

Charity Portal

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FPC-627019

Charity

AGO Charity Record	Rec-06110	AG Charity Number	006663
Charity Name	NEWTON CONSERVATORS, INC.		
Test field to Trigger the Payment Email			

eFiler Info

eFiler Email	katherineh998@gmail.com	Preparer Name	Katherine Howard
Filing Year	2022	Filing Status	Submitted

Organization Details

Form-PC Name	FPC-627019	Date of determination letter	6/24/1963
Federal Id	04-6116074	Current Fiscal Period End Date	12/31/2022
Current Fiscal Period Start Date	1/1/2022	Fax Number	
eFiler Compay Name (if diff frm Charity)		Form of Organization	Corporation
Is eFiler different from org contact?	No	IRS Tax Exempt Status	Received
eFiler Name (diff frm Charity)		Is address same as org address?	<input type="checkbox"/>
eFiler Street Address (diff frm Charity)		Is Final Prior to Dissolution?	<input type="checkbox"/>
eFiler City		Mailing Address	PO Box 590011
eFiler State (diff frm Charity)		Organization Created Date	6/6/1961
eFiler Zip Code (diff frm Charity)		Organization Created Place	Newton MA
eFiler Phone Number (diff frm Charity)		Organization First Charity Engage Date	6/24/1963
Organization Name	NEWTON CONSERVATORS, INC.	Other form of Organization	
Organization Purpose 1	Environment	Primary Contact Name	Katherine Howard
Organization Purpose 2	Land conservation	Contact Person Email	treasurer@newtonconservators.org
Organization Address	84 Fenwick Rd.	Primary Contact Street Address	84 Fenwick Rd.
Organization City	Waban	Primary Contact City	Waban
Organization State	Massachusetts	Primary Contact State	Massachusetts
Organization Zip Code	02468	Primary Contact Zip Code	02468
Type of Organization	Environmental Quality/ Protection/	Primary Contact Phone	6177212571

Beautification

Under what section
501(c)

3

IRS Exemption under
501(C)

Types of Solicitation activities expect to engage (Fiscal year reported here)

Sch.A1 Mass mailing	<input type="checkbox"/>	Sch.A1 door-to-door	<input type="checkbox"/>
Sch.A1 Entertainment event	<input checked="" type="checkbox"/>	Sch.A1 Telemarketing w/out sale of goods	<input type="checkbox"/>
Sch.A1 Telemarketing with sale of goods	<input type="checkbox"/>	Sch.A1 Telemarketing with sale of ads	<input type="checkbox"/>
Sch.A1 Via the Internet	<input checked="" type="checkbox"/>	Sch.A1 Raffle, bingo, or gaming event	<input type="checkbox"/>
Sch.A1 Sale of goods not by telephone	<input checked="" type="checkbox"/>	Sch.A1 Individual mailings	<input checked="" type="checkbox"/>
Sch.A1 Corporate solicitations	<input checked="" type="checkbox"/>	Sch.A1 Grant proposals	<input checked="" type="checkbox"/>
Sch.A1 Other types of solicitation			

Types of Solicitation activities expect to engage (Fiscal year following)

Sch.A2 Mass mailing	<input type="checkbox"/>	Sch.A2 door-to-door	<input type="checkbox"/>
Sch.A2 Entertainment event	<input checked="" type="checkbox"/>	Sch.A2 Telemarketing w/out sale of goods	<input type="checkbox"/>
Sch.A2 Telemarketing with sale of goods	<input type="checkbox"/>	Sch.A2 Telemarketing with sale of ads	<input type="checkbox"/>
Sch.A2 Via the Internet	<input checked="" type="checkbox"/>	Sch.A2 Raffle, bingo, or gaming event	<input type="checkbox"/>
Sch.A2 Sale of goods not by telephone	<input checked="" type="checkbox"/>	Sch.A2 Individual mailings	<input checked="" type="checkbox"/>
Sch.A2 Corporate solicitations	<input checked="" type="checkbox"/>	Sch.A2 Grant proposals	<input checked="" type="checkbox"/>
Sch.A2 Other types of solicitation			

Solicitation

Solicit contributions FY reported?	Yes	Sch.A1 Claim exemption?	No
Sch.A1 religious exemption	<input type="checkbox"/>	Sch.A1 Under 5k, 10 people exemption	<input type="checkbox"/>
AKA during Solicitation of Charity			
Sch.A1 Professional solicitor	No	Sch.A1 Professional solicitor name	
Sch.A1 Professional solicitor address		Sch.A1 Professional solicitor city	
Sch.A1 Professional solicitor state		Sch.A1 Professional solicitor zip code	
Sch.A1 Professional fundraising counsel	No	Sch.A1 Prof fundraising counsel name	
Sch.A1 Prof fundraising counsel address		Sch.A1 Prof fundraising counsel city	
Sch.A1 Prof fundraising counsel		Sch.A1 Prof fundraising counsel	

state		zip code	
Sch.A1 Commercial co-venturer	No	Sch.A1 Commercial co-venturer Name	
Sch.A1 Commercial co-venturer address		Sch.A1 Commercial co-venturer city	
Sch.A1 Commercial co-venturer state		Sch.A1 Commercial co-venturer zip code	
Sch.A1 Own employees	<input type="checkbox"/>	Sch.A1 Volunteers	<input checked="" type="checkbox"/>
Sch.A1 Custody Indiv Responsible Name 1	Katherine Howard, Treasurer	Sch. A1 Custody Indiv Responsible Add 1	84 Fenwick Rd
Sch.A1 Custody Indiv Responsible City 1	Waban	Sch.A1 Custody Indiv Responsible State 1	Massachusetts
Sch.A1 Custody Indiv Responsible Zip 1	02468		
Sch.A1 Custody Indiv Responsible Name 2		Sch. A1 Custody Indiv Responsible Add 2	
Sch.A1 Custody Indiv Responsible City 2		Sch.A1 Custody Indiv Responsible State 2	
Sch.A1 Custody Indiv Responsible Zip 2			
Sch.A1 Custody Indiv Responsible Name 3		Sch. A1 Custody Indiv Responsible Add 3	
Sch.A1 Custody Indiv Responsible City 3		Sch.A1 Custody Indiv Responsible State 3	
Sch.A1 Custody Indiv Responsible Zip 3			
Sch.A1 Distrib Indiv Responsible Name 1	Katherine Howard, Treasurer	Sch.A1 Distrib Indiv Responsible Add 1	84 Fenwick Rd
Sch. A1 Distrub Indiv Responsible City 1	Waban	Sch.A1 Distrib Indiv Responsible State 1	Massachusetts
Sch. A1 Distrib Indiv Responsible Zip 1	02468		
Sch.A1 Distrib Indiv Responsible Name 2		Sch.A1 Distrib Indiv Responsible Add 2	
Sch. A1 Distrub Indiv Responsible City 2		Sch.A1 Distrib Indiv Responsible State 2	
Sch. A1 Distrib Indiv Responsible Zip 2			
Sch.A1 Distrib Indiv Responsible Name 3		Sch.A1 Distrib Indiv Responsible Add 3	
Sch. A1 Distrub Indiv Responsible City 3		Sch.A1 Distrib Indiv Responsible State 3	
Sch. A1 Distrib Indiv Responsible Zip 3			
Solicit contributions following FY?	Yes	Sch.A2 Claim exemption?	No
Sch.A2 religious exemption	<input type="checkbox"/>	Sch.A2 Under 5k, 10 people exemption	<input type="checkbox"/>
AKA during Solicitation of Charity 2			
Sch.A2 Professional solicitor	No	Sch.A2 Professional solicitor name	
Sch.A2 Professional solicitor address		Sch.A2 Professional solicitor city	
Sch.A2 Professional		Sch.A2 Professional	

solicitor state		solicitor zip code	
Sch.A2 Professional fundraising counsel	No	Sch.A2 Prof fundraising counsel name	
Sch.A2 Prof fundraising counsel address		Sch.A2 Prof fundraising counsel city	
Sch.A2 Prof fundraising counsel state		Sch.A2 Prof fundraising counsel zip code	
Sch.A2 Commercial co-venturer	No	Sch.A2 Commercial co-venturer name	
Sch.A2 Commercial co-venturer address		Sch.A2 Commercial co-venturer city	
Sch.A2 Commercial co-venturer state		Sch.A2 Commercial co-venturer zip code	
Sch.A2 Own employees	<input type="checkbox"/>	Sch.A2 Volunteers	<input checked="" type="checkbox"/>
Sch.A2 Custody Indiv Responsible Name 1	Katherine Howard, Treasurer	Sch.A2 Custody Indiv Responsible Add 1	84 Fenwick Rd
Sch.A2 Custody Indiv Responsible City 1	Waban	Sch.A2 Custody Indiv Responsible State 1	Massachusetts
Sch.A2 Custody Indiv Responsible Zip 1	02468		
Sch.A2 Custody Indiv Responsible Name 2		Sch.A2 Custody Indiv Responsible Add 2	
Sch.A2 Custody Indiv Responsible City 2		Sch.A2 Custody Indiv Responsible State 2	
Sch.A2 Custody Indiv Responsible Zip 2			
Sch.A2 Custody Indiv Responsible Name 3		Sch.A2 Custody Indiv Responsible Add 3	
Sch.A2 Custody Indiv Responsible City 3		Sch.A2 Custody Indiv Responsible State 3	
Sch.A2 Custody Indiv Responsible Zip 3			
Sch.A1 Distrib Indiv Responsible Name 4	Katherine Howard, Treasurer	Sch.A1 Distrib Indiv Responsible Add 4	84 Fenwick Rd
Sch.A2 Distrub Indiv Responsible City 1	Waban	Sch.A2 Distrib Indiv Responsible State 1	Massachusetts
Sch.A2 Distrib Indiv Responsible Zip 1	02468		
Sch.A1 Distrib Indiv Responsible Name 5		Sch.A1 Distrib Indiv Responsible Add 5	
Sch.A2 Distrub Indiv Responsible City 2		Sch.A2 Distrib Indiv Responsible State 2	
Sch.A2 Distrib Indiv Responsible Zip 2			
Sch.A1 Distrib Indiv Responsible Name 6		Sch.A1 Distrib Indiv Responsible Add 6	
Sch.A2 Distrub Indiv Responsible City 3		Sch.A2 Distrib Indiv Responsible State 3	
Sch.A2 Distrib Indiv Responsible Zip 3			
Has this org solicitd funds out of state	No	Solicitation States	

Financial

Paid employees?	No	Compensation to individuals not included	
Explanation for not quantified response		Compensation provided to consultants	Yes
Charity maintain a Bank Account?	Yes	No Charity Bank Reason	
Organization's accounting method	Other		
Contributions, gifts, grants received	\$48,860	Gross support and revenue	\$70,426
Program services and similar amounts	\$35,919	Fundraising expenses	\$1,349
Management and general expenses	\$4,809	Payments to affiliates	\$0
Total expenses	\$42,077	Net assets or fund balances	\$492,255

Restricted funds

Donor restrict funds loaned unrestrict	No	Restrict remove from fund - explain
Restrict remove from donor-restrict fund	No	Donor restrict funds loaned - explain

Management & Affiliates

Enjoined/prohibited from solic contrib?	No	Enj/prohib from solic contrib - explain
Been refused reg?	No	Been refused reg - Explanation
Voluntary agreement of compliance?	No	Voluntary agree of compliance - Explain
Subject of a proceeding?	No	Subject of a proceeding - explanation
Other offices/branches/chapters/affilia	No	

Reviewer's Data

Filer type for reviewer info		Reviewer name as a confirmation	Katherine Howard
Reviewer 1 Name	Alice Ingerson	Reviewer 2 Name	
Reviewer 1 Email	usablehistory@gmail.com	Reviewer 2 Email	
Reviewer1 Status	Accepted	Reviewer2 Status	
Preparer authorized signatory?	Yes		

Schedule VCO

Schedule VCO Q1	No	Schedule VCO Q2
Charitable purposes		Organization purpose

Related Parties

Payment/value transfer to related	No
-----------------------------------	----

party	
Pymnt/value trnsfer to related party TA	
Sold/bought asset to/from related party?	No
Sold/bought asset to/frm relted party TA	
Leased assets to/from related party?	No
Leased assets to/from related party? TA	
Been indebted to related party?	No
Been indebted to related party? TA	
Made/help investment in related party?	No
Made/help investment in related party?TA	
Furnished goods, etc to related party?	No
Furnished goods, etc to related party?TA	
Acquired goods etc from RP-compensation?	No
Acquird goods etc frm RP-compensation?TA	
Agreement with related party	No
Agreement with related party TA	
Paid wages to related party?	No
Paid wages to related party? TA	
Transferred income to/for use by RP?	No
Transferred income to/for use by RP? TA	
Org party to transaction w/fin interest?	No
Org party to trnsactin w/fin interest?TA	
Org invested in corporate stock?	No
Org invested in corporate stock? TA	
Property held in name of person/org?	No
Property held in name of person/org? TA	
Org make grant award/contribution?	No
Org make grant award/contribution? TA	

Related party
explanation - value,
terms

Related party
explanation - name,
nature

Notes & Attachments

Principal Executives

Type	File
Last Modified	Katherine Howard
Description	Download

Federal Revenue Support

Type	File
Last Modified	Katherine Howard
Description	Download

Authorized Charity Individuals

Type	File
Last Modified	Katherine Howard
Description	Download

Highest Paid Consultants

HPC-004089

Name/Title	Suzette Barbier
Amount of \$\$	\$1,350.00
Type(s) of Service	graphic design
View More	Click Here

HPC-004090

Name/Title	Scott Lewis
Amount of \$\$	\$752.00
Type(s) of Service	website management
View More	Click Here

HPC-004091

Name/Title	
Amount of \$\$	
Type(s) of Service	
View More	Click Here

HPC-004092

Name/Title	
Amount of \$\$	
Type(s) of Service	
View More	Click Here

HPC-004093

Name/Title	
Amount of \$\$	
Type(s) of Service	
View More	Click Here

Bank Details

BANK-006092

Address	320 Needham St Newton MA 02464
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Bank	The Village Bank
Phone Number	6178684300
View More	Click Here

BANK-006093

Address	
Bank	
Phone Number	
View More	Click Here

BANK-006094

Address	
Bank	
Phone Number	
View More	Click Here

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022****Open to Public Inspection****A** For the 2022 calendar year, or tax year beginning **01/01/2022** and ending **12/31/2022****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **NEWTON CONSERVATORS INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO Box 590011

City or town, state or province, country, and ZIP or foreign postal code

Newton, MA 02459**F** Name and address of principal officer: **Katherine A Howard****84 Fenwick Rd, Waban, MA 02468****D** Employer identification number**04-6116074****E** Telephone number**617-527-1796****G** Gross receipts \$**71,426****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.newtonconservators.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1961****M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Environmental advocacy for Newton's open spaces; promote acquisition and use of open spaces; maintain and improve open spaces; education of the public on environmental matters, serve as land trust.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	60
	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	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	133,829	48,860
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,565	20,602
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,825	51
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	153,219	69,513
	14	Benefits paid to or for members (Part IX, column (A), line 4)	7,000	19,334
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,349	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	51,264	22,743
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	58,264	42,077
19	Revenue less expenses. Subtract line 18 from line 12	94,955	27,436	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	595,228	545,796
	22	Net assets or fund balances. Subtract line 21 from line 20	53,426	53,541
			541,802	492,255

Part II 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.

Sign Here

Signature of officer

Date

Katherine Howard, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Promote and preserve open space in Newton MA; function as local land trust (holding Conservation Easements for 8 city-owned parks and 1 private property); conduct educational walks and webinars for the public use of open spaces; improve open spaces through trail restoration and invasive plant management; publish trail guides and educational newsletter.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 24,457 including grants of \$ 19,334) (Revenue \$ 0)

Conduct nature walk series and webinars; publish map guides and almanacs; provide grants to school-based and other environmental education programs/activities; advise local parks groups and agencies; conduct trail and habitat restoration on various city and state owned public parks.

4b (Code:) (Expenses \$ 7,157 including grants of \$ 0) (Revenue \$ 0)

Maintain, monitor, and promote use of own park property; monitor conservation easement properties (8 city-owned parks; 1 private).

4c (Code:) (Expenses \$ 4,305 including grants of \$ 0) (Revenue \$ 0)

Publish educational newsletter; conduct programs/conferences.

4d Other program services (Describe on Schedule O.)(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses 35,919

Part IV Checklist of Required Schedules

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

Part IV 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II	26	✓
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	✓
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c 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	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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	✓
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	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or 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? If "Yes," complete Form 6069.	17	

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 ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . .	1a 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent . . .	1b 21		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	

Section 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.
☒ Own website ☐ Another's website ☒ 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.

Katherine Howard, (617)527-1796

84 Fenwick Rd, Waban, MA 02468

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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.

☒ 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
David Backer	1.00									
Director		✓						0	0	0
Peter Barrer	1.00									
Director	0.00	✓						0	0	0
Barbara Bates	1.00									
Director	0.00	✓						0	0	0
Dan Brody	1.00									
Director	0.00	✓						0	0	0
Bonnie Carter	1.00									
Director	0.00	✓						0	0	0
Samantha Corbin	1.00									
Director	0.00	✓						0	0	0
Margaret Doris	1.00									
Director	0.00	✓						0	0	0
Henry Finch	1.00									
Director	0.00	✓						0	0	0
Maurice Gilmore	1.00									
Director	0.00	✓						0	0	0
Daniel Green	1.00									
Director	0.00	✓						0	0	0
Ken Mallory	1.00									
Director	0.00	✓						0	0	0
George Mansfield	1.00									
Director	0.00	✓						0	0	0
Nyssa Patten	1.00									
Director	0.00	✓						0	0	0
Larry Smith	1.00									
Director	0.00	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Beth Wilkinson	1.00									
Director	0.00	✓						0	0	0
Ted Kuklinski	1.00									
Director	0.00	✓						0	0	0
Chris Hepburn	5.00									
President	0.00			✓				0	0	0
William Hagar	5.00									
President	0.00			✓				0	0	0
Alice Ingerson	3.00									
Vice President	0.00			✓				0	0	0
Michael Clarke	3.00									
Secretary	0.00			✓				0	0	0
Katherine Howard	3.00									
Treasurer	0.00			✓				0	0	0
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization									
	0									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	
	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	1,690				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,170				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0				
	h	Total. Add lines 1a-1f		48,860				
	Business Code							
Program Service Revenue	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue . .						
	g	Total. Add lines 2a-2f		0				
	3	Investment income (including dividends, interest, and other similar amounts)		20,602	20,602	0	0	
4	Income from investment of tax-exempt bond proceeds		0	0	0	0		
5	Royalties		0	0	0	0		
Other Revenue	6a	Gross rents	(i) Real	(ii) Personal				
	6b	Less: rental expenses						
	6c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7b	Less: cost or other basis and sales expenses . .						
	7c	Gain or (loss)	0	0				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 1,690 of contributions reported on line 1c). See Part IV, line 18	8a	1,000				
	b	Less: direct expenses	8b	1,913				
	c	Net income or (loss) from fundraising events		-913		0	-913	
	9a	Gross income from gaming activities. See Part IV, line 19 . .	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a	770				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory		770	770	0	0	
	Business Code							
	Miscellaneous Revenue	11a	Amazon Smile	511199	194	194	0	0
		b						
c								
d		All other revenue		0	0	0	0	
e		Total. Add lines 11a-11d		194				
12	Total revenue. See instructions		69,513	21,566	0	-913		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,334	19,334		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,185	1,095	0	90
12 Advertising and promotion	1,259	0	0	1,259
13 Office expenses	9,705	7,581	2,124	
14 Information technology	752	752	0	0
15 Royalties				
16 Occupancy	7,157	7,157	0	0
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,685	0	2,685	0
24 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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	42,077	35,919	4,809	1,349
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	16,510	1	21,276
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,250	4	851
	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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,902		
	b Less: accumulated depreciation	10b 0	10c	10,902
	11 Investments—publicly traded securities	512,565	11	459,651
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	53,001	15	53,116
16 Total assets. Add lines 1 through 15 (must equal line 33)	595,228	16	545,796	
Liabilities	17 Accounts payable and accrued expenses	425	17	425
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	53,001	21	53,116
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	53,426	26	53,541
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	352,079	27	318,921
	28 Net assets with donor restrictions	189,723	28	173,334
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	541,802	32	492,255
33 Total liabilities and net assets/fund balances	595,228	33	545,796	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,077
3	Revenue less expenses. Subtract line 2 from line 1	3	27,436
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	541,802
5	Net unrealized gains (losses) on investments	5	-76,983
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	492,255

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other modified cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NEWTON CONSERVATORS INC

Employer identification number

04-6116074

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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.")	40,238	54,558	275,029	103,829	48,860	522,514
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	2,488	3,425	1,576	1,825	1,964	11,278
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	42,726	57,983	276,605	105,654	50,824	533,792
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	8,540	9,980	10,878	16,430	16,140	61,968
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	0	0	0	0	0	0
c Add lines 7a and 7b	8,540	9,980	10,878	16,430	16,140	61,968
8 Public support. (Subtract line 7c from line 6.)						471,824

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	42,726	57,983	276,605	105,654	50,824	533,792
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,573	14,230	7,619	17,565	20,602	72,589
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	12,573	14,230	7,619	17,565	20,602	72,589
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	55,299	72,213	284,224	123,219	71,426	606,381
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	77.81 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	80.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	11.97 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	10.15 %
19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

**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

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Name of the organization

NEWTON CONSERVATORS INC

Employer identification number

04-6116074

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input checked="" type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input checked="" type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input checked="" type="checkbox"/> Preservation of open space	
2 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.	
a Total number of conservation easements	2a 9
b Total acreage restricted by conservation easements	2b 87
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d 0
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	0
4 Number of states where property subject to conservation easement is located	1
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	160
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	0
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9 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	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	541,802	418,816	372,975	277,377	285,057
b Contributions	48,860	135,654	273,392	90,887	35,558
c Net investment earnings, gains, and losses	-56,331	45,596	36,243	47,689	-12,947
d Grants or scholarships	19,334	7,000	13,947	8,614	4,730
e Other expenditures for facilities and programs	16,585	43,046	240,393	24,002	16,562
f Administrative expenses	6,157	8,218	9,454	10,362	8,999
g End of year balance	492,255	541,802	418,816	372,975	277,377

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 65 %

b Permanent endowment 4 %

c Term endowment 31 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	10,902	0		10,902
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,902

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) The 2 escrows for CR monitoring, offset by an equal liability on X line 21 and descr in XIII	53,116
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	53,116

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

Schedule D, Part II, Line 5 - Newton Conservators Policy for Conservation Restriction Monitoring is as follows: 1. Conservation Restrictions (CRs) are monitored by a team of Newton Conservators Directors with assistance from other Conservators members. Monitoring is on each property at least once per year, usually in the fall. 2. Owners of the properties, including the responsible City agencies, are contacted and invited to accompany the monitors on their site visit. 3. Reports are prepared by the monitoring team and submitted on a form that was voted on and approved by the Board of Newton Conservators, which includes maps, notes, and photos. The form includes all areas that need to be examined for compliance with each CR and includes room for recommendations. All such forms are signed by the monitoring team and kept both in paper and electronic form. 4. The completed forms are reviewed and edited by a designated board member and copies are sent to the property owners and city agencies along with a list of any problems noted and recommendations for needed work. 5. If any problems with the properties are found during the monitoring visit, follow up with the owner takes place. If need be, the properties are reinspected. 6. If CR violations continue, the Newton Conservators may resort to legal means to bring a property into compliance with its CR.

Schedule D, Part II, Line 9 - Newton Conservators holds 9 Conservation Restrictions, 8 of which (85.9 acres) are on city-owned property and did not take any tax deduction. The largest city parcel is a 75-acre golf course; the others are open spaces acquired by the city with Community Preservation Act funds, which requires the city to grant a conservation restriction to an outside organization. The 9th CR is on a 1.58 acre private property. The CRs themselves do not appear on our financial statements. In addition to the CRs, we also received in prior years 2 gifts of land (0.8 acres in total) for conservation purposes - these properties appear on our Balance Sheet with a value of \$1 each. For all the CR properties and owned land, Newton Conservators conducts annual monitoring and produces reports, per our CR monitoring policy. In 2021 the City of Newton used Community Preservation Act funds to provide Newton Conservators with a \$30K grant to establish a CR Monitoring investment account that will pay for monitoring and legal defense costs in perpetuity for 3 of the CRs on properties acquired with CPA funds. The \$30K is on our Balance Sheet as a segregated investment asset account and as a temporary restricted net asset account.

Schedule D, Part IV, Line 2b - For 2 city-owned properties on which Newton Conservators holds the CR, there are city-funded escrow accounts at a local bank to provide for our costs of monitoring and enforcing the CRs in perpetuity. The escrow accounts appear on the Balance Sheet on Part X Line 15 (Other Assets) - they are the only items on that line. They are offset by an equal amount of liability - shown

Part XIII - Supplemental Information (Continued)

on Part X Line 21.

Schedule D, Part V, Line 4 - The endowment funds are used to maintain our owned parks (which are open to the public), cover necessary expenses for CR monitoring (for properties without escrows or monitoring funds), and to provide for potential acquisition of new open spaces for public benefit.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

NEWTON CONSERVATORS INC

Employer identification number

04-6116074

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <i>Sch I, Stmt 1</i>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table **5**

3 Enter total number of other organizations listed in the line 1 table **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Part III
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I, Part I, Line 2 - Newton Conservators tracks all receipts and expenditures in Quicken and all activity is reported quarterly financial statements. An Audit Committee reviews activity in detail annually.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	City of Newton MA 1000 Commonwealth Ave Newton, MA 02459		13,084	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	There are three components: 1) \$10K was contributed as matching funds to the City's trail restoration grant-funded project called "Marty Sender Trail Restoration Phase 2". This project is funded by the MA state Department of Conservation and Recreation; the grant program requires matching funds from the community. The state approved the city to manage the project. 2) \$2.5K was contributed to the City's Environmental Science Program, a summer educational program for middle and high school students. Newton Conservators' donation to the program is used to provide scholarships so that more students can afford to attend. Newton Conservators donates annually to this program, either \$2K or \$2.5K. 3) \$581 was contributed to the City's Parks department to provide matching funds for installation of a gate at a local park, so that the public could have access to a walk along the adjoining Charles River.			

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NEWTON CONSERVATORS INC

Employer identification number

04-6116074

Form 990, Part VI, Section A, Line 6 - Members of the Newton Conservators are those of the general public who have paid for a membership (dues range from \$35 to \$250 annually).

Form 990, Part VI, Section A, Line 7a - The members must elect annually the Officers and Directors of the Board at the Annual Meeting.

Form 990, Part VI, Section A, Line 7b - The members must approve any proposed change to the Bylaws, which would also be done at an Annual Meeting or Special Meeting.

Form 990, Part VI, Section B, Line 11b - The Newton Conservators Treasurer prepares the 990. It is reviewed with our Executive, Finance, and Audit Committees, and any corrections are incorporated. It is then emailed to the whole Board of Directors. Any further changes are updated and communicated. After at least a week of review time, the Treasurer then files the report.

Form 990, Part VI, Section B, Line 12c - The Executive Committee reviews the Conflict of Interest forms submitted for any issues, and follows up with any nonresponders.

Form 990, Part VI, Section C, Line 19 - Newton Conservators' Bylaws, Financial Statements, Treasurer's Reports, Audit Committee Reports, and Conflict of Interest and other policies are available to the public on our website - in the "About Us - Board of Directors" and "About Us - Annual Reports" pages.