

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/13 to 06/30/14

Attorney General's Account #: 002362

Federal ID #: 04-2148397

When did the organization first engage in charitable work in Massachusetts? 06/20/1952

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 09/01/1953

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

Check all items attached (if applicable)
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[] Probate Account
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[X] Filing Fee
[] Amended Articles/By-Laws

Organization Data

Name: CONNECTICUT RIVER WATERSHED COUNCIL, INC

Mailing Address: 15 BANK ROW

City: GREENFIELD State: MA ZIP: 01301

Phone Number: 413 772-2020 Fax Number:

Email: CRWC@CTRIVER.ORG Website: WWW.CTRIVER.ORG

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

Table with 4 columns: Category, Code, Category, Code. Row 1: County (Table 1), 6, Organization Purpose Code 1, 28. Row 2: Type of Organization (Table 2), 3, Organization Purpose Code 2,

Please check box if final return prior to dissolution: []

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

- On what date was the organization created? 05/16/1952
- Where was the organization created? GREENFIELD, MASSACHUSETTS
- What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	771,134.
B.	Gross support and revenue	874,462.
C.	Program services and similar amounts paid out	641,311.
D.	Fundraising expenses	112,888.
E.	Management and general expenses	166,787.
F.	Payments to affiliates	0.
G.	Total expenses	920,986.
H.	Net assets or fund balances at the end of the year	1,801,783.

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	ANDREW FISK EXECUTIVE DIRECTOR	40.00	77,549.	3,721.	0.
2.	DANA GILLETTE DEVELOPMENT DIRECTOR	35.00	64,300.	5,246.	0.
3.	ANDREA DONLON MA RIVER STEWARD	33.00	39,249.	825.	0.
4.	ALAN MORGAN OFFICE MANAGER	40.00	38,500.	3,545.	0.
5.	RONALD RHODES UPPER VALLEY RIVER STEWARD	40.00	35,248.	7,079.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	MILONE & MACBROOM	39,937.	ENGINEERING
2.	PRINCETON HYDRO, LLC	30,239.	ENGINEERING
3.	RENAISSANCE BUILDERS	28,143.	CONSTRUCTION
4.	TROUT UNLIMITED, INC	18,173.	CONSULTING
5.	JOAN ALLEN	13,014.	CONSULTING

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

Bank	Address	Phone Number
GREENFIELD SAVINGS BANK	400 MAIN STREET GREENFIELD, MA 01302	413 774-3191

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: ANDREW FISK

Street Address: 15 BANK ROW

City: GREENFIELD State: MA ZIP Code: 01301

Phone Number: 413 772-2020

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 3

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

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

NAME AND ADDRESS

TITLE

JAMES OKUN
15 BANK ROW
GREENFIELD, MA 01301

CHAIR

NAME AND ADDRESS

TITLE

RAUL DE BRIGARD
15 BANK ROW
GREENFIELD, MA 01301

TREASURER

NAME AND ADDRESS

TITLE

JOHN SINTON
15 BANK ROW
GREENFIELD, MA 01301

VICE CHAIR MA

NAME AND ADDRESS

TITLE

ROBERT MOORE
15 BANK ROW
GREENFIELD, MA 01301

VICE CHAIR CT

NAME AND ADDRESS

TITLE

HOOKER TALCOTT, JR.
15 BANK ROW
GREENFIELD, MA 01301

VICE CHAIR VT/NH

NAME AND ADDRESS

TITLE

ELIZABETH AUSTIN
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

NAME AND ADDRESS

TITLE

MELODY FOTI
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

NAME AND ADDRESS

TITLE

DAVID HEWITT
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

NAME AND ADDRESS

TITLE

TIMOTHY KEENEY
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

NAME AND ADDRESS

TITLE

CORI PACKER
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

NAME AND ADDRESS

TITLE

ANNETTE SPAULDING
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

NAME AND ADDRESS

TITLE

BREWSTER STURTEVANT
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

NAME AND ADDRESS

TITLE

LORA WONDOLOWSKI
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

FORM PC

PAGE 4 LINE 18

STATEMENT 2

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
ANDREW FISK	RESPONSIBLE FOR CUSTODY OF FUNDS
<u>ADDRESS</u>	
15 BANK ROW GREENFIELD, MA 01301	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
ANDREW FISK	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
<u>ADDRESS</u>	
15 BANK ROW GREENFIELD, MA 01301	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
DANA GILLETTE	RESPONSIBLE FOR FUNDRAISING
<u>ADDRESS</u>	
15 BANK ROW GREENFIELD, MA 01301	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
PHIL GILFEATHER-GIRTON	CUSTODY OF FINANCIAL RECORDS
<u>ADDRESS</u>	
15 BANK ROW GREENFIELD, MA 01301	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
ANDREW FISK	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
15 BANK ROW GREENFIELD, MA 01301	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
JAMES OKUM	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
15 BANK ROW GREENFIELD, MA 01301	

NAME AREA OF RESPONSIBILITY
JOHN SINTON AUTHORIZED TO SIGN CHECKS
ADDRESS
15 BANK ROW GREENFIELD, MA 01301

NAME AREA OF RESPONSIBILITY
RAUL DE BRIGARD AUTHORIZED TO SIGN CHECKS
ADDRESS
15 BANK ROW GREENFIELD, MA 01301

FORM PC

PAGE 4 LINE 19

STATEMENT 3

STATE REG AGENCY

CONNECTICUT

DATE OF REG REG NUMBER OTHER NAMES USED

CHR.000430

SOLICIT DATE TYPE OF SOLICITATION

STATE REG AGENCY

VERMONT

DATE OF REG REG NUMBER OTHER NAMES USED

000103576

SOLICIT DATE TYPE OF SOLICITATION

STATE REG AGENCY

NEW HAMPSHIRE

DATE OF REG REG NUMBER OTHER NAMES USED

490076

SOLICIT DATE TYPE OF SOLICITATION

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

STATEMENT 4

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

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

FORM PC

EXPLANATION FOR PAGE 5, LINE 22

STATEMENT 4

THE ORGANIZATION HAS BORROWED \$434,375 FROM THE PERMANENTLY RESTRICTED FUNDS. A LOAN RECEIVABLE HAS BEEN ESTABLISHED TO OFFSET THE LOAN PAYABLE, WITH THE AMOUNT OF THE LOAN HAVING BEEN REDUCED TO \$339,800 AT THE END OF THE CURRENT FISCAL YEAR. THE DONOR® WILL STATES INCOME ONLY TO BE USED FOR OPERATING EXPENSES AND/OR ACQUISITION OF LAND AND PROPERTY. THE PRINCIPAL IS TO REMAIN PART OF PERMANENTLY RESTRICTED NET ASSETS. THE BOARD OF DIRECTORS TREATS THE LOAN TO CRWC AS AN INVESTMENT.⊙ IN ORDER TO SECURE THE LOAN THE BOARD LIMITED THE AMOUNT OF THE LOAN TO NOT MORE THAN 90% OF THE NET APPRAISED VALUE OF REAL ESTATE LOCATED AT 15 BANK ROW, GREENFIELD, MA.

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

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

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

Signature Required

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

Signature: _____ Date: _____

Printed Name: JAMES OKUN

Title: CHAIR

Name of Preparer: BOISSELLE, MORTON & ASSOCIATES, LLP

Address 48 BAY ROAD, PO BOX 374

City HADLEY State MA ZIP Code 01035

Phone Number 413-587-0099

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

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

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

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): PHONE-A-THON

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

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ANDREW FISK

Name and Title: EXECUTIVE DIRECTOR

Address 15 BANK ROW

City GREENFIELD State MA ZIP Code 01301

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ANDREW FISK

Name and Title: EXECUTIVE DIRECTOR

Address 15 BANK ROW

City GREENFIELD State MA ZIP Code 01301

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

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

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): PHONE-A-THON

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

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ANDREW FISK

Name and Title: EXECUTIVE DIRECTOR

Address 15 BANK ROW

City GREENFIELD

State MA

ZIP Code 01301

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ANDREW FISK

Name and Title: EXECUTIVE DIRECTOR

Address 15 BANK ROW

City GREENFIELD

State MA

ZIP Code 01301

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Certification by Organization

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

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

Signature: _____ Date: _____

Print Name: JAMES OKUN

Title: CHAIR

Signature: _____ Date: _____

Print Name: _____

Title: _____

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list)

CONNECTICUT RIVER Name: WATERSHED COUNCIL OF CONNE		Primary purpose or activity: LAND AND WATER CONSERVATION		
FYE 06/30/14	A. Donor restricted funds (-) liabilities 429,649.	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C) 429,649.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No