Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

Α	For the 2	2017 cale <u>nd</u>	lar year, or tax year beginning	Oct	1 , 2017, a	and ending	Sep	2 30	, 20 18
В	Check if a	pplicable: C	Name of organization Charles	River Cons	ervancy, In	ıc.		D Employ	er identification number
	Address c	hange	Doing business as					04-3	503656
	Name cha	nge	Number and street (or P.O. box if ma	ail is not delivered to	street address)	Room/suite)	E Telephoi	ne number
	Initial retur	ŭ	43 Thorndike St			S3-3		(617	608-1410
П	Final return		City or town, state or province, cour	try, and ZIP or foreig	n postal code			-	
$\overline{\sqcap}$	Amended		Cambridge, MA 02141					G Gross re	ceipts \$ 1,180,200.
$\overline{\Box}$			Name and address of principal office	r:					subordinates? Yes X No
		l l	Laura Jasinski, 43 Th		Cambridge.	MA 02141	1		s included? Yes No
_	Tax-exem		▼ 501(c)(3)		o.) 4947(a)(1) or	527			list. (see instructions)
J	Website:		w.thecharles.org) 1 (1110011110	.,		H(c) Group	exemption	number >
_			Corporation Trust Associa	tion Other ►	I Ye	ar of formatio			of legal domicile: MA
_	art I	Summar			= 100	ar or rominatio	2000	, in otato	or logal dominolo. PH1
			cribe the organization's miss	on or most sign	ificant activities:	The Ch	narlog B	irror C	ongonizangi. Tng
Φ									
Š			t-for-profit corpor						
ű			the 400 acres of ur						
OVE	I .		box ▶ ☐ if the organization		-	-		1 . 1	
Ğ			voting members of the gove					3	9
S	I .		independent voting member	•	• •			4	
ìŧi			er of individuals employed in	=	•	-		5	8
Activities & Governance	I .		er of volunteers (estimate if	• •				6	2,000
⋖			ated business revenue from I		* **			7a	0.
	b N	Net unrelate	ed business taxable income	from Form 990-	1, line 34	· · ·		7b	0.
							Prior Ye		Current Year
ē			ns and grants (Part VIII, line				633	,900.	1,176,200.
ē	I .	•	ervice revenue (Part VIII, line	•		_			
Revenue			income (Part VIII, column (A		•		1	,200.	3,800.
_			nue (Part VIII, column (A), line		·				200.
			ue-add lines 8 through 11 (n				635	,100.	1,180,200.
	13 (Grants and	similar amounts paid (Part I	X, column (A), Iir	nes 1–3)				
		-	id to or for members (Part IX		•				
es	15 S	Salaries, oth	ner compensation, employee b	penefits (Part IX,	column (A), lines	5–10)	262	,600.	311,800.
Expenses	16 a F	Professiona	al fundraising fees (Part IX, c	olumn (A), line 1	l1e)		10	,700.	45,000.
χbe	b T	Total fundra	aising expenses (Part IX, col	umn (D), line 25)	▶ 265,	200.			
Ш	17 (Other expe	nses (Part IX, column (A), line	es 11a-11d, 11f	–24e)		223	,000.	385,600.
	18 T	otal exper	nses. Add lines 13-17 (must	equal Part IX, co	olumn (A), line 25	5)	496	,300.	742,400.
	19 F	Revenue les	ss expenses. Subtract line 1	8 from line 12			138	,800.	437,800.
o Ses						Ве	ginning of Cu	rent Year	End of Year
Net Assets or Fund Balances	20 T	Total assets	s (Part X, line 16)				670	,200.	1,082,500.
t As	21 T	Total liabilit	ies (Part X, line 26)				48	,300.	22,800.
象	22 N	let assets	or fund balances. Subtract li	ne 21 from line	20		621	,900.	1,059,700.
Pá	art II	Signatur	re Block						
Un	der penalti	es of perjury,	I declare that I have examined this r	eturn, including acco	ompanying schedules	s and stateme	ents, and to th	e best of r	ny knowledge and belief, it is
tru	e, correct,	and complete	. Declaration of preparer (other than	officer) is based on	all information of whi	ch preparer h	as any knowle	edge.	
							1	0/16/2	019
Sig	gn	Signatu	re of officer				Dat	е	
He	re	Laur	a Jasinski, Executi	ve Directo	r				
			print name and title						
D-	.i.d	Print/Type	preparer's name	Preparer's signature	•	Date	•	Check	▼ if PTIN
Pa		David	Asadoorian, CPA	David Asad	oorian, CPA	03	/08/2019		
	eparer					100		-	04-3178180
US	e Only		ress ▶ 67 Peter Spring		ord MA 017	42			78)371-2599
Ma	v the IRS		his return with the preparer s			14		ie 110. (9	X Yes No
ivia	y 1110 111C	J GIOCUSS LI	ino rotarri with the preparers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,			· · ·	🔼 165 🗌 140

Part		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	The Charles River Conservancy, Inc.	
	is a not-for-profit corporation that promotes the active and innovative	
	use of the 400 acres of urban public parklands along the Charles River	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	< No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 66,700. including grants of \$ 0.) (Revenue \$ 0.)	
	Conservancy Volunteers - This program organizes 2,000 volunteers each	
	year to improve the landscape, health and safety of 400 acres of the	
	urban Charles River parklands. Projects include erosion control,	
	debris removal, brush cutting, tree pruning, bench and rail painting,	
	plantings, restoration of river embankments and addressing invasive	
	vegetation.	
4b	(Code:) (Expenses \$102,400. including grants of \$0.) (Revenue \$)
	One of the Conservancy's main goals is to serve as an advocate for	
	the Charles River parklands. The Conservancy has been an ongoing	
	voice for path connectivity to encourage greater use of the pathways	
	and enhance safety. This includes advocacy for an underpass at the	
	Anderson and other bridges at busy/dangerous intersetions. The	
	Conservancy also actively participates in the public processes for	
	development and transportaion projects in and near the parklands by	
	building coalitions attending public meetings, and writing comment	
	letters. A recent focus has been the I-90 realignment project in	
	Allston. The Conservancy shares information about its work and	
	See Part III, Ln 4b statement	
	bee full 111/ In 10 beatement	
4c	(Code:) (Expenses \$ 101,400. including grants of \$ 0.) (Revenue \$ 0.))
	The Conservancy has worked for many years to see swimming return to	
	the Charles. For several years, it has hosted a one-day sanctioned	
	public swim to allow the community to experience river swimming.	
	The Conservancy is engaged in the multi-year planning and development	
	of a season swim facility, so that there can be a designated space	
	monitored for swimming.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 270,500.	

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Part	IV Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
_	·	2	×	
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	×	×
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? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
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	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? If "Yes," complete Schedule D, Part X .	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	×	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	

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Part	Checklist of Required Schedules (continued)		., 1	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		.,
22	Did the organization report more than \$5,000 of grants 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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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		×
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		×
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):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		×
С	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>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
00	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>			
38	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.	37	×	<u>×</u>

	0 (2017)		F	Page
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8	Oh		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	×	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		v
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		×
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	OD		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	×	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	×	
C	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
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			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

×

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u></u>	×
Secti	on A. Governing Body and Management			· ·	
4.		اه		Yes	No
1a	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 O.	9			
b 2	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 relationary other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or unde supervision of officers, directors, or trustees, or key employees to a management company or other per		3		×
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?	assets?.	4 5 6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?		7a		<u>×</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertathe year by the following:	iken during			
a b	The governing body?		8a 8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenu	ле Сс		
40		Г	10	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		<u>×</u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	+	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy describe in Schedule O how this was done	´ [12c	×	
13 14	Did the organization have a written whistleblower policy?	T T	13 14		<u>×</u>
15	Did the organization have a written document retention and destruction policy?	approval by	14		
а	The organization's CEO, Executive Director, or top management official	+	15a	×	
b	Other officers or key employees of the organization		15b		×
16a	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 a with a taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to sa	evaluate its feguard the			×
Ca -+:	organization's exempt status with respect to such arrangements?		16b		
Secti 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply.	90-T (Section	501(c)(3)s	only)
19	☑ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedul Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements available to the public during the tax year.	,	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's Laura Jasinski, 43 Thorndike St, Cambridge, MA 02141 (617)608-1410		ords:	>	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2017) Page **7**

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

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

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

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

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

Check this box if neither the organization	nor any relate	d org	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
				•	C)					
(A)	(B)	(do n	ot ch	Pos neck		e than o	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe d a d	rson	is both or/trust	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Iles, Debra	4.00	.,								
Chair		×		×						
(2) von Tscharner, Renata President	40.00			×						
(3) Pickett, Joan Treasurer	4.00	×		×						
(4) Kropper, Steve Clerk	4.00	×		×						
(5) Foote, Virginia Director	1.00	×								
(6) Gilbert, Jennifer Director	1.00	×								
(7) Kocher, Pamela Director	1.00	×								
(8) LeFlore, Edward Director	1.00	×								
(9) Mattison, Harold Director	1.00	×								
(10) Reed, Robyn Director	1.00	×								
(11) Jasinski, Laura Executive Director	40.00				×					
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box, ι	unles	Pos neck ss pe	rson	than of the thick the thic	n an	(D) Reportable compensation	(E) Reportable compensation fro	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											+
(20)											+
(21)											
(22)											
(23)											
(24)											
(25)											
1b c d	Sub-total	VII, Sectio						► ► ► •) W	ho received me	ore than \$100,	000 of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	Schedule J	for su	ıch	indi	ividu	ıal				. 3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	150,	000	? /:	f "Ye				
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individual	
	on B. Independent Contractors										100,000 (
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	lress							(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	90 (201) VIII	Statement of Revenue	ata ta ana Parta India	D4 VIII		Page 9
		Check if Schedule O contains a response or n	Ote to any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
s, G	С	Fundraising events 1c				
ar /	d	Related organizations 1d				
s, C	е	Government grants (contributions) 1e				
io S	f	All other contributions, gifts, grants,				
ber the		and similar amounts not included above $\begin{vmatrix} 1f \end{vmatrix} 1,176,2$	200.			
E Q	g	Noncash contributions included in lines 1a-1f: \$				
a Co	h	Total. Add lines 1a–1f	▶ 1,176,200.			
		Business C	ode			
Ven	2a					
æ	b					
<u>ië</u>	С					
Ser	d					
Program Service Revenue	е					
g	f	All other program service revenue.				
풉	g	Total. Add lines 2a–2f	>			
	3	Investment income (including dividends, interand other similar amounts)		0.	0.	3,800.
	4 5	Income from investment of tax-exempt bond proceed				,
	3	Royalties	al			
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	>			
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	>			
venue	8a	Gross income from fundraising events (not including \$				
her Revenue		of contributions reported on line 1c). See Part IV, line 18				

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 or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 54,800. 267,900. 164,200. 48,900. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 18,600. 10,600. 3,400. 4,600. 10 Payroll taxes 25,300. 16,200. 3,500. 5,600. 11 Fees for services (non-employees): Management Legal 1,700. 3,000. 1,300. 0. Accounting 25,100. 0. 25,100. 0. Lobbying Professional fundraising services. See Part IV, line 17 45,000. 45,000. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 109,600. 50,800. 54,000. 4,800. 12 Advertising and promotion 13 60,200. 2,400. 9,200. 48,600. Office expenses 14 Information technology 14,100. 600. 13,500. 0. 15 Occupancy 34,200. 0. 34,200. 16 0. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 4,200. 4,200. 22 Depreciation, depletion, and amortization . 0. 23 13,200. 1,300. 11,900. 0. Other expenses. Itemize expenses not covered 24 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 O.) 99,200. 100. 99,100. Events 0. а 7,000. 1,700. Other 11,400. 2,700. 11,400. С Program Supplies 11,400. 0. 0. d All other expenses Total functional expenses. Add lines 1 through 24e 206,700. 25 742,400. 270,500. 265,200. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

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Part X Balance Sheet

Part X						
	Check if Schedule O contains a response o	r note	to any line in this Pai			<u></u>
				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			62,000.	1	66,600.
2	Savings and temporary cash investments			405,800.	2	933,100.
3	Pledges and grants receivable, net			187,700.	3	72,000
4	Accounts receivable, net				4	
5	Loans and other receivables from current and					
	trustees, key employees, and highest co	ompen	sated employees.			
	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified personal	sons (as	s defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd cont	ributing employers and			
	sponsoring organizations of section 501(c)(9) volume					
ts	organizations (see instructions). Complete Part II of Scho	edule L			6	
Assets	Notes and loans receivable, net				7	
ĕ 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			6,000.	9	6,300
10a	Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D	10a	50,200.			
b	Less: accumulated depreciation	10b	50,200.	4,200.	10c	0 .
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line	11 .			12	
13	Investments-program-related. See Part IV, line	11 .			13	
14	Intangible assets		<u> </u>		14	
15	Other assets. See Part IV, line 11			4,500.	15	4,500
16	Total assets. Add lines 1 through 15 (must equ			670,200.	16	1,082,500
17	Accounts payable and accrued expenses			48,300.	17	22,800
18	Grants payable		<u> </u>	. ,	18	,
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
	Loans and other payables to current and f					
₽ 	trustees, key employees, highest comper					
Liabilities 22	disqualified persons. Complete Part II of Schedu				22	
<u>B</u> 23	Secured mortgages and notes payable to unrela		<u> </u>		23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax,		· -			
23	parties, and other liabilities not included on line					
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			48,300.	26	22,800
	Organizations that follow SFAS 117 (ASC 958), che		10,300.		22,000
ဥ	complete lines 27 through 29, and lines 33 an					
<u>e</u> 27	Unrestricted net assets			503,600.	27	957,000
g 28	Temporarily restricted net assets			118,300.	28	102,700
면 29	Permanently restricted net assets				29	
፰	Organizations that do not follow SFAS 117 (ASC 9	58), ch	eck here ► 🗌 and			
ō	complete lines 30 through 34.					
ပ္ည 30	Capital stock or trust principal, or current funds		[30	
စ္တိ 31	Paid-in or capital surplus, or land, building, or e	quipm	ent fund		31	
₹ 32	Retained earnings, endowment, accumulated in				32	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Total net assets or fund balances			621,900.	33	1,059,700
_ 34	Total liabilities and net assets/fund balances .		[670,200.	34	1,082,500.

Form **990** (2017)

Form 990 (2017) Page **12**

Part	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		80,2	00.				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 621,900.								
5	Net unrealized gains (losses) on investments	5							
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							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	1,0	59,7	00.				
Part	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 Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n						
	Schedule O.								
2a					<u>×</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	or						
	reviewed on a separate basis, consolidated basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	d on	a						
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ميده: ميا							
С	of the audit, review, or compilation of its financial statements and selection of an independent accour								
	If the organization changed either its oversight process or selection process during the tax year, exp			×					
	Schedule O.	Jiaiii i	11						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth i	n						
ъa	the Single Audit Act and OMB Circular A-133?	OI III I	'' 3a		×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	an th							
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b						
	Toquilos addit of addito, oxplain why in concadio o and accombo any cropo taken to undergo such ac			m 990	(2017)				
			1 01	550	(2011)				

REV 10/16/18 PRO

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

Continuation Statement

Description
other news affecting the parklands through a monthly e-news letter
and periodic paper mailings.

SCHEDULE A (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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for inst

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Charles River Conservancy, Inc. 04-3503656 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 633,500. 1,176,200. 3,581,300. 608,200. 607,500. 555,900. levied 2 revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 608,200. 607,500. 555,900. 633,500. 1,176,200. 3,581,300. 4 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 3,581,300. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 608,200. 607,500. 555,900. 633,500. 1,176,200. 3,581,300. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9,100. 2,000. 3,800. 21,200. 5,500. 800. Net income from unrelated business 9 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.) 500. 600. 1,800. 300. 200. 3,400. **Total support.** Add lines 7 through 10 11 3,605,900. Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 99.32% 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support			, ,		/	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	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,						
.0	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	ı 1's first, secon	d, third. fourth	, or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8						%
16	Public support percentage from 2016 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017 (. ,	•	. , ,		%
18	Investment income percentage from 2016						%
19a	33¹/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		-	_
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=	=	-		
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

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.)

ecu	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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).	5a		
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?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a		9a		
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.	9b		
С	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.	9c		
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	10a		
	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.)	10b		

Part	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		
Secti	on 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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	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?			
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).			
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		
Secti	on 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 year (see i	nstru	ction	s).
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 in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.	İ	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. <i>Answer (a) and (b) below.</i>			
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 Part VI.</i>	За		
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		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets			
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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-functionall	y int	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

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	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Line o amount divided by line 3 amount		(ii)	(iii)	
So	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
C	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
<u>i</u> _	Carryover from 2012 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

Pt II In 10: Other Income Part II, Line 10 Description: Sales of Souviners 2013: 500. 2014: 600. 2015: 1800. 2016: 300. 2017: 200.	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.)
500. 2014: 600. 2015: 1800. 2016: 300. 2017: 200.	Pt II Ln 10: Other Income Part II, Line 10 Description: Sales of Souviners 2013:
	500. 2014: 600. 2015: 1800. 2016: 300. 2017: 200.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III			
	of organization	inizations. Complete Fart III.		Employer ider	ntification number
	les River Conserv	ancy. Inc		04-35036	
Part		e organization is exempt unde	er section 501(c		
1 2 3 Part	definition of "political can Political campaign activit Volunteer hours for politic I-B Complete if the Enter the amount of any	y expenditures (see instructions) . cal campaign activities (see instructions) e organization is exempt under excise tax incurred by the organization	tions)	:	3
2 3 4a b	If the organization incurre Was a correction made? If "Yes," describe in Part		m 4720 for this ye	ear?	Yes No
Part		e organization is exempt unde			(C)(3).
1 2 3 4 5	activities	ly expended by the filing organizes	uted to other org Enter here and nber (EIN) of all senter the amount property and directly	anizations for section on Form 1120-POL, cection 527 political organi paid from the filing organi delivered to a separate p	Yes No No Zations to which the filing ization's funds. Also enterpolitical organization, such
	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).						
Α	Ch	neck 🕨 🗌 if the filing organization belong	s to an affiliated group (and list in Part IV each affi	liated group memb	er's name,		
		address, EIN, expenses, and s	hare of excess lobbying expenditures).				
В	Ch	neck if the filing organization checked	ed box A and "limited control" provisions apply.				
	Limits on Lobbying Expenditures (a) Filing (b) Affiliated						
	(The term "expenditures" means amounts paid or incurred.) organization's totals group totals						
	1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			0.			
	b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)	0.			
	С	Total lobbying expenditures (add lines 1a	and 1b)	0.			
	d	Other exempt purpose expenditures		860,000.			
	е	Total exempt purpose expenditures (add	lines 1c and 1d)	860,000.			
	f Lobbying nontaxable amount. Enter the amount from the following table in both						
	columns. 154,000.						
		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 259	% of line 1f)	38,500.			
	h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0.			
	i	Subtract line 1f from line 1c. If zero or les	s, enter -0	0.			
	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
	J		reporting section 4911 tax for this year?				
	J				Yes No		
	J	reporting section 4911 tax for this year? 4-Yea	ar Averaging Period Under section 501(h)				
		reporting section 4911 tax for this year? 4-Yea (Some organizations that made a sec	ar Averaging Period Under section 501(h) tion 501(h) election do not have to complete all				
	, 	reporting section 4911 tax for this year? 4-Yea (Some organizations that made a sec	ar Averaging Period Under section 501(h)				

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	101,800.	126,200.			228,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					342,000.
С	Total lobbying expenditures	6,000.	0.			6,000.
d	Grassroots nontaxable amount	25,400.	0.			25,400.
е	Grassroots ceiling amount (150% of line 2d, column (e))					38,100.
f	Grassroots lobbying expenditures					

Page 3

	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local labeled in the provided	Yes			(b)	
1 a b	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes				
a b			No	Aı	noun	Ł
b	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	Volunteers?					
С	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
h i	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)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or se	ction		
					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					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
a	Current year	1	2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	1	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		<u>4</u> 5			
Part			3			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Pa	rt II-A, I	ines 1	and

Schedule C (Form	Page 4					
Part IV	Supplemental Information (continued)					

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

varrie C	i tile organization		Employer identification number
Cha	rles River Conservancy, Inc.		04-3503656
Par	t I Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '		
	, ,	(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		1
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	· ·	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
-	Preservation of land for public use (e.g., recrea	= : : : : : : : : : : : : : : : : : : :	a historically important land area
	Protection of natural habitat	·	a certified historic structure
		_ Treservation of	a certified flistoffe structure
0	Preservation of open space	old a qualified appearation contribution	un in the form of a concentration
2	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h	. ,	
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
			· · ·
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re-	garding the periodic monitoring, insp	pection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
	>	g,g	
7	Amount of expenses incurred in monitoring, inspecting	na handling of violations, and enforcing	conservation easements during the year
•	► \$	g, narialing or violations, and officioning t	oonoorvation odcomente damig the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(/)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?		
_			
9	In Part XIII, describe how the organization reports of		•
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		anciai statements that describes the
D			Other Cinciles Assets
Part		•	Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		lucation, or research in furtherance of
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures. or other similar	assets for financial gain, provide the
_	following amounts required to be reported under S		9 .
	Revenue included on Form 990, Part VIII, line 1 .	· · · · · · · · · · · · · · · · · · ·	
a			
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2017 Page **2**

Par	t III Organizations Maintaining Colle	ections of Art, His	torical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other reco	rds, check any of the	e following that are a si	gnificant use of its
а	☐ Public exhibition	d	☐ Loan or exchange	e programs	
b	☐ Scholarly research	е			
С	Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	ain how they further t	the organization's exem	pt purpose in Part
5	During the year, did the organization solici assets to be sold to raise funds rather than				r
Part	t IV Escrow and Custodial Arranger	ments.			
	Complete if the organization answ 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XIII	I and complete the fo	ollowing table:		
				Ar	mount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or cu	stodial account liability	? 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in Part XIII	I. Check here if the ex	xplanation has been p	provided on Part XIII .	🗆
Par	t V Endowment Funds.				
	Complete if the organization answ				
	(a) (Current year (b) Pri	or year (c) Two years	back (d) Three years back	(e) Four years back
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 cui	rrent vear end balanc	e (line 1g. column (a)) held as:	
a	Board designated or quasi-endowment ▶	%	(,	,	
b	Permanent endowment ► %				
C	Temporarily restricted endowment ▶	%			
·	The percentages on lines 2a, 2b, and 2c sho				
3a	Are there endowment funds not in the poss		zation that are held a	and administered for the	۵
-	organization by:	2000.011 01 11.0 0. ga			Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz				3b
4	Describe in Part XIII the intended uses of the				30
	t VI Land, Buildings, and Equipment		owniont fands.		
rai	Complete if the organization answ		m 99∩ Part IV line	11a See Form 990	Part X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	(d) Book value
	Land				
b	Buildings				
C	Leasehold improvements				
-	Equipment		50,200.	50,200.	0.
d e	Other		30,200.	50,200.	<u> </u>
	Add lines 1a through 1e (Column (d) must e	agual Form 990 Part	X column (R) line 10	^) >	0

 $\mathsf{B}\mathsf{A}\mathsf{A}$

	Complete if the organization answered "Ye (a) Description of security or category		(b) Book value		(a) Mart	hod of valuation:
	(including name of security)		(b) Book value			nod of valuation: -of-year market value
Financia	derivatives					
Closely-I	neld equity interests					
Other	· · · ·					
(A)						
(B)						
(C)						
` (D)						
E)						
(F)						
(G)						
(H)						
	h) must aqual Form 000 Part V acl /P) line 12 \					
	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.					
art VIII	<u> </u>	o" on Fo	m 000 Dort IV lin	11- C	оо Гоки	OOO Dort V line
	Complete if the organization answered "Ye	S ON FO		<u>1e 11c. S</u>		
	(a) Description of investment		(b) Book value			thod of valuation: -of-year market value
)						
)						
)						
.)						
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`						
)						
7) 3) 9)						
B) B) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
B) D) tal. (Column (Other Assets.					
B) D) tal. (Column (Other Assets. Complete if the organization answered "Ye	es" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
8))) tal. (Column (Other Assets.	es" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	n 990, Part X, line (b) Book value
8) 0) al. (Column (Part IX	Other Assets. Complete if the organization answered "Ye	es" on Fo	m 990, Part IV, lir	ne 11d. S	ee Form	
s)) ial. (Column (Part IX	Other Assets. Complete if the organization answered "Ye	es" on Fol	m 990, Part IV, lir	ne 11d. S	ee Form	
e) Di Column (Part IX Di Column (Colum	Other Assets. Complete if the organization answered "Ye	es" on Fol	rm 990, Part IV, lir	ne 11d. S	ee Form	
e) Distal. (Column (Part IX) E)	Other Assets. Complete if the organization answered "Ye	s" on Fol	m 990, Part IV, lir	ne 11d. S	see Form	
(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "Ye	s" on Fol	m 990, Part IV, lir	ne 11d. S	See Form	
e) Distal. (Column (Part IX) E) E) E) E)	Other Assets. Complete if the organization answered "Ye	s" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
)) al. (Column (Part IX))))))	Other Assets. Complete if the organization answered "Ye	s" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
))) al. (Column (art IX)))))	Other Assets. Complete if the organization answered "Ye	s" on Fo	m 990, Part IV, lir	ne 11d. S	See Form	
))) al. (Column (art IX))))))))	Other Assets. Complete if the organization answered "Ye	es" on Fol	m 990, Part IV, lir	ne 11d. S	See Form	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Other Assets. Complete if the organization answered "Ye (a) Description					
3) 3) 3) 4) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 6) 9) ttal. (Colu	Other Assets. Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1		m 990, Part IV, lir		see Form	
8) 2) tal. (Column (Part IX 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities.	5.)			•	(b) Book value
(a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye	5.)			•	(b) Book value
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al. (Column (art IX	Other Assets. Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
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Part IX Par	Other Assets. Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
e) e) e) al. (Column (Part IX) e)	Other Assets. Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value
Part IX Par	Other Assets. Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b) I	<i>'5.)</i>			•	(b) Book value

Schedule D (Form 990) 2017 Page 4

	Complete if the organization answered "Yes" on Form 990, F	⊃art l`	V line 12a			
1	Total revenue, gains, and other support per audited financial statements			. 1		1,297,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					1,25,,000.
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	117,60	00.		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			. 2 e	•	117,600.
3	Subtract line 2e from line 1			. 3		1,180,200.
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.)					
_C	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line					1,180,200.
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F			s per K	eturr	1.
1	Total expenses and losses per audited financial statements			. 1		060 000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					860,000.
a	Donated services and use of facilities	2a	117,60	۱ <u>۸</u>		
a b	Prior year adjustments	2b	117,00	,,,,,		
C	Other losses	2c				
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d	_		. 2e		117,600.
3	Subtract line 2e from line 1			-		742,400.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ				, 12, 1001
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			. 40	;	
_						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		. 5		742,400.
Part	XIII Supplemental Information.					
Part Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and	d 2b; Pa	ırt V, I	ine 4; Part X, line
Part Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Pa to pro	art IV, lines 1b and ovide any addition	d 2b; Pa al inform	art V, I	ine 4; Part X, line
Part Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa to pro	art IV, lines 1b and ovide any addition	d 2b; Pa al inform	art V, I	ine 4; Part X, line
Part Provid 2; Par	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Pa	art IV, lines 1b and	d 2b; Pa al inform	art V, Ii	ine 4; Part X, line
Part Provid 2; Par	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, Line 2b: Beginning in June 2015, the Conservance	d 4; Pa	art IV, lines 1b and ovide any addition	d 2b; Pa al inform the	art V, I	ine 4; Part X, line
Part Provid 2; Par	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Patto pro	art IV, lines 1b and pool of any addition as acting as liliance), an	d 2b; Pa al inform the d	art V, I	ine 4; Part X, line al
Part Provid 2; Par Pt I	Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III. When the Charles River Alliance Working Group (the Construction of the Charles River Alliance Working Group)	d 4; Pa to pro	art IV, lines 1b and ovide any addition as acting as lliance), an	the inder	art V, lination	ine 4; Part X, line al
Part Provid 2; Par Pt I agen	Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, Lines 2b: Beginning in June 2015, the Conservance of the Charles River Alliance Working Group (the for-profit corporation. This relationship was end	d 4; Pa to pro	art IV, lines 1b and ovide any addition as acting as lliance), an	the inder	art V, lination	ine 4; Part X, line al
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Part Provid 2; Par Pt I agen	Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, Lines 2b: Beginning in June 2015, the Conservance of the Charles River Alliance Working Group (the for-profit corporation. This relationship was end	d 4; Pa to pro	art IV, lines 1b and ovide any addition as acting as lliance), an	the inder	art V, lination	ine 4; Part X, line al
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Part Provid 2; Par Pt I agen	Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, Lines 2b: Beginning in June 2015, the Conservance of the Charles River Alliance Working Group (the for-profit corporation. This relationship was end	d 4; Pa to pro	art IV, lines 1b and ovide any addition as acting as lliance), an	the inder	art V, lination	ine 4; Part X, line al
Part Provid 2; Par Pt I agen	Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, Lines 2b: Beginning in June 2015, the Conservance of the Charles River Alliance Working Group (the for-profit corporation. This relationship was end	d 4; Pa to pro	art IV, lines 1b and ovide any addition as acting as lliance), an	the inder	art V, lination	ine 4; Part X, line al
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Part Provid 2; Par Pt I agen	Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, Lines 2b: Beginning in June 2015, the Conservance of the Charles River Alliance Working Group (the for-profit corporation. This relationship was end	d 4; Pa to pro	art IV, lines 1b and ovide any addition as acting as lliance), an	the inder	art V, lination	ine 4; Part X, line al
Part Provid 2; Par Pt I agen	Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, Lines 2b: Beginning in June 2015, the Conservance of the Charles River Alliance Working Group (the for-profit corporation. This relationship was end	d 4; Pa to pro	art IV, lines 1b and ovide any addition as acting as lliance), an	the inder	art V, lination	ine 4; Part X, line al

Schedule D (For	m 990) 2017	Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization **Employer identification number** Charles River Conservancy, Inc. 04-3503656 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants а X Internet and email solicitations ☐ Solicitation of government grants b X Phone solicitations X Special fundraising events X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) contributions? organization col. (i) Yes No Sunny Stich 8 Marshall Ave × Natick, MA 01760 58,300. 15,500 42,800. Devl't Consult 2 Liz_Page Associates 32 Furnace Ave × Quincy, MA 02169 0. 29,500. -29,500. Event Producer 5 6 7 8 9 10 58,300. 45,000. **Total** 13,300. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. ΜA

Sche	edule	G (Form 990 or 990-EZ) 2017				Page 2
Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising				
		gross receipts greater tha		g		
			(a) Event #1 Gala	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	820,300.			820,300.
Ä	2	Less: Contributions Gross income (line 1 minus	794,400.			794,400.
		line 2)	25,900.			25,900.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages	58,600.			58,600.
Dire	8	Entertainment	4,100.			4,100.
	9	Other direct expenses .	14,200.			14,200.
	10 11	Direct expense summary. Ad Net income summary. Subtra				76,900. -51,000.
Pa	rt III			red "Yes" on Form 99	00, Part IV, line 19, or	reported more
enu		than \$15,000 on Form 99	9U-E∠, IINe 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
ď	1	Gross revenue				
enses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	/ Subtract line 7 from li	ne 1 column (d)		
		The garming moonic saminary	,. Cabaac iiio / iioiii ii			
9		Enter the state(s) in which the or s the organization licensed to co	-		s?	🗌 Yes 🗌 No
		f "No " ovoloin:	5 5			
10	a V	Were any of the organization's g	aming licenses revoked	l, suspended, or termin	ated during the tax year	? . \square Yes \square No

b If "Yes," explain:

11 12	ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
	formed to administer charitable gaming?
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility
a b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Page 3

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

Charles River Conservancy, Inc.	04-3503656			
Pt VI, Line 11b: The Board of Directors has delegated responsibility for review				
of Form 990 to the Executive Director				
Pt VI, Line 12c: Members for the Board are required annually, to	complete a			
conflict of interest form.				
Pt VI, Line 15a: Board members researched the salaries at compara	ble not-for-profits			
in the Boston area. The salary was further confirmed by the exec	utive search			
firm retained to conduct the search for Executive Director. Docu	mentaion was			
in the Board minutes.				
Pt VI, Line 19: The Organization makes its governing documents av	ailable upon			
request. Form 990 is also available on the website.				
Pt IX, Line 11g:				
Description: Executive Search				
Total: \$45,100				
Program services: \$0				
Management and general: \$45,100				
Fundraising: \$0				
Description: Other Prof. Services				
Total: \$24,100				
Program services: \$10,400				
Management and general: \$8,900				
Fundraising: \$4,800				
Description: Water Testing				
Total: \$40,400				
Program services: \$40,400				
Management and general: \$0				

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Charles River Conservancy, Inc.	04-3503656
	·
Fundraising: \$0	