Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning 10/01/22, and ending 09/30/23C Name of organization D Employer identification number Check if applicable: Address change Charles River Conservancy, Inc. **-***3656 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 43 Thorndike Street, S3-3 617-608-1410 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Cambridge MA 02141 781,539 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Laura Jasinski 43 Thorndike St, S3-3 H(b) Are all subordinates included? Cambridge MA 02141 If "No." attach a list. See instructions X 501(c)(3) 501(c) (4947(a)(1) or Tax-exempt status: www.thecharles.org Website: H(c) Group exemption number X Corporation Trust L Year of formation: 2000 Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Conservancy strives to make the Charles River and its parks a well-Activities & Governance maintained network of urban places that invite and engage all in their use and stewardship. 2 Check this box | | if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 8 5 6 Total number of volunteers (estimate if necessary) 2000 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 794,767 655, 0 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -910428 222 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 98 794,079 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 665,272 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 490,938 437,269 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 217,794 255,985 693,254 708,732 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -43,460 100,825 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 1,064,235 1,057,222 20 Total assets (Part X, line 16) 102,434 81,095 21 Total liabilities (Part X, line 26) 976,127 22 Net assets or fund balances. Subtract line 21 from line 20 961,801 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Laura Jasinski Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Jeffery E. Richards 12/08/23 self-employed Preparer BacallConniff Inc. **-***9635 Firm's name Firm's EIN Use Only 111 State Street 02109-2905 Boston, MA 617-367-3250 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

including grants of \$

472,836

4e Total program service expenses

	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	ingt.	21
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			х
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	21	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		-27
5000	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
DAA		Cor	m 990	(2022)

	Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	-		7
24a	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.0		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28			Marie .	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	13 ASS		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	APRIL TOWNS TO A	Minurant	Show the Person
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			·
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		12
	or IV and Part V line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
LAD:	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
SEA CO.				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	Nia
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15		res	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		1.4	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	3 to 100	Sie.	405
	reportable gaming (gambling) winnings to prize winners?	1c		X

16

17

X

16

17

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Part VI

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

Sec	tion A. Governing Body and Management			
		William Co.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			10
	If there are material differences in voting rights among members of the governing body, or		等 数 注 数	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.		en stand	
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			Control of
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		100	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	aura Jasinski 43 Thorndike St. S3-3			
_Ca	Ambridge MA 02141 617	-60	8-1	410

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Lonsdale G. Koes										
~ ****************************	4.00									
Chair	0.00	X		X				0	0	0
(2) Craig Bida										ligi
	1.00									
Director	0.00	X						0	0	0
(3) Nathan Gauthier										
<u> </u>	1.00									_
Director	0.00	X						0	0	0
(4) Steve Kropper										
<u> </u>	1.00			2202						_
Clerk	0.00	X		X				0	0	0
(5) Frans Lawaetz										
	4.00									
Treasurer	0.00	X	-	Х	_	-		0	0	0
(6) Bonnie L McLella	2000000								a e	
	1.00									_
Director	0.00	X		_		-		0	0	0
(7) Simeen Ali Mohse										
B7::::::::::::::::::::::::::::::::::::	1.00	37						_	_	
Director (8) Nayeli Rodrigue:	0.00	X	_	_	_	\vdash		0	0	0
(%) Nayell Rodrigue	1.00									
Director	0.00	x						0	0	0
(9) Laurel Schwab	0.00		-	-	_	\vdash		0		<u> </u>
(5) Eddiel Bellwab	1.00									
Director	0.00	x						0	0	0
(10) Gautam Sundaram	0.00			-					<u> </u>	
(- , =	1.00									
Director	0.00	x						0	0	0
(11) Alana Olsen West							-			
	1.00									
Director	0.00	x						0	0	0
								•		Form 990 (2022)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title		(B) Average hours per week (list any hours for	box, unless person is both s officer and a director/trus					ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and
*		related organizations below dotted line)	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee		1099-NEC)	1099-NEC)	related organizations
(12	2) Laura Jasins	22-2-200									William Control of the Control of th
Exe	ecutive Director	37.50 0.00					x		144,375	0	0
	• • • • • • • • • • • • • • • • • • • •										
2 (2)2(3)	••••••										
	• • • • • • • • • • • • • • • • • • • •										
1b	Subtotal								144,375		
C	Total from continuation she	ets to Part VII, S	Sect	ion A	۸				144,375		
2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from			ed to	thos	e lis	ted a	abov			
3	Did the organization list any for employee on line 1a? If "Yes,"									d	Yes No
4	For any individual listed on line organization and related organization and related organizational	e 1a, is the sum	of re	port	able	com	pen	satio	on and other compensation		4 X
5	Did any person listed on line 1 for services rendered to the or									rindividual	5 X
Sect	tion B. Independent Contracto		<i>C</i> 3,	COII	piete	3 30	neau	ile J	Tor such person	*************************	5 2
1	Complete this table for your fix compensation from the organi	ve highest comp	ensa	ated ensa	inde	oenc	lent o	cont	tractors that received more	than \$100,000 of	ear
2000,000,000		(A) business address								(B) tion of services	(C) Compensation
-									***************************************		
2	Total number of independent or received more than \$100,000	contractors (inclue)	uding r from	g but	not e ora	limit	ed to	the	ose listed above) who	0	

Pa	rt V	Stateme	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if	Sch	edule O conta	ains a	respor	ise or note	(A)		(C)	(D)		
								Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under		
									idiction revenue	business revenue	sections 512-514		
ıts ts	1a	Federated camp	aigns		1a				and the state of t				
Srar	b	Membership due	es	************	1b			第二个					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising ever	nts		1c					The second			
Gift	d	Related organiza			1d						Albert of Control		
im;	е	Government grants (co	ntributio	ns)	1e			Mary de la company					
itioi er S	f	All other contributions, and similar amounts no			1f		655,746			Anna Carlo			
JĘ H	g	Noncash contributions i	included	lin									
ont nd (lines 1a-1f			1g		9,633						
<u>a</u> C	h	Total. Add lines	1a-1	f				655,746					
							Business Code						
Program Service Revenue	2a									,			
Sen	b												
am	4												
og R	۵ ۵												
P.	f	All other progran		vice revenue			-						
		Total. Add lines											
									Medical Control of the Control of th				
		3 Investment income (including dividends, interest, and other similar amounts)						6,170			6,170		
	4	Income from inve								,,,,,,,,,			
	5	Royalties				procedu				*			
		[(i) Real		(ii) I	Personal	等,从"大"的"大"的"大"。 "					
	6a	Gross rents	6a										
	b	Less: rental expenses	6b										
		Rental inc. or (loss)	6c										
	d	Net rental incom	e or (loss)							10.7		
	7a	Gross amount from		(i) Securities		(ii) Other						
		sales of assets other than inventory	7a	106,	934		12,591				STORES OF THE		
ne	b	Less: cost or other											
/en		basis and sales exps.	7b	116,	267								
Re	С	Gain or (loss)	7c	-9,	333		12,591						
ther Revenue	d	Net gain or (loss						3,258			3,258		
₽	8a	Gross income from	fundra	aising events									
		(not including \$									Spin to the		
		of contributions rep		on line									
	-	1c). See Part IV, lin			8a								
	b	Less: direct expe			_8b								
	С	Net income or (le			events	T				, The Artist Mark Street William			
	9a	Gross income from			_					ACTO DE STATE			
		activities. See P		100000000000000000000000000000000000000	9a								
		Less: direct expe			9b			and the store of the security of the sec					
		Net income or (le			lities .								
	iva	Gross sales of ir returns and allow		•	10-								
	h	Less: cost of goo			10a 10b								
		Net income or (le							produced, and the special				
<u> </u>		14Ct modifie of (II	033) I	on sales of live	лиогу	******	Business Code	PARTY TO STATE OF					
Miscellaneous Revenue	11a	Miscellane	0118	Income				98	98		and the second second second		
ane	b							- 30					
eve	С	* *************************************		MATABOAN CAUSAL CENT	****				2		4		
Misc	d	All other revenue	9		*****					-			
_		Total. Add lines						98		Acres A.	() () () () () () () () () ()		
	12							665,272	98	0	9,428		

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 X (A) (B) Program service (D) Do not include amounts reported on lines 6b. 7b. Total expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 416,507 329,192 44,628 42,687 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 37,205 29,407 3,985 9 3,813 37,226 29,421 3,990 3,815 Payroll taxes Fees for services (nonemployees): a Management b Legal 11,250 11,250 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 76,332 44,277 19,800 12,255 12 Advertising and promotion 17,869 5,168 6,973 5,728 13 Office expenses Information technology 14 Royalties 15 Occupancy 36,680 28 36,652 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 1,981 22 1,981 23 13,625 2,366 11,259 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,858 Equipment/technology 28,185 25,327 Program supplies and expe 14,019 13,922 34 63 Event expenses 9,901 9,656 245 Other 7,952 6,541 1,232 179 e All other expenses 708,732 472,836 167,385 68,511 Total functional expenses. Add lines 1 through 24e 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 391,249 266,559 Savings and temporary cash investments 2 Pledges and grants receivable, net 40,778 39,025 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 15,461 17,908 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 42,239 basis. Complete Part VI of Schedule D 10a 996 10b 41,243 2,977 10c b Less: accumulated depreciation 540,545 690,589 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 14 73,225 1,064,235 42,145 15 Other assets. See Part IV, line 11 15 1,057,222 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 43,495 33,754 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 37,600 of Schedule D 68,680 25 26 Total liabilities. Add lines 17 through 25 102,434 81,095 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 951,127 27 Net assets without donor restrictions 893,012 27 68,789 25,000 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 961,801 976,127 Total net assets or fund balances 1,057,222 1,064,235 Total liabilities and net assets/fund balances

Form 990 (2022)

Form 990 (2022)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

> Employer identification number **-***3656

- 200	10		Charles Rive	r Conservancy,	Inc.		**-**	3656						
P	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.						
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, c	check only	y one box	.)							
1		A church, cor	nvention of churches, or ass	ociation of churches described i	in sectio	170(b)(1	I)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)									
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4		A medical res	search organization operated	d in conjunction with a hospital o	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,						
		city, and state												
5		An organizati	ion operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in							
	_		b)(1)(A)(iv). (Complete Part											
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A)(v).							
7	X			nat normally receives a substantial part of its support from a governmental unit or from the general public ion 170(b)(1)(A)(vi). (Complete Part II.)										
8				escribed in section 170(b)(1)(A)(vi). (Complete Part II.)										
9						ed in coni	unction with a land-grant colle	ae						
	-			arch organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
10		receipts from	tion that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross in activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
				nd unrelated business taxable in 0, 1975. See <mark>section 509(a)(2).</mark>										
11		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 50	09(a)(4).							
12				exclusively for the benefit of, to			· · · · · · · · · · · · · · · · · · ·							
				ions described in section 509(a scribes the type of supporting or										
	а			erated, supervised, or controlled				ing						
		supportin	g organization. You must c	ver to regularly appoint or elect a omplete Part IV, Sections A a	nd B.									
	b			pervised or controlled in connecting organization vested in the s										
				Part IV, Sections A and C.	same per	ons mar	control of manage the support	eu						
	С	Type III f	unctionally integrated. A s	upporting organization operated tructions). You must complete				vith,						
	d			I. A supporting organization ope				on(s)						
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentiven							
		L		nust complete Part IV, Section										
	е	Check th	is box if the organization rec	eived a written determination fron- n-functionally integrated support	om the IR	S that it is	s a Type I, Type II, Type III							
	f		nber of supported organizati		ing organ	iizatiori.								
	g			e supported organization(s).										
		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of						
		anization	(11) = 11	(described on lines 1–10		ur governing	support (see	other support (see						
				above (see instructions))	docu	ment?	instructions)	instructions)						
					Yes	No								
(A)														
(B))													
(C)														
(D)														
(E)			v											
Tota	ıl		Contract of the second		S 100 815 15	Sec. 20.								

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

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 534,900 546,800 436,500 794,767 655,746 2,968,713 Tax revenues levied for the 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 3 534,900 546,800 436,500 794,767 655,746 2,968,713 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 2,968,713 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 534,900 546,800 436,500 794,767 655,746 2,968,713 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 9,000 12,900 7,100 655 6,170 35,825 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 3,004,760 Gross receipts from related activities, etc. (see instructions) 12 12 320 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 98.80% 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 99.04% 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2022. 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 organization 10%-facts-and-circumstances test—2021. 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 supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality direct t	THE LEGICO HOLOGIA	ociow, picase o	ompiete i art ii	./	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
С	Add lines 7a and 7b				WEST TAKEN THE PROPERTY OF		
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					是"特殊"是《新文·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯·斯	L
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 2010	(6) 2015	(6) 2020	(4) 2021	(6) 2022	(i) rotai
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 on line 10b, whether or not the business is regularly carried on						2
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				84		15
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's first.	second, third, fourt	h, or fifth tax vear	as a section 501(c	1)(3)	1
	organization, check this box and stop her	e		82 1/8/2		2.253	
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8	, column (f), divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2021 Scho	edule A, Part III, li	ne 15				%
	tion D. Computation of Investme						
17	Investment income percentage for 2022 (I			3, column (f))			%
	Investment income percentage from 2021 S						%
19a	33 1/3% support tests—2022. If the orga						
b	17 is not more than 33 1/3%, check this be						L
b	33 1/3% support tests—2021. If the orga line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did						

Schedule A (Form 990) 2022 Part IV Support

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	A TOTAL PROPERTY.	
2 3a		
3b 3c		
4a		
415		
4b		
4c		
5a		
5b		
5c		
6		
8		
9a 9b		
9c		
10a		
10b	/ -	2001 522
chedule A	(Form S	190) 2022

Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	7 10 A		
	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 officers, directors, or trustees were allocated among the		Confidence	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Maria de Contra de	
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	ion C. Type II Supporting Organizations			
		190000000000000000000000000000000000000	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	ALC: NO.		
0 1	the supported organization(s).	1	20	
Secti	ion D. All Type III Supporting Organizations			
4	Dilli	PACE NO.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Sp.		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100 mg		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	94		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		-2
3	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		MARIA
Secti	ion 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 instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	7.		
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 governmental entity (see inst	ructions)		
2	Activities Test. Answer lines 2a and 2b below.	ĺ	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	SADE NEEDS		
	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 on line 2a, above, constitute activities that, but for the organization's	14.		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			* - (-)
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			TA Spiles
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	No. IV		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	ule A (Form 990) 2022 Charles River Conservancy,	Inc	. **-**3	656 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	t com	olete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	3	
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			- with a resident
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d	16	
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):		Complete Company Comment	
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Calling Andreas of the care	
2	Enter 0.85 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	Marine State of the State of th	
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-functionally integrated	Гуре II	I supporting organization	

(see instructions).

Schedule A (Form 990) 2022 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3i and 4c. Breakdown of line 7: a Excess from 2018 b Excess from 2019 . c Excess from 2020 d Excess from 2021 e Excess from 2022

cy, Inc.

-*3656

Schedule A (For	rm 990) 2022	Char.	Les	KIVE:	r Cor	ıser	rva	no
Part VI	Supplemental	Information.	Prov	ide the	explana	ations	req	uir
	III line 10. Dort	1\ / C+: A	12	4 0 0			_	-

red 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.)

Part II, Line 10 - Other Inco	me Detail	
		22
	00000 (0.0000 00000 00000 00000 00000 00000 00000	

) • • • • • • • • • • • • • • • • • • •

William to the state of the sta		
	*************************************	• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Name of the organization Employer identification number Charles River Conservancy, Inc. **-***3656 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2022 Charles	River Cor	servanc	y, Inc.	(()	**-***3	656		Page 2
and the second second	rt III Organizations Maintainii							s (continue	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other red	cords, check an	y of the follow	ing that m	ake significant u	se of its		
а	Public exhibition	d [Loan or exc	change progra	ım				
b	Scholarly research	e [Other						
C	Preservation for future generations						NO. A. BORDER		
4	Provide a description of the organization's	collections and exp	olain how they	further the org	anization's	s exempt purpos	e in Part		
	XIII.								
5	During the year, did the organization solicit	or receive donation	ns of art, histor	rical treasures	, or other	similar			
	assets to be sold to raise funds rather than	to be maintained	as part of the o	rganization's	collection?			Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.			3,000				****
	Complete if the organization 990, Part X, line 21.	on answered "Y	es" on Form	n 990, Part	IV, line 9	, or reported	an amoun	t on Form	
1a	Is the organization an agent, trustee, custo	dian or other interr	mediary for con	tributions or o	ther asset	s not			
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XI	II and complete th	e following tabl	e:				🖵	
	•	•						Amount	
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	Form 990, Part X,	line 21, for esc	row or custod	ial accoun	t liability?		Yes	No
	If "Yes," explain the arrangement in Part XI								
	rt V Endowment Funds.	· · · · · · · · · · · · · · · · · · ·			,				
alconomic and	Complete if the organization	on answered "Y	es" on Form	n 990, Part	IV, line 1	0.			
		(a) Current year		or year	(c) Two year		hree years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
Ь	losses Grants or scholarships							_	
	Other expenditures for facilities and								
Ü				Ĭ.					
f	programs Administrative expenses								
	End of year balance							_	
	Provide the estimated percentage of the cu	irrent year and hal	ance (line 1g. c	column (a)) he	ld as:				
	Board designated or quasi-endowment		ance (line 19, c	column (a)) ne	iu as.				
	Permanent endowment %								
	Term endowment %	'							
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100%							
3a	Are there endowment funds not in the poss			he had and ad	ministaren	I for the			
-	organization by:	session of the orga	mzation that ar	e neid and ad	ministered	i ioi tile		[V	es No
	· ·								63 140
	(i) Unrelated organizations (ii) Related organizations							3a(ii)	
b	(ii) Related organizations	izations listed as re	equired on Sch	edule R2				3b	
4	Describe in Part XIII the intended uses of t							[30]	
Pa	rt VI Land, Buildings, and Equ		indownient idn	us.					
44300000000	Complete if the organization		es" on Form	990 Part	IV line 1	1a See Forn	n 990 Par	t X line 10	
	Description of property	(a) Cost or of		(b) Cost or other	,	(c) Accumula	,	(d) Book va	
	and the second second	(investr	2000	(other)		depreciatio		(a) Book to	
	Land			, /			(0.5°) (2.36°4)		
0	Buildings Leasehold improvements								
	Equipment			12	2,239	// 1	,243		996
	Other			- 12	-,239	4.	- , 2 3 3		990
	. Add lines 1a through 1e. (Column (d) mus		Part X column	(R) line 10c)	1				996
	The second of th	e equal i oilli ooo,	art A, Outuitit	(2), 1110 100.)					220

Part VII	Investments – Other Securities.		11h Con Form 000 D	art V line 40
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	A 1 (2000)	Cost or end-of-yea	
(1) Financial of	derivatives			
(2) Closely he	eld equity interests			
(2) Other				
(A)				
(B)				•
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	***************************************			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			w area as a sea
	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)				····
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11d. See Form 990, P	
	(a) Description			(b) Book value
(1)				
(2)				
(3)		·		
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		v	
Part X	Other Liabilities.			
Talex	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, li	ne 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			
	e payable			37,60
_(3)				
_(4)				
(5)				
(6)				
(8)				
(9)				00.00
	n (b) must equal Form 990, Part X, col. (B) line 25.)			37,60
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's	financial statements that report	ts the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2022 Charles River Conservancy,	Inc.	**-***3656	Page 4
Pa	rt XII Reconciliation of Revenue per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1	723,058
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			10.00
а	Net unrealized gains (losses) on investments	2a	57,786	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	NAME OF THE PARTY	
d	Other (Describe in Part XIII.)	2d	The state of	
е	Add lines 2a through 2d			57,786
3	Subtract line 2e from line 1		1 6 1	665,272
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		\$4.5Kg	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			665,272
Pa	rt XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990	Part IV, line	e 12a.	
1				708,732
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	T 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	708,732
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b		4.4	
b	Other (Describe in Part XIII.)	4b		
1900				
С	Add lines 4a and 4b		4c	700 720
5 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			708,732
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	***********	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV, lines 1b a	5 nd 2b; Part V, line 4; Part X, line	

Schedule D (I	Form 990) 20:	22 Charl	es Rive	r Conse	rvancy,	Inc.	**-***365	6 Page 5
Part XIII	Supplen	22 Charl nental Inform	mation (con	tinued)				
					**			
			ATTRIBUTE AT ATTRIBUTE AT ATTRIBUTE AT A	entre e proposition a socialização	* 28.74 - * - * - * - * - * - * - * - * - * -		*** *** *** *** * * ******	

* *********								
	******							ENDERE ENDERE ENDERE CONTRACTOR ENDERE END
¥								
·								

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Charles River Conservancy, Inc.

Employer identification number **-**3656

Form 990, Part III, Line 4b - Second Accomplishment One of the Conservancy's main goals is to serve as an advocate for the Charles river and its parklands. This is currently manifested through three prongs: (a) support for the health of the Charles with a Floating Wetland, (b) as a voice in public processes when projects and developments impact the public's access and use of the parks, and (c) communicating information to the public. The Charles River Floating Wetland is a multiyear pilot project that utilizes research, engagement, and placemaking to evaluate a new water quality intervention that may help the river be more resilient to cyanobacteria blooms that plaque it each summer. Installed in 2020, the wetland will remain in the river for 2-3 years, after which data that was collected will help inform potential larger installations. a voice for the parklands invloves actively participating in the public processes for development and transportation projects in and near the parks and by building coalitions of stakeholders around common goals. past, this has included working to improve the connectivity of park pathways with underpasses, and more recently as an active participant in the I-90 realignment project in Allston. The Conservancy shares information about its work and other news affecting the parklands through a monthly e-newsletter and periodic paper mailings.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board of Directors has delegated responsibility for review of Form 990

to the Executive Director. Directors receive a copy of the Form 990 via

email with an opportunity to comment before filing.

Schedule O (Form 990) 2022					Page
Name of the organization Charles River Cor	CAPITANATI TNA		· · · · · · · · · · · · · · · · · · ·	Employer ide	ntification number
CHAILES RIVER COL	iservancy, inc.		· · · · · · · · · · · · · · · · · · ·		3636
	•••••	• • • • • • • • • • • • • • • • • • • •	•••••••••••		
Form 990, Part VI	, Line 12c - E	nforcemen	t of Conflict	s Policy	
Members for the E	Roard are requi	red annua	lly to comple	te a confl	ict of
interest form. T	hose forms are	distribu	ted to the en	tire Board	l and the
Board reviews and	l has an opport	unity to	discuss them	at a Board	l meeting.
Form 990, Part VI	:, Line 15a - C	ompensati	on Process fo	r Top Offi	.cial
Board members res					
Boston area. The	e salary was fu	rther con	firmed by the	executive	search firm
retained to condu	ct the search	for Execu	tive Director	. Compens	ation and
new hires in FY22	were also inf	ormed by/	consistent wi	th a compe	ensation and
benefit survey pe	erformed by a l	ocal nonp	rofit with a	membershir	of
				· · · · · · · · · · · · · · · · · · ·	
organizations com	parable to the	conserva	ney.		
Form 990, Part VI	, Line 19 - Go	verning D	ocuments Disc	losure Exp	lanation
The Organization	makes its gove	rning doc	uments availa	ble upon r	equest.
Form 990 is also	available on t	he websit	e.		
					
Form 990, Part IX	K, Line 11g - O	ther Fees	for Services	• • • • • • • • • • • • • • • • • • • •	
Description	• • • • • • • • • • • • • • • • • • • •				
Tot/I	Prog Service	Mgt	& General	Fu	ındraising
Consultants - pro	ogram				
		<u>خ</u>	10 000		•
		.	19,800	\$	
Grant writing			••••••		
\$	0	\$	0	\$	12,255
Total					
Ś	44,277	\$	19.800	Ś	12.255
······································					
				Page 1	. of l