

Office Use Only: Fiscal Year

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: 07/01/16 to 06/30/17

Attorney General's Account #: 002362

Federal ID #: 04-2148397

Electronic Payment Confirmation #: 307050

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] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Schedule VCO
[] Probate Account

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: []

Office Use Only: Payment Received

CONNECTICUT RIVER WATERSHED COUNCIL, INC 04-2148397

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.	CHIEF CRUSHING & EXCAVATION	81,015.	DAM REMOVAL
2.	WHITE RIVER PARTNERSHIP	45,566.	CULVERT REPLACEMENT
3.	REDSTART FORESTRY, INC	43,652.	CULVERT ASSESSMENT
4.	MILONE & MACBROOM	43,600.	ENGINEERING
5.	ECOLOGICAL CONNECTIONS	43,073.	PROJECT MANAGEMENT

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

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

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ELIZABETH AUSTIN 15 BANK ROW GREENFIELD, MA 01301	CHAIR
MELODY FOTI 15 BANK ROW GREENFIELD, MA 01301	TREASURER
HUMPHREY TYLER 15 BANK ROW GREENFIELD, MA 01301	SECRETARY
ROBERT MOORE 15 BANK ROW GREENFIELD, MA 01301	VICE CHAIR CT
LORA WONDOLOWSKI 15 BANK ROW GREENFIELD, MA 01301	VICE CHAIR MA
CORI PACKER 15 BANK ROW GREENFIELD, MA 01301	VICE CHAIR NH/VT
DAVID HEWITT 15 BANK ROW GREENFIELD, MA 01301	TRUSTEE
TIMOTHY KEENEY 15 BANK ROW GREENFIELD, MA 01301	TRUSTEE
DAVID MEARS 15 BANK ROW GREENFIELD, MA 01301	TRUSTEE
MELISSA OCANA 15 BANK ROW GREENFIELD, MA 01301	TRUSTEE
JAMES OKUN 15 BANK ROW GREENFIELD, MA 01301	TRUSTEE
KATHERINE PUTNAM 15 BANK ROW GREENFIELD, MA 01301	TRUSTEE

ANNETTE SPAULDING
15 BANK ROW
GREENFIELD, MA 01301

TRUSTEE

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

VICE CHAIR NH/VT (PAST)

FORM PC

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STATEMENT 2

NAME AND ADDRESSAREA OF RESPONSIBILITY

ANDREW FISK
15 BANK ROW
GREENFIELD, MA 01301

RESPONSIBLE FOR CUSTODY OF FUNDS

ANDREW FISK
15 BANK ROW
GREENFIELD, MA 01301

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

COREY KURTZ
15 BANK ROW
GREENFIELD, MA 01301

RESPONSIBLE FOR FUNDRAISING

PHIL GILFEATHER-GIRTON
15 BANK ROW
GREENFIELD, MA 01301

CUSTODY OF FINANCIAL RECORDS

ANDREW FISK
15 BANK ROW
GREENFIELD, MA 01301

AUTHORIZED TO SIGN CHECKS

ELIZABETH AUSTIN
15 BANK ROW
GREENFIELD, MA 01301

AUTHORIZED TO SIGN CHECKS

MELODY FOTI
15 BANK ROW
GREENFIELD, MA 01301

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 3

<u>STATE</u>		<u>REG AGENCY</u>
CONNECTICUT		DEPARTMENT OF CONSUMER PROTECTION
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/01/16	0004305	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/16	INDIVIDUAL MAILINGS	

<u>STATE</u>		<u>REG AGENCY</u>
VERMONT		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
10/31/69	0041939	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/16	INDIVIDUAL MAILINGS	

<u>STATE</u>		<u>REG AGENCY</u>
NEW HAMPSHIRE		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
09/24/04	16637	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/16	INDIVIDUAL MAILINGS	

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 \$195,937 AT THE END OF THE CURRENT FISCAL YEAR. THE DONOR'S 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.

CONNECTICUT RIVER WATERSHED COUNCIL, INC 04-2148397

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).

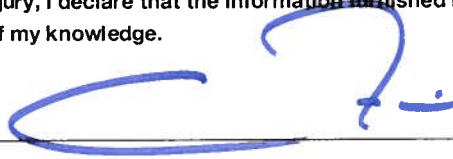
If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

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 become 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: _____

12/22/17

Printed Name: ANDREW FISK

Title: EXECUTIVE DIRECTOR

Name of Preparer: BOISSELLE, MORTON & WOLKOWICZ, 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 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"/>
<input type="checkbox"/> Other (specify): _____			

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 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): _____

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 _____

CONNECTICUT RIVER WATERSHED COUNCIL, INC 04-2148397
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 _____

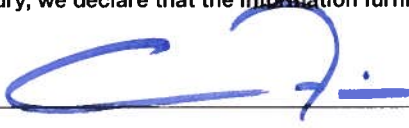
State _____

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: 12/22/17

Printed Name: ANDREW FISK

Title: EXECUTIVE DIRECTOR

Signature:  _____ Date: 1/2/18

Printed Name: Melody A Foti

Title: Treasurer, Trustee