34 35a b 36	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33 34 35a		x x x
34 35a b 36	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33 34 35a 35b		x x x
35a b	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33 34 35a 35b 36 37		x x x x
34 35a b 36 37	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33 34 35a 35b 36 37 38	x	x x x x
34 35a b 36 37 38	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33 34 35a 35b 36 37 38		x x x x
34 35 a b 336 337 338 Par	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V	33 34 35a 35b 36 37 38		x x x x
34 35 a b 36 37 38 Par	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O t Yes, "Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10	33 34 35a 35b 36 37 38		x x x x
34 35a b 36 37 38 Par 1a b	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O t W Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Ib 0	33 34 35a 35b 36 37 38		x x x x
34 35a b 36 37 38 Par 1a b	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O t Yes, "Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10	33 34 35a 35b 36 37 38		x x x x

Form 990 (2018)	CHARLES RIVE	N WATERSHED	ASSOCIATION,	INC	04-6136989	Page 5
Part V Statements	Regarding Other IRS	Filings and Tax	Compliance (continued	l)		

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	110
	filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) 11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	ISa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 10		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018)

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Form 990	(2018))
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X

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 in Schedule O. See instructions.

						2
Sect	tion A. Governing Body and Management					_
					Yes	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3		
	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 in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	3		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	anv other			
-	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th			_		
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
	Did the organization make any significant changes to its governing documents since the prior roms. Did the organization become aware during the year of a significant diversion of the organization's as			5		
				6	x	<u> </u>
	Did the organization have members or stockholders?			0	~	┝
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •			v	
	more members of the governing body?			7a	X	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b	X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boc			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	0			
				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
	in Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?			13	x	
	Did the organization have a written document retention and destruction policy?			14	X	┢
				14		
5	Did the process for determining compensation of the following persons include a review and approv		•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a	X	_
b	Other officers or key employees of the organization	•••••		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990	D-T (Section 501(c)(3	s) only) avail	ab
	for public inspection. Indicate how you made these available. Check all that apply.	in So	hedule ()			
0			,	dfice	منما	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	TITIICT	or interest policy, ar	id tinan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records 🕨			
	SUZANNE CARLEO, COMPTROLLER - 781-788-0007					
	190 PARK ROAD, WESTON, MA 02493					
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CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

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 VI

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated	
	hours per				is bot	h an	compensation	compensation	amount of	
	week				or/trus	stee)	from	from related	other	
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e.	bensi		(W-2/1099-MISC)		organization
	organizations below	ual tri	onal		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDA MCLANE	2.00	<u> </u>	<u> </u>	ò	l ₹	도 등	문			<u> </u>
PRESIDENT		x		x				0.	0.	0.
(2) GRANT THOMAS-LEPORE	2.00									
VICE PRESIDENT		x		x				0.	0.	0.
(3) SARAH SLAUGHTER	2.00									
TREASURER		X		X				0.	0.	0.
(4) EDWARD ENGLANDER	2.00									
CLERK		Х		Х				0.	0.	0.
(5) GRETA MESZOELY	2.00									
DIRECTOR		Х						0.	0.	0.
(6) BRYAN NATALE	2.00									_
DIRECTOR		X						0.	0.	0.
(7) LANCE CAMPBELL	2.00									
DIRECTOR		X						0.	0.	0.
(8) RALPH ABELE	2.00									
DIRECTOR		X						0.	0.	0.
(9) DAVID BRYANT	2.00									•
DIRECTOR (UNTIL 9/19)		X						0.	0.	0.
(10) LAURIE DOYLE	2.00									0
DIRECTOR	0.00	X						0.	0.	0.
(11) JAMES HEALY	2.00									0
DIRECTOR	2 00	X						0.	0.	0.
(12) SHAWN KONARY	2.00							0.	0.	0
DIRECTOR	2.00	X						0.	0.	0.
(13) DIANE HALL	2.00	x						0.	0.	0.
DIRECTOR	2.00	^						0.	0.	0.
(14) PATRICIA KING DIRECTOR	2.00	x						0.	0.	0.
(15) PETER FERNANDEZ	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) JULIANNE WOOD	40.00	<u> </u>		-	-		-	0.	0.	<u> </u>
DEPUTY DIRECTOR		1		x				56,450.	0.	0.
(17) EMILY NORTON	40.00			<u> </u>				50,4500	0.	<u>.</u>
EXECUTIVE DIRECTOR	10.00	1		x				52,884.	0.	2,833.
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									OCIATION, IN		.36	989	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than -	one	Reportable	Reportable		Est	imate	d
		hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensatio			ount	of
		week (list any	<u> </u>				1/	(66)	from	from related			other	
		hours for	irecto						the organization	organizations (W-2/1099-MIS		•	oensa om the	
		related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-1013	0)		inizati	
		organizations	truste	al trus		yee	mper					•	relate	
		below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ıer				orga	nizatio	ons
		line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former						
	MARGARET VAN DEUSEN	40.00							105 101					~ ~
DEPU	TY DIRECTOR (UNTIL 3/19)				X				105,481.		0.	1.	3,8	80.
	Sub-total								214,815.		0.	16	5,7	
	Total from continuation sheets to Part V								0.		0.			0.
-	Total (add lines 1b and 1c)								214,815.		0.	10	5,7	13.
2	Total number of individuals (including but n	ot limited to th	lose	liste	ed al	oove	e) wł	no r	eceived more than \$10	0,000 of reportabl	е			1
	compensation from the organization												Yes	⊥ No
~	Did the evenewization list and former officer	diverter entr									ļ		165	NO
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>					•			•			3		х
А	For any individual listed on line 1a, is the su											3		
-	and related organizations greater than \$150									the organization		4		х
5	Did any person listed on line 1a receive or a									vidual for services				
-	rendered to the organization? If "Yes," com	-				-						5		Х
Sec	tion B. Independent Contractors	·												
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation fr	om	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)		-	(C		
	Name and business	address							Description of		C	omper	Isatio	1
	N OF WATERTOWN		<u>.</u>		`				CONSTRUCTION	1		11		~ ~
149	MAIN STREET, WATERTON	WN, MA () 24	¥ / 4	4			_	MANAGEMENT			114	1,0	00.
								-						
								_						
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se lis	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organi	U U			-		1		,					
		•										Form S	990 (2	2018)

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	n 990 (R WATERSH	ED ASSOCIA	TION, INC	04-6136	989 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(P) [
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$Total. Add lines 1a-1f	42,019. 209,307. 130,080. ,115,689. 23,923.	1,497,095.			
	2 a	EVENTS AND SPONSORSHIP	Business Code 900099		97,608.		
Program Service Revenue	b c d						
Progr		All other program service revenue		97,608.			
	<u> </u>	Total. Add lines 2a-2f Investment income (including dividends, inter		57,000.			
	4	other similar amounts) Income from investment of tax-exempt bond	proceeds	73,250.			73,250.
	b c	Royalties (i) Real Gross rents	(ii) Personal				
	7 a b	Gross amount from sales of (i) Securities assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
Other Revenue		Net gain or (loss) Gross income from fundraising events (not including \$ 209,307. of contributions reported on line 1c). See Part IV, line 18 a					
the	b	Less: direct expenses b	107,193.	1			
0	с	Net income or (loss) from fundraising events	►	-93,013.			-93,013.
		Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b		_			
		Less: direct expenses b Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b Net income or (loss) from sales of inventory					
	44	Miscellaneous Revenue	Business Code				
	11 а ь						
	b						
	c d	All other revenue	900099	2,007.	2,007.		
		Total. Add lines 11a-11d		2,007.			
	12	Total revenue. See instructions		1,576,947.		0.	-19,763.
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Form 990 (2018) CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989 Page 10 Part IX Statement of Functional Expenses

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	e or note to any line in			
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,		100 707	AC CA1	40 247
	trustees, and key employees	284,695.	188,707.	46,641.	49,347
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	224 504	246 222		
7	Other salaries and wages	334,594.	246,323.	62,797.	25,474.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	30,990.	20,541.	5,077.	E 270
9	Other employee benefits				5,372, 9,118,
10	Payroll taxes	52,605.	34,869.	8,618.	9,118.
11	Fees for services (non-employees):				
	Management	454.	348.	81.	25.
	Legal	454. 19,425.	9,166.	7,862.	2,397
	Accounting	7,758.	7,758.	1,002.	4,397
		7,750.	7,750.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(°	55,514.	53,863.	192.	1,459.
	column (A) amount, list line 11g expenses on Sch 0.)	JJ, J14.	55,005.	192.	1,439
12	Advertising and promotion	53,334.	26,621.	9,522.	17,191.
13	Office expenses	55,554.	20,021.	9,522.	11,1910
14	Information technology				
15	Royalties	47,566.	22,445.	19,252.	5,869.
16		9,242.	8,730.	131.	381
17	Travel	, 4 4 2 •	0,750.		501.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	15,341.	9,595.	4,157.	1,589.
19 00	Conferences, conventions, and meetings	15,511.	5,555.	4,157.	1,505
20 21	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	8,804.	4,154.	3,564.	1,086.
22 23		10,039.	5,705.	3,172.	1,162
23 24	Other expenses. Itemize expenses not covered	10,000.	5,105.	571724	-,-020
27	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	33,866.	32,116.	1,262.	488.
a b			,	_,,	1000
c	-				
d	-				
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	964,227.	670,941.	172,328.	120,958.
26	Joint costs. Complete this line only if the organization				,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
93201	0 12-31-18				Form 990 (2018

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CHARLES RIVER WATERSHED ASSOCIATION, INC Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 176,151. 335,854. Cash - non-interest-bearing 1 1 128. 1,521. 2 2 Savings and temporary cash investments 1,061,074. 593,281. 3 Pledges and grants receivable, net 3

	3	Fieuges and grants receivable, riet			1,001,0,10	5	55572011
	4	Accounts receivable, net			28,999.	4	47,453.
	5	Loans and other receivables from current and for					
	5						
		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	U U		-				
		section 4958(f)(1)), persons described in section	4958(0	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).	ete Part II of Sch L		6		
set	7	Notes and loans receivable, net		7			
Assets					2,554.	-	2,538.
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,715.	9	4,885.
	10a	Land, buildings, and equipment: cost or other					
			100	294,577.			
		basis. Complete Part VI of Schedule D			26 022		42 562
	b	Less: accumulated depreciation	10b	252,015.	36,922.	10c	42,562.
	11	Investments - publicly traded securities			2,568,850.	11	3,401,865.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
					13,787.		12,230.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	151,740.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	(4)	3,896,573.	16	4,592,536.
	17	Accounts payable and accrued expenses			201,578.	17	68,855.
					202,0700		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21	151,740.	
	22					,	
Liabilities	~~	Loans and other payables to current and former					
ji t		key employees, highest compensated employee					
iab		Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
						~ '	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			201,578.	26	220,595.
		Organizations that follow SFAS 117 (ASC 958					
6		complete lines 27 through 29, and lines 33 an					
Fund Balances	0-				-182 766	6 -	_ 1 0 6 1
aŭ	27	Unrestricted net assets		·····	-182,766.		-4,861.
Sal	28	Temporarily restricted net assets			640,435.	28	4,376,802.
ц	29	Permanently restricted net assets		<u></u>	3,237,326.	29	0.
ц.		Organizations that do not follow SFAS 117 (A					
L L							
Net Assets or		and complete lines 30 through 34.					
še	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec	luipmer	nt fund		31	
st /	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
ž	33	Total net assets or fund balances			3,694,995.	33	4,371,941.
					3,896,573.	34	4,592,536.
	34	Total liabilities and net assets/fund balances			5,050,575.	34	
							Form 990 (2018)

Form	990 (2018) CHARLES RIVER WATERSHED ASSOCIATION, INC	04-0	5136989	Pag	ge 12
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	1,576		
2	Total expenses (must equal Part IX, column (A), line 25)	2	964		
3	Revenue less expenses. Subtract line 2 from line 1	3	612		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,694	1,99	95.
5	Net unrealized gains (losses) on investments	5	64	.,22	26.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,371	.,94	41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e 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				
	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 in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

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SCHEDULE A	
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(Form 990 or 990-EZ)

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.

2018	
Open to Public	

OMB No. 1545-0047

		nue Service			//Form990 for instruct			nformation.			spection
Nan	ne of t	the organizati							Employer	identific	cation number
			CHAR	LES RIVER	WATERSHED AS	SOCIA	TION,	INC	0	4-613	36989
Pa	irt I	Reason	for Public (Charity Status (/	All organizations must c	omplete th	nis part.) Se	ee instruction	S.		
The	organ	ization is not a	ı private found	lation because it is: ((For lines 1 through 12,	check only	one box.)				
1		A church, cor	nvention of ch	urches, or associatio	on of churches describe	ed in sectio	on 170(b)(*	1)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (For	m 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170	0(b)(1)(A)(i	ii).			
4		A medical res	earch organiz	ation operated in co	njunction with a hospita	al describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hosp	ital's name,
		city, and state									
5		An organizati	on operated fo	or the benefit of a co	llege or university owne	ed or opera	ted by a g	overnmental	unit descrik	oed in	
				Complete Part II.)							
6				•	nental unit described in						
7	X	-		-	intial part of its support	from a gov	ernmental	unit or from t	the general	public de	escribed in
-		-		omplete Part II.)							
8	\square				(1)(A)(vi). (Complete Pa				11		
9					in section 170(b)(1)(A)						
			or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state o	i the colleg	je or	
10		university:	on that norma	Illy receives: (1) more	e than 33 1/3% of its su	nnort from	contributi	ons member	shin foos	and aross	receipts from
10					ct to certain exceptions						
					(less section 511 tax) f					•	
				mplete Part III.)	(
11				• •	ively to test for public s	afety. See	section 50)9(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purpose	es of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) (or section	509(a)(2).	See section	509(a)(3). 🤇	Check the) box in
		lines 12a thro	ough 12d that	describes the type c	of supporting organization	on and con	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A su	upporting orga	anization operated, s	supervised, or controlled	l by its sup	ported or	ganization(s),	typically by	/ giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supportin	g
		¬ -		complete Part IV, Se							
b					d or controlled in conne						
			-		anization vested in the	same perso	ons that co	ontrol or mana	age the sup	oported	
_		7 -		t complete Part IV,						ما النام	
С			-		g organization operated				illy integrate	ea with,	
d					b). You must complete porting organization operation				rtod organi	ization(c)	
u			-		zation generally must sa				0	. ,	
			-		nplete Part IV, Section	-		-	u an attent		
е		- ·	·		written determination fr				e II. Type III		
			•		nally integrated suppor			···) [·, ·) [···, · , [- ···		
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,						
g	Pro	vide the followi	ing informatior	n about the supporte	ed organization(s).						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o			nount of other
		organization	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al										
_											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 31

Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	970,388.	2,656,465.	2,154,327.	2,466,648.	1,497,095.	9,744,923.
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 \dots						
4	Total. Add lines 1 through 3	970,388.	2,656,465.	2,154,327.	2,466,648.	1,497,095.	9,744,923.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,012,939.
6	Public support. Subtract line 5 from line 4.						6,731,984.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	970,388.	2,656,465.	2,154,327.	2,466,648.	1,497,095.	9,744,923.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	51,876.	255.	22.	15,367.	73,250.	140,770.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,200.	15,489.	1,100.	9,298.	2,007.	29,094.
11	Total support. Add lines 7 through 10						9,914,787.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	262,393.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					
See	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	67.90 %
	Public support percentage from 2017					15	74.11 %
1 6a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶∟
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ►
					Sche	edule A (Form 990	or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					_	_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First five years. If the Form 990 is for	r the organization'	s first, second thi	rd, fourth, or fifth	tax vear as a section	n 501(c)(3) orga	nization
-	check this box and stop here	Ū	, ,			()()	
Se	ction C. Computation of Publ						······ • —
	Public support percentage for 2018 (-	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					1	,,,
	Investment income percentage for 20				1	17	%
	Investment income percentage from		'			18	%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2017. If the						and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18			,, 511001(1			90 or 990-EZ) 2018
				33			

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2018

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

No

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 5

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
00000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		2010
83202	5 10-11-18 Schedule A (Form 9 35	90 OF 95	,0-⊑Z)	2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 8 Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2014 AMOUNT: \$ 1,200.	
2015 AMOUNT: \$ 15,489.	
2016 AMOUNT: \$ 1,100.	
2017 AMOUNT: \$ 9,298.	
2018 AMOUNT: \$ 2,007.	
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9070814 758606 14812000	38

09

S	CHEDULE C	Pc	olitical Campaign a	nd Lobbying	Activities		OMB No. 1545-0047		
(Fe	(Form 990 or 990-EZ)						2018		
	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.								
	artment of the Treasury nal Revenue Service		Go to www.irs.gov/Form990 for in			990-EZ	• Open to Public Inspection		
lf th	ne organization ans	wered "Yes," oi	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Cam	paign /	Activities), then		
•	Section 501(c)(3) or	ganizations: Cor	nplete Parts I-A and B. Do not com	plete Part I-C.					
•	Section 501(c) (othe	er than section 5	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	rt I-B.			
•	Section 527 organiz	ations: Complet	e Part I-A only.						
lf tł	ne organization ans	wered "Yes," o	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Act	ivities)	, then		
٠	Section 501(c)(3) or	ganizations that	have filed Form 5768 (election unc	ler section 501(h)): Co	mplete Part II-A. Do	not cor	nplete Part II-B.		
٠	Section 501(c)(3) or	ganizations that	have NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-E	3. Do no	ot complete Part II-A.		
lf tł	ne organization ans	wered "Yes," o	n Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form	n 990-E	Z, Part V, line 35c (Proxy		
Тах	() (see separate inst	ructions), then							
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.						
Nar	ne of organization					Emplo	yer identification number		
			RIVER WATERSHED				04-6136989		
Pa	art I-A Compl	ete if the org	ganization is exempt unde	r section 501(c) c	or is a section 5	27 or	ganization.		
1	Provide a descripti	on of the organiz	zation's direct and indirect political	campaign activities in	Part IV.				
2	Political campaign	activity expendit	tures			.►\$_			
3	Volunteer hours for	r political campa	ign activities						
_			ganization is exempt unde		-				
			incurred by the organization unde						
			incurred by organization managers						
			on 4955 tax, did it file Form 4720 fo				L Yes L No		
4	a Was a correction n	nade?					🗀 Yes 🔛 No		
	b If "Yes," describe i	n Part IV.	<u> </u>			FAIT	1/0)		
Pa	art I-C Compl	ete if the org	ganization is exempt unde	r section 501(c),	except section	501(0	;)(3).		
1	Enter the amount of	lirectly expende	d by the filing organization for sect	ion 527 exempt function	on activities	▶\$			
2		0 0	nization's funds contributed to othe	0					
	exempt function ac	ctivities				.►\$			
3	Total exempt funct	ion expenditures	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,					
4	Did the filing organ	ization file Form	1120-POL for this year?				Yes No		
5	Enter the names, a	ddresses and er	nployer identification number (EIN)	of all section 527 poli	tical organizations to	o which	the filing organization		
		0	ation listed, enter the amount paid	0 0					
		-	omptly and directly delivered to a s			eparat	e segregated fund or a		
	political action con	nmittee (PAC). If	additional space is needed, provid	le information in Part IV	/.				
	(a) Namo	9	(b) Address	(c) EIN	(d) Amount paid t filing organizatio		(e) Amount of political contributions received and		

(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

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

Schedule C (Form 990 or 990-EZ) 2018

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Sche		ES RIVER WATERSHED ASSOCIATI						
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	section 501(h)).							
AC	heck 🕨 🛄 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,				
	expenses, and share of exces	s lobbying expenditures).						
BC	heck 🕨 🛄 if the filing organization check	ed box A and "limited control" provisions apply.						
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	0.					
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	7,758.					
с	Total lobbying expenditures (add lines 1a and	d 1b)	7,758.					
d	A 11		956,469.					
е	Total exempt purpose expenditures (add line	s 1c and 1d)	964,227.					
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	169,634.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	42,409.					
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.					
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.					
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_					
	reporting section 4911 tax for this year?			Yes No				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount	206,762.	191,009.	212,369.	169,634.	779,774.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,169,661.		
c Total lobbying expenditures	8,556.	6,943.	2,434.	7,758.	25,691.		
d Grassroots nontaxable amount	51,691.	47,752.	53,092.	42,409.	194,944.		
e Grassroots ceiling amount (150% of line 2d, column (e))					292,416.		
f Grassroots lobbying expenditures	712.	795.	167.		1,674.		

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, IN 04-6136989 Page 3 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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	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?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
2a	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6).				
				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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Par	t III-A, lir	ne 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 political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Prov	de 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	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

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SCHEDULE D

(Form	990)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	CHARLES RIVER WATERSHED ASSOCIATION, INC	04-6136989
Par		Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	YesNo
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year 🕨	5
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	······································
-	• • • • • • • • • • • • • • • • • • •	···· · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	gag
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and l	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	
		*
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2		, provide
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	► ¢
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
		Schedule D (Foffil 990) 2018
83205	10-29-18 42	

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_		RIVER WAT									je 2
Pa	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	it are a sig	gnificant	use of its	collectio	n items	
	(check all that apply):										
а	Public exhibition	(hange progra						
b	Scholarly research	e	e ∟ 0	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c			-	-			se in Par	t XIII.		
5	During the year, did the organization solicit of								٦		
Do	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		lete if the c	organizatio	n answered	"Yes" on I	Form 990	, Part IV,	line 9, or		
			diam (for a	ontribution	o or other or	aata nat i	naludad				
Ia	Is the organization an agent, trustee, custoo								Yes	X	Na
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L	lites	- 23	NO
D		and complete the it	ulowing ta	IDIE.					Amoun	+	
<u>د</u>	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						·	X	Yes		No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • •			X	
Pa											
		(a) Current year	(b) Pri	or year	(c) Two year	rs back 🛛 🌔	d) Three y	ears back	(e) Four	years ba	ack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end balan	ce (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho			I I-I							
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	are neid a	na administe	ered for th	ie organiz	ation	I	Yes I	
	by: (i) unrelated organizations								20(1)	res i	No
									3a(i) 3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requ									
4	Describe in Part XIII the intended uses of the								00		
Pa	t VI Land, Buildings, and Equip	0									
	Complete if the organization answere		0, Part IV,	line 11a. S	See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Boo	k value	
		basis (invest	ment)	basis	(other)	dep	reciation		. ,		
1a	Land										
	Buildings										
	Leasehold improvements				1,446.		73,0	54.		8,38	
	Equipment			19	3,131.	1	78,9	51.	1	4,18	0.
	Other										
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, columi	n (B), line 1	0c.)				4	2,56	2.

Schedule D (Form 990) 2018

832052 10-29-18

Part VII	Investme	ents - O	Other Securitie	es.					
Schedule D	(Form 990) 2	2018	CHARLES	RIVER	WATERSHED	ASSOCIATION,	INC	04-6136989	Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 CHARLES RIVER WATERSHED AS				
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,780,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	64,226.		
b	Donated services and use of facilities	2b	32,620.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	107,193.		
е	Add lines 2a through 2d			2e	204,039.
3	Subtract line 2e from line 1			3	1,576,947.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С				4c	0.
F				5	1,576,947.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		-	
		nents Wit		-	irn.
	rt XII Reconciliation of Expenses per Audited Financial Staten	n ents Wit a.	h Expenses per	-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents Wit a.	h Expenses per	Retu	irn.
Pa 1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a	h Expenses per	Retu	irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	h Expenses per 32,620.		irn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per		ırn.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other normed to the intervence of the	2a 2b 2c 2d	h Expenses per 32,620. 107,193.		ırn. <u>1,104,040.</u> 139,813.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 32,620. 107,193.	Retu	ırn.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 32,620. 107,193.	1 2e	ırn. <u>1,104,040.</u> 139,813.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit a. 2a 2b 2c 2d	h Expenses per 32,620. 107,193.	1 2e	ırn. <u>1,104,040.</u> 139,813.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per 32,620. 107,193.	1 2e	rn. <u>1,104,040.</u> <u>139,813.</u> <u>964,227.</u>
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per 32,620. 107,193.	1 2e	rn. <u>1,104,040.</u> <u>139,813.</u> <u>964,227.</u> 0.
Pa 1 2 a b c d a b c d b c d b c 5	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 32,620. 107,193.	Retu 1 2e 3	rn. <u>1,104,040.</u> <u>139,813.</u> <u>964,227.</u>

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

IN FEBRUARY 2019, THE ORGANIZATION ENTERED INTO AN ESCROW AGREEMENT WITH
THE TOWN OF MILFORD AND MILFORD POWER LLC FOR IMPLEMENTATION OF
SUBWATERSHED RESTORATION PROJECTS. THE PROJECTS ARE TO BE COMPLETED BY THE
TOWN OF MILFORD AND FUNDS WILL BE RELEASED TO THE TOWN IN ACCORDANCE WITH
THE AGREEMENT. DURING THE YEAR ENDED SEPTEMBER 30, 2019, \$150,000 WAS
DEPOSITED TO THE ACCOUNT AND INTEREST EARNED WAS \$1,740. NO FUNDS WERE
RELEASED DURING THE FISCAL YEAR. AS OF SEPTEMBER 30, 2019, THE ESCROW HELD
FOR OTHERS AND THE ESCROW HELD FOR OTHERS (CONTRA) ACCOUNT BALANCE WERE
EACH \$151,740.

	PART	XI,	LINE	2D -	- OTHER	ADJUSTMENTS:					
	832054 10-	29-18					45		Sch	edule D	(Form 990) 2018
09	07081	4 75	8606	1481	2000	2018.06010	CHARLES	RIVER	WATERSHED	ASS	14812001

SPECIAL EVENT EXPENSES	RECLASSIFIED T	'O REVENUE			107,193
			S	chedule D	(Form 990) 2
32055 10-29-18		46			

Schedule D (Form 990) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 5 Part XIII Supplemental Information (continued)

SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE

107,193.

SCHEDULE G	Suppleme	ntal Infor	mation Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.										
Department of the Treasury		gamzation	Attach to Form 990						Open to Public		
Internal Revenue Service		to www.irs	.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection		
Name of the organization		RIVER	WATERSHED A	sso	CIA	TION, INC		Employer ide	entification number 5989		
	complete this par		the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not		
 Indicate whether the a Mail solicitation Mail solicitation Internet and Phone solicitation In-person solicitation Did the organization key employees list 	ne organization rais tions l email solicitations itations plicitations on have a written o ted in Form 990, P D highest paid indiv	sed funds th s or oral agree art VII) or en viduals or en	f Solicita g Special ment with any individual tity in connection with p tities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Ye			
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
				Yes	No	-					
			ed or licensed to solicit		oution	s or has been notified	d it is	exempt from	registration		
LHA For Paperwork R	eduction Act Not	ice see the	Instructions for Form	990 or	900-1	F7 4	Sche	dule G (Form	990 or 990-EZ) 2018		
	Caucion Act NOL	, 300 me		550 01	550-	i	Jone		000 01 000-LZJ ZU 10		

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INC04-6136989 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

- 1		of fundraising event contributions and gr	-			1
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GALA	DOCK PARTY		(add col. (a) through col. (c))
an			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	205,013.	18,474.		223,487.
	2	Less: Contributions	196,223.	13,084.		209,307.
	3	Gross income (line 1 minus line 2)	8,790.	5,390.		14,180.
	4	Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs	10,125.	2,415.		12,540.
Direct Expenses	7	Food and beverages	31,796.	3,890.		35,686.
	8	Entertainment	500.	700.		1,200.
	9	Other direct expenses		13,046.		1,200. 57,767.
	10	Direct expense summary. Add lines 4 through			🕨	107,193
22	11 rt I	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		000 Dart IV lina 10 ar		-93,013
a		\$15,000 on Form 990-EZ, line 6a.	answered fes on Form	1990, Fait IV, inte 19, 011	eponed more than	
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev						
-	1	Gross revenue				
ses	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	7 8	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶	
	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	from line 1, column (d)		>	Yes No
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	>	YesNo
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	>	YesNo
a b	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes _ No
a b 0a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	▶	Yes No
a b 0a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	▶	Yes _ No
a b Da b	8 Ent Is t If " We If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	year?	_ L Yes No

Sch	edule G (Form 990 or 990-EZ) 2018 CHARLES RIVER WATERSHED ASSOCIATION, INCO4-	<u>5136989</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
			_
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	📖 Yes	└── No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	100	10
	organization's own exempt activities during the tax year \triangleright \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v);	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,
83208	33 10-03-18 Schedule G (For	m 990 or 990	-EZ) 2018
	49		-

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Schedule G (Form 990 or 990-EZ)	CHARLES	RIVER	WATERSHED	ASSOCIATION,	INC04-6136989	Page 4
					Schedule G (Form 990 or	990-EZ)
832084 04-01-18			50			

09070814 758606 14812000 2018.06010 CHARLES RIVER WATERSHED ASS 14812001

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

CHARLES RIVER WATERSHED ASSOCIATION, INC 04-6136989

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WATERSHED, INCLUDING IMPROVING AND EXPANDING ITS NATURAL RESOURCES AND

RECREATIONAL OPPORTUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ACTIVELY WORKING TO ENGAGE WITH COMMUNITIES THAT ARE PARTICULARLY

VULNERABLE TO THE IMPACTS 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 4D, OTHER PROGRAM SERVICES:

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 37 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 ALL 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. 832211 10-10-18

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Name of the organization CHARLES RIVER WATERSHED ASSOCIATION, INC	Employer identification number 04-6136989
COMMUNITIES, LEGISLATORS, AND THE MA DEPARTMENT OF CONSER	VATION AND
RECREATION.	
EXPENSES \$ 103,849. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 97,608.
FIELD SCIENCE	
VOLUNTEER MONTHLY MONITORING - THE ORGANIZATION'S 24-YEAR	COMPREHENSIVE

VOLUNTEER CITIZEN SCIENTISTS WHO COLLECT WATER SAMPLES MONTHLY THROUGHOUT THE LENGTH OF THE RIVER. CRWA HAS ESTABLISHED ONE OF THE MOST EXTENSIVE WATER QUALITY DATA SETS FOR ANY RIVER IN THE NATION. THIS MONITORING INFORMS CRWA'S SCIENCE, RESEARCH AND ADVOCACY. THE DATA IS USED BY NUMEROUS RESEARCHERS, POLICY MAKERS AND STUDENTS AND SERVES AS THE BASIS FOR THE ANNUAL CHARLES RIVER REPORT CARD ISSUED BY THE U.S. EPA. THE ORGANIZATION ALSO ISSUES AN ANNUAL REPORT ON ITS WATER QUALITY MONITORING RESULTS. CRWA ALSO CONDUCTS MACROINVERTEBRATE SAMPLING AND ANALYSIS FOR ASSESSING ECOSYSTEM HEALTH OF STREAM SEGMENTS.

STUDY OF WATER QUALITY IN THE CHARLES INVOLVES A LARGE NETWORK OF

LOWER CHARLES WATER QUALITY FLAGGING - FROM JUNE THROUGH OCTOBER, BOATERS FROM WATERTOWN, TO BOSTON ARE APPRISED OF REAL-TIME WATER QUALITY FORECASTS THROUGH CRWA COLOR-CODED FLAGS FLOWN AT MULTIPLE BOATING LOCATIONS IN THE LOWER BASIN. CRWA USES A PREDICTIVE MODEL PREMISED ON RAINFALL AND RIVER FLOW; DATA IS ALSO COLLECTED FROM A WEATHER STATION IN THE LOWER BASIN. THIS INFORMATION IS POSTED ON CRWA'S WEBPAGES AND DISSEMINATED VIA E-MAILS AND TWITTER ALERTS. IN THE SUMMER, E. COLI BACTERIA DATA IS COLLECTED TWICE PER WEEK TO VERIFY FORECASTS AND CYANOBACTERIA OUTBREAKS ARE REPORTED AND MONITORED. 892212 10-10-18 52 09070814 758606 14812000 2018.06010 CHARLES RIVER WATERSHED ASS 14812001 WATER CHESTNUT REMOVAL - THE ORGANIZATION WORKS WITH LOCAL AND STATE PARTNERS TO ELIMINATE THE INVASIVE WATER CHESTNUT INFESTATION IN THE RIVER'S LAKES DISTRICT IN NEWTON, WALTHAM AND WESTON THROUGH MECHANICAL HARVESTING AND HAND-PULLING BY VOLUNTEERS. THIS PROGRAM INCREASES AWARENESS ABOUT INVASIVE SPECIES AND THE IMPACTS OF NUTRIENT POLLUTION WHILE CREATING

NEW RIVER STEWARDS.

EXPENSES \$ 83,194. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BLUE CITIES INITIATIVE - UNDER THIS PROGRAM, CRWA PLANS,

DESIGNS, IMPLEMENTS AND PROMOTES GREEN INFRASTRUCTURE APPROACHES, OR

NATURE-BASED SOLUTIONS, FOR MANAGING WATER IN THE URBAN ENVIRONMENT.

THROUGH RESEARCH, DESIGN AND IMPLEMENTATION OF DEMONSTRATION PROJECTS

ON PUBLIC AND PRIVATE PROPERTIES, THE ORGANIZATION'S GOAL IS TO MIMIC,

OR RE-CREATE, NATURAL HYDROLOGY AT THE SUB-WATERSHED SCALE, MAKING LAND

AND WATER ONCE AGAIN WORK TOGETHER. THESE PROJECTS ARE MODELS FOR

BETTER SITE DESIGN, PROVIDE PUBLIC REALM BENEFITS, SERVE TO EDUCATE THE

PUBLIC ON THE IMPORTANCE OF STORM WATER MANAGEMENT, REDUCE POLLUTION

AND FLOODING, AND PROVIDE DEVELOPERS AND LOCAL BOARDS WITH INFORMATION

ON LOW IMPACT DEVELOPMENT.

EXPENSES \$ 97,564. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

 FORM 990, PART VI, SECTION A, LINE 6:

 THE ORGANIZATION DOES NOT HAVE SEPARATE CLASSES OF MEMBERS ALTHOUGH THE

 BYLAWS ALLOW FOR THIS. MEMBERS ONLY HAVE THE RIGHT TO VOTE FOR NOMINATED

 INDIVIDUALS TO SERVE ON THE BOARD OF DIRECTORS. MEMBERS DO NOT HAVE ANY

 OTHER RIGHTS ASSIGNED TO THEM REGARDING PARTICIPATION IN THE ORGANIZATION'S

 832212 10-10-18

 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018) Pag								
Name of the organization						Employer identification number		
	CHARLES	RIVER	WATERSHED	ASSOCIATION,	INC	04-6136989		
GOVERNANCE.								

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 (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 QUROUM 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. 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-E0 IS RETURNED TO THE RETURN PREPARER INDICATING THE ORGANIZATION'S APPROVAL TO FILE THE RETURN.

FC	ORM 9	90, PAR	T VI	, SECTIO	ONВ,	, LIN	E 12C	:							
TH	HE OF	RGANIZAT	ION	REVIEWS	AND	DISCU	JSSES	ITS	CON	IFLICI	S POI	LICY	EACH	FALL	WITH
во	DARD	MEMBERS	AND	STAFF.	GEI	IERAL	COUN	SEL	FOR	THE C	RGANI	IZAIO	N MON	IITOR	S FOR
832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)															
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Name of the organization CHARLES RIVER WATERSHED ASSOCIATION, INC	Employer identification number 04-6136989
POTENTIAL CONFLICTS IN ORDER TO AVOID ACTUAL CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED P	ERIODICALLY AGAINST
THE COMPENSATION OF TOP MANAGEMENT OFFICIALS OF OTHER OR	GANIZATION'S
SIMILAR IN NATURE AND SIZE. THIS REVIEW IS UNDERTAKEN BY	THE ORGANIZATIONS
PRESIDENT AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECT	ORS. THIER
RECOMMENDATIONS ARE PRESENTED TO THE BOARD FOR REVIEW AN	D RATIFICATION
THROUGH THE BUDGET PROCESS. KEY EMPLOYEES SALARIES ARE D	ETERMINED BY THE
EXECUTIVE DIRECTOR WHO CONDUCTS AN EXAMINATION OF COMPEN	SATION IN LIKE
ORGANIZATIONS, IN CONSULTATION WITH THE EXECUTIVE COMMIT	TEE 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.

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