Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury

2018	•
Open to Public Inspection	

В	Check if applicable:	C Name of organization		D Employer identific	cation number				
	Address change	POCHON HARROR NOW INC							
F	□Name	-		04.2	268863				
	change Initial	Doing business as	D / it -						
F	return Final			E Telephone number	238667				
L	return/ termin-		L100						
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,803,365.					
	X Amended BOSTON , MA 02109 H(a) Is this a group return								
Application F Name and address of principal officer:KATHERINE ABBOTT for subordinates?									
_		SAME AS C ABOVE		H(b) Are all subordinates in					
		npt status: 501(c)(3)	or 527	1	list. (see instructions)				
		: WWW . BOSTONHARBORNOW . ORG	1	H(c) Group exemption					
		rganization: X Corporation Trust Association Other	L Year	of formation: 1995 N	State of legal domicile: MA				
P		Summary	TOTTEDIT	T. F. O.					
မွ	1 B	riefly describe the organization's mission or most significant activities: ${f SEE}$	SCHEDU	TE O					
Activities & Governance	_	. []	_						
ērn		heck this box if the organization discontinued its operations or dispos							
9		umber of voting members of the governing body (Part VI, line 1a)			20				
<u>«</u>		umber of independent voting members of the governing body (Part VI, line 1b)			20				
ies		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			29				
Ξį		otal number of volunteers (estimate if necessary)			475				
Act	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b N	et unrelated business taxable income from Form 990-T, line 38		7b	0.				
				Prior Year	Current Year				
ē		ontributions and grants (Part VIII, line 1h)		3,207,859.	2,586,906.				
enr	9 P	rogram service revenue (Part VIII, line 2g)		149,083.	165,867.				
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,435.	10,564.				
	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		464,009.	-218,461.				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,824,386.	2,544,876.				
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		1,371,965.	1,484,551.				
Expenses	16 a P	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)		0.	0.				
xbe	b⊤	otal fundraising expenses (Part IX, column (D), line 25) 350,66	52.						
Ŵ	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,798,577.					
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,170,542.	3,050,699.				
	19 R	evenue less expenses. Subtract line 18 from line 12		653,844.	-505,823.				
Net Assets or Find Balances	3			ginning of Current Year	End of Year				
sets	20 T	otal assets (Part X, line 16)		2,987,673.	2,311,680.				
AS	21 T	otal liabilities (Part X, line 26)		499,656.	329,486.				
Plei	22 N	et assets or fund balances. Subtract line 21 from line 20		2,488,017.	1,982,194.				
	art II	Signature Block							
Und	der penalt	es of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is				
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.					
Sig	ın	Signature of officer		Date					
He		KATHERINE ABBOTT, PRESIDENT AND CEO							
		Type or print name and title							
	1	Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai		OYCE RIPIANZI, CPA JOYCE RIPIANZI,	CPA 0	9/04/20 if self-employed	P00548581				
Pre	parer	irm's name AAFCPAS, INC.	I	Firm's EIN ▶	04-2571780				
Use Only Firm's address 50 WASHINGTON STREET									
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100				
Ma	y the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
		18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2018)				

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE O
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 X 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 \$ 1,139,504. including grants of \$) (Revenue \$ 165,867.)
	BOSTON HARBOR NOW, INC. (BHN) MANAGES A NUMBER OF REVENUE-GENERATING
	SERVICES AND FACILITIES TO ENHANCE VISITOR EXPERIENCE AND PROVIDE
	FUNDING TO SUPPORT THE PARK. MANAGED SERVICES INCLUDE PUBLIC FERRY
	OPERATIONS, ISLAND-BASED FOOD SERVICE AND PRIVATE EVENTS, SPECTACLE
	ISLAND MARINA OPERATIONS, MOORING OPERATIONS AT THE BOSTON HARBOR
	ISLANDS, AND MAINLAND AND ISLAND-BASED GIFT STORES. IN ADDITION, BHN
	MANAGES THE MAINLAND PARK WELCOME CENTER LOCATED IN BOSTON ON BEHALF OF
	THE NATIONAL PARK SERVICE.
	476.000
4b	(Code:) (Expenses \$ 476 , 288 •including grants of \$) (Revenue \$)
	BOSTON HARBOR NOW, INC. LEADS EFFORTS TO UNDERSTAND BOSTON'S RISKS FROM
	SEA LEVEL RISE AND OPPORTUNITIES TO SOLVE OTHER PRESSING CONCERNS SUCH
	AS PROTECTING THE CITY FROM FLOOD DAMAGE.
4c	(Code:) (Expenses \$ 308,969 • including grants of \$) (Revenue \$
	BOSTON HARBOR NOW, INC. DESIGNS, EXECUTES AND COORDINATES A WIDE
	PORTFOLIO OF PARK-ENRICHING PROJECTS, MARKETING, AND WATERFRONT PUBLIC
	PROGRAMS AND ACTIVITIES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,924,761.

Form 990 (2018) BOSTON HARBOR NOW, INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			\ ₃₂
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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	<u></u>	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
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	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5	<u> </u>	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

Form 990 (2018) BOSTON HARBOR NOW, 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	<u> </u>
24 a	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	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ī	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	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		X
35.a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
De	Note. All Form 990 filers are required to complete Schedule O	38	X	
Ра	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oneck in Schedule O Contains a response of note to any line in this Part v			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 40 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

BOSTON HARBOR NOW, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 29						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
	-		3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	•			,,			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X			
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 Ac	` '	_		Ų Ţ			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 8886 T2		5b					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	-	6a		х			
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		0a					
b	were not tax deductible?	ŭ	6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?	•	7c		Х			
d		7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х			
g								
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а			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:	1						
а		10a						
	, , , , , , , , , , , , , , , , , , , ,	10b						
11	Section 501(c)(12) organizations. Enter:	11a						
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	ı ıa						
D	· · ·	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a					
	1	12b	u					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
		13b						
С		13c						
14a	Did the conservation we shall be a server of the fact of the server of t		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	o	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	ation or						
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	v
14	Did the organization have a written document retention and destruction policy?	14		Х
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?	45	Х	
	The organization's CEO, Executive Director, or top management official	15a	Λ	X
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		77
160				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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	availa	hle
.5	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	availe	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	THE ORGANIZATION - 6172238667			
	15 STATE STREET, NO. 1100, BOSTON, MA 02109			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both ar officer and a director/trustee)		h an	compensation	compensation	amount of		
	week	-)/ a do		from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itution	ser	Key employee	hest c	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	Forn			
(1) JEFFREY PORTER	1.00	۱							•	
CHAIRMAN/DIRECTOR	1 00	Х	4	X				0.	0.	0
(2) BARBARA CAPUANO	1.00	۱							•	•
DIRECTOR	1 00	Х				K		0.	0.	0 .
(3) CAROL CHURCHILL	1.00								0	_
DIRECTOR	1 00	Х					V	0.	0.	0 .
(4) BRIAN DACEY	1.00	ļ ,,							0	0
DIRECTOR	1 00	Х						0.	0.	0
(5) MICHAEL DUKAKIS	1.00	X						0.	0.	_
DIRECTOR	1.00	Δ			_			0.	0.	0.
(6) JAMIE FAY	1.00	Х						0.	0.	0 .
DIRECTOR (7) ROBIN GLASCO	1.00	^						0.	0.	0 .
DIRECTOR	1.00	x						0.	0.	0.
(8) ROBERT GOLLEDGE	1.00	122						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0 .
(9) ELIZABETH GROB	1.00								•	
VICE CHAIR		X		x				0.	0.	0 .
(10) JOHN HAMEL	1.00	 						•		
DIRECTOR		X						0.	0.	0 .
(11) MEAGHAN HOOPER-BERDIK	1.00							-		-
DIRECTOR		X						0.	0.	0 .
(12) ANN KLEE	1.00									
DIRECTOR		Х						0.	0.	0 .
(13) BRYAN KOOP	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ELIZABETH MORNINGSTAR	1.00									
DIRECTOR		X						0.	0.	0 .
(15) MARTIN O'NEILL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) SHELLY O'NEILL	1.00									
DIRECTOR		Х						0.	0.	0.
(17) BUD RIS	1.00									
DIRECTOR		Х						0.	0.	0.

832007 12-31-18 Form **990** (2018)

BOSTON HARBOR NOW, INC. 04-3268863 Page 8 Form 990 (2018) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) 1.00 (18) PAIGE SCOTT-REED DIRECTOR 0. 0. 0. (19) CATHLEEN DOUGLAS STONE 1.00 X X 0 0 . 0. CLERK/DIRECTOR (20) YANNI TSIPIS 1.00 X 0 0. 0. DIRECTOR (21) RICHARD WALKER 1.00 X X 0 0 . TREASURER/DIRECTOR 0. (22) WILLIAM WELD 1.00 0. 0. 0. DIRECTOR X 40.00 (23) CHARLES HOLLEY 3,223. X 99,078. 0. DIRECTOR OF FINANCE (24) KATHERINE ABBOTT 40.00 X 218,333 0. 13,043. PRESIDENT AND CEO 40.00 (25) JODI WOLIN 155 761

VP,	INSTITUTIONAL ADVANCEMENT			4			Δ			155,761.	0.	ΙΟ,	021.
1b	Sub-total									473,172.	0.	26,	887.
С	Total from continuation sheets to Part VI	I, Section A							•	0.	0.		0.
d	Total (add lines 1b and 1c)							<u> </u>		473,172.	0.	26,	887.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wh	no re	ceive	ed more than \$100	0,000 of reportable		

Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

compensation from the organization

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 NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

BOSTON HARBOR NOW, INC. 04-3268863 Page **9** Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under sections 512 - 514 (A)
Total revenue (B) Related or exempt function revenue business revenue Gifts, Grants ar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 758,535. **c** Fundraising events

Contributions, Giff and Other Similar		d	Related organizations	1d					
JS, imi		е	Government grants (contributions)	1e	788,349.				
rior S		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above	1f	1,040,022.				
d Off		g	Noncash contributions included in lines 1a-1f: \$		97,270.				
a au		h	Total. Add lines 1a-1f		>	2,586,906.			
					Business Code				
ě	2	а	FERRY SERVICE REVENUE		900099	58,673.	58,673.		
e Zi		b	FOOD SERVICE REVENUE		900099	46,582.	46,582.		
Se		С	BOSTON LIGHT REVENUE		900099	31,189.	31,189.		
Program Service Revenue		d	EARNED INCOME		900099	29,423.	29,423.		
ogr R		е							
P		f	All other program service revenue						
			Total. Add lines 2a-2f			165,867.			
	3		Investment income (including dividends						
			other similar amounts)			10,564.			10,564.
	4		Income from investment of tax-exempt						,
	5		Royalties						
			(i) Re		(ii) Personal				
	6	а	Gross rents		(.,, : 5:55:14:				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		•				
	7		Gross amount from sales of (i) Secu		(ii) Other				
	•	_	assets other than inventory	ATTE	(ii) Garior				
		h	Less: cost or other basis						
		~	and sales expenses						
		c	Gain or (loss)						
			Net gain or (loss)		•				
•	a		Gross income from fundraising events (
Other Revenue	Ĭ	_	including \$ 758,535. of						
eve			contributions reported on line 1c). See						
Ä			Part IV, line 18	а	40,028.				
the the		h	Less: direct expenses						
Ö			Net income or (loss) from fundraising ev			-218,461.			-218,461.
			Gross income from gaming activities. S			,			, -
	Ĭ	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming activity						
	10		Gross sales of inventory, less returns						
		u	and allowances	а					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inven						
		Ŭ	Miscellaneous Revenue	itory	Business Code				
	11	2			Dasiness Code				
	• •	b							
		C							
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,544,876.	165,867.	0.	-207,897.
83200		-31-			······	, , , , , , ,	, , , , , ,	- •	Form 990 (2018)
		-							(/

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).

Do not included amounts reported on lines 6b, 76, 8b, 9b, and 150 of Part VIII. Total expenses Program service Management and general expenses Program service Management Program service Management Program service Program servic		Chock if Schodulo O contains a respon	•			X
Total expenses Program service Program servi	Do		(A)	(B)	(C)	(D)
Grants and other assistance to densetic organizations and densetic organizations and denset of powerments, see Part IV, line 21 2 3 3 3 3 3 3 3 3 3			Total expenses	Program service	Management and	
and domestic poverments. See Part IV, line 2 I Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 1 to 1				ехрепзез	general expenses	ехрепзез
2 Cants and other assistance to domestic inclividuals. See Part IV, line 22 3 Crants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 57 and 16 4 Benefits paid to or for members 5 Compensation of current officiers, directors, trustees, and key employees 6 Compensation inclinidated above, to disqualified persons (as cellinated above, to disqualified persons) (as cellinated above), to disqualified persons (as cellinated above)	•					
Individuals, See Part V, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16	2					
3 Grants and other assistance to foreign reginations, foreign operaments, and foreign regination of current officers, directors, trusteus, and key employees 5 Compensation of current officers, directors, trusteus, and key employees 6 Compensation of current officers, discussified persons (as defined under section 4968(ft)1) and persons described in section 4968(ft)1) and 498(ft)1) and	_					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3					
Individuals. Sae Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustoes, and key employees 236,501. 147,743. 61,760. 26,998. 6 Compensation on tricluided above, to disqualified persons (as defined under section 4958(IV)) and persons (as defined under section 401(IV)) and 402(IV) employer contributions (include section 401(IV)) and 402(IV) employer (include section 401(IV))	_	· ·				
### Compensation of current officers, directors, trustees, and key employees ### Compensation of current officers, directors, trustees, and key employees ### Compensation of current officers, directors, trustees, and key employees ### Compensation of included above, to disqualified persons disacfied under section 4958((x)) and persons described in section 4958((x)) and persons described in section 4958((x)) and persons described in section 4958((x)) and 490 (x) employer contributions (include section 401(x) and 405(t) employer contributions) ### Officers of the including and confidence in the including and persons described in section 4958((x)) and 401(x) employer contributions (include section 401(x) and 405(t) employer contributions) ### Officers of the including and persons of the including and persons described in the including and persons described and the including and persons described						
1	4					
trustees, and key employees						
6 Compensation not included above, 1n disqualified persons (as defined under section 4958(r)(11)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring e Professional fund-aising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 34, 995. 12, 227. 20, 299. 2, 469. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any detrail, state, or local public officials for any detrails above, (List include aspects, or Schedule 0.) 18 Payments to affiliates 19 Conferences, conventions, and meetings 20 Interest 11 Payments to affiliates 10 Payroll taxes 10 Insurance 10 Agricultural taxes 10 Agricultural taxes 11 Fees for services (non employees): 22 Depreciation, depletion, and amoritzation 13 Insurance 14 Agricultural taxes 16 Agricultural taxes 177, 733. 10, 833. 6, 900. 18, 940. 19 Payments to affiliates 19 Conferences, conventions, and meetings 20 Interest 11 Interest 12 Payments to affiliates 13 Agricultural taxes (non expenses) 14 Agricultural taxes (non expenses) 177, 733. 131, 937. 18 Payments to affiliates 19 Payments to affiliates 20 Depreciation, depletion, and amoritzation 16 Agricultural taxes (non expenses) 179, 989. 173, 174. 25 Agricultural taxes (non expenses) 179, 989. 179, 989. 179, 989. 179, 989. 179, 989. 25 Agricultural taxes (non expenses) 179, 989.	_		236,501.	147,743.	61,760.	26,998.
persons described in section 4986(r/1) and persons described in section 4986(r/1) and persons described in section 4986(r/1) and 490(persons) and contributions (include section 491(part and 490(persons) persons) and contributions (include section 491(part and 490(persons) persons) and contributions (include section 491(part and 490(persons) persons) and analysis of the remployee benefits and persons and proper contributions (include section 491(part and 490(persons) persons) and analysis of the remployee benefits and the remploy	6				·	<u> </u>
Persion plan accruals and wages						
1, 248, 050. 567, 788. 440, 725. 239, 537.		* * * * * * * * * * * * * * * * * * * *				
8 Pension plan accruals and contributions (include section 40 (K) and 403(h) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundialsing services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advartising and promotion 12,910, 11,918, 20, 972. 30 Office expenses 134,995, 12,227, 20,299, 2,469, 17,733, 10,833, 6,900. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings interest 21 Payments to affiliates 20 Interest 21 Payments to affiliates 20 Expenses, tenibe expenses and covered altower, (List miscellamenus expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (D, anount, list	7		1,248,050.	567,788.	440,725.	239,537.
section 401(k) and 403(b) employer contributions) 9					-	·
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 19% of line 25, column (A) amount, list line 24e amount, list line 25e expenses in line 24e. In 18 payments of travel or antertainment expenses on 25 to 27 payments of travel or antertainment expenses on 21 payments of travel or antertainment expenses on 21 payments of travel or entertainment expenses for any federal, state, or local public officials or any federal state,	-	·				
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g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 12, 910, 111, 918, 20, 972. 3 Office expenses 3 4, 995, 12, 227, 20, 299, 2, 469, 16 Information technology 5 5, 126, 31, 637, 23, 489, 17 Travel Cocupancy 28, 330, 2, 850, 25, 480, 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 16, 300, 18, 940, 18						
Column (A) amount, list line 11g expenses on Sch 0.) 652, 370. 443, 049. 135, 884. 73, 437.	g					
12 Advertising and promotion 12,910. 11,918. 20. 972. 13 Office expenses 34,995. 12,227. 20,299. 2,469. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 17 Travel 17,733. 10,833. 6,900. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 FUNDED PUBLIC PROGRAMS 57PECIAL EVENTS 131,937. 131,937. 4 PROJECT EXPENSES 2 All other expenses 179,494. 146,791. 25,479. 7,224. 25 Total functional expenses. Add lines 1 through 24e 3 John Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		•	652,370.	443,049.	135,884.	73,437.
13 Office expenses 34,995. 12,227. 20,299. 2,469. 14 Information technology 55,126. 31,637. 23,489. 15 Royalties 23,330. 2,850. 25,480. 17 Travel 17,733. 10,833. 6,900. 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 16,300. 18,940. 18,940. 21 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the 24e. If line 25 above, list line 24e. If line 25 above, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A) amount, list line 24e expenses on the column (A	12	Advertising and promotion	12,910.			
14 Information technology 55,126. 31,637. 23,489. 15 Royalties 28,330. 2,850. 25,480. 16 Occupancy 17,733. 10,833. 6,900. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 10,833. 6,900. 19 Conferences, conventions, and meetings 10 Interest 10 Interest 10 Interest 16,300. 16,300. 16,300. 16,300. 18,940. 18,940. 18,940. 18,940. 18,940. 173,174. 25. 25. 173,199. 173,174. 25. 25. 173,199. 173,174. 25. 25. 131,937. 131,937. 131,937. 27,224. 25. 179,494. 146,791. 25,479. 7,224. 26. 30int costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	13		34,995.	12,227.	20,299.	2,469.
15 Royalties 16 Occupancy 17 Travel 17 Travel 17 Travel 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 18 Insurance 19 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 24 Other expenses on Schedule 0.) 25 FECIAL EVENTS 26 PROJECT EXPENSES 27 PROJECT EXPENSES 28 All other expenses. Add lines 1 through 24e 29 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 in following SOP 98-2 (ASC 958-720)	14		55,126.	31,637.	23,489.	
16 Occupancy	15					
17 Travel 17,733. 10,833. 6,900. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 12 Payments to affiliates 12 Depreciation, depletion, and amortization 16,300. 16,300. 18,940. 18,940. 20 Insurance 18,940. 18,940. 18,940. 21 Payments to affiliates 18,940. 18,940. 18,940. 18,940. 22 Depreciation, depletion, and amortization 16,300. 18,940. 18,940. 18,940. 23 Insurance 18,940. 18,94	16					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDED PUBLIC PROGRAMS b WATER TRANSPORTATION c SPECIAL EVENTS 4 PROJECT EXPENSES 4 PROJECT EXPENSES 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 25 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	17		17,733.	10,833.	6,900.	
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 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDED PUBLIC PROGRAMS b WATER TRANSPORTATION c SPECIAL EVENTS d PROJECT EXPENSES PROJECT EXPENSES All other expenses. Add lines 1 through 24e 3 179, 494. 146, 791. 25, 479. 7, 224. 25 Total functional expenses. Add lines 1 through 24e 3 1, 937. 1, 1924, 761. 775, 276. 350, 662. 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	18					
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21 Payments to affiliates 22 Depreciation, depletion, and amortization 16,300. 23 Insurance 18,940. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) a FUNDED PUBLIC PROGRAMS b WATER TRANSPORTATION c SPECIAL EVENTS d PROJECT EXPENSES e All other expenses 173,199. 173,174. 25. 173,199. 173,174. 25. 131,937. 131,937. 131,937. 131,937. 25. 179,494. 146,791. 25,479. 7,224. 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 (Intercept of the column of the company of	19	Conferences, conventions, and meetings				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDED PUBLIC PROGRAMS b WATER TRANSPORTATION c SPECIAL EVENTS d PROJECT EXPENSES e All other expenses Ald lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 (Interpretable in column (B) intolowing SOP 98-2 (ASC 958-720)	20	Interest				
22 Depreciation, depletion, and amortization	21					
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDED PUBLIC PROGRAMS b WATER TRANSPORTATION c SPECIAL EVENTS d PROJECT EXPENSES e All other expenses All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	22					
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24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDED PUBLIC PROGRAMS b WATER TRANSPORTATION c SPECIAL EVENTS d PROJECT EXPENSES e All other expenses Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720) 173,199. 173,174. 25. 164,916. 164,916. 164,916. 164,916. 1731,937. 13	24	Other expenses. Itemize expenses not covered				
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b WATER TRANSPORTATION c SPECIAL EVENTS d PROJECT EXPENSES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) 164, 916. 131, 937. 131, 93		amount, list line 24e expenses on Schedule 0.)				
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PROJECT EXPENSES 79,898. 79,898. Expenses 179,494. 146,791. 25,479. 7,224.	b					
e All other expenses 179,494 · 146,791 · 25,479 · 7,224 · 3,050,699 · 1,924,761 · 775,276 · 350,662 · 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 if following SOP 98-2 (ASC 958-720)	С					
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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 if following SOP 98-2 (ASC 958-720)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	3,050,699.	1,924,761.	775,276.	350,662.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26					
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
<u> </u>						
		Check here if following SOP 98-2 (ASC 958-720)				5 990 (2018)

Form 990 (2018) Part X Balance Sheet

Pai	LA	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,548.	1	87,529.
	2	Savings and temporary cash investments			776,718.	2	1,170,124.
	3	Pledges and grants receivable, net			2,150,709.	3	960,091.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			25,727.	9	12,599.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	52,787.			
	b	Less: accumulated depreciation		43,805.	16,749.	10c	8,982.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14,222.	14	72,355.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal			2,987,673.	16	2,311,680.
	17	Accounts payable and accrued expenses	,		498,494.	17	329,486.
	18	Grants payable				18	
	19	Deferred revenue			1,162.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	art IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
∄		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L	<u></u>			22	
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D		T	400 656	25	200 406
	26	Total liabilities. Add lines 17 through 25			499,656.	26	329,486.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ <u>X</u> and			
Ses		complete lines 27 through 29, and lines 33 an			450 206		F40 C00
anc	27	Unrestricted net assets			459,386.	27	548,692.
Fund Balances	28	Temporarily restricted net assets			2,028,631.	28	1,433,502.
pu	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958	s), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		T		31	
Net Assets or	32	Retained earnings, endowment, accumulated in		F	2 400 017	32	1 000 104
_	33	Total net assets or fund balances			2,488,017.	33	1,982,194.
	34	Total liabilities and net assets/fund balances			2,987,673.	34	2,311,680.

BOSTON HARBOR NOW, INC.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,54	4,8	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,05		
3	Revenue less expenses. Subtract line 2 from line 1	3	-50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,48	8,0	<u> 17.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,98	2,1	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	··		
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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

Open to Public Inspection

Employer identification number

BOSTON HARBOR NOW, INC. 04-3268863 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 33 1/3% 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 33 1/3% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,307,957.	1,552,449.	2,410,764.	3,863,036.	2,586,906.	11,721,112.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1,307,957.	1,552,449.	2,410,764.	3,863,036.	2,586,906.	11,721,112.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly				4			
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						11,721,112.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	1,307,957.	1,552,449.	2,410,764.	3,863,036.	2,586,906.	11,721,112.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	568.	365.	267.	3,435.	10,564.	15,199.	
9	Net income from unrelated business			,				
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						11,736,311.	
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	928,914.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)		
~	organization, check this box and stor	here					<u></u>	
	ction C. Computation of Publ					<u> </u>	00 07	
	Public support percentage for 2018 (14	99.87 %	
	Public support percentage from 2017					15	99.94 %	
16a	33 1/3% support test - 2018. If the c	•		·		•		
_	stop here. The organization qualifies						▶ X	
b	33 1/3% support test - 2017. If the						is box	
	and stop here. The organization qual						▶□	
1/a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac			-	•	_	ization	
,	meets the "facts-and-circumstances"	-			-		100/	
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the				-			
40	organization meets the "facts-and-circ		•					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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.)

Sec	ction A. Public Support	elow, please comp	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(2,7 = 3 : 1	(3) 23 13	(0, 20.0	(4) = 3	(5) = 5 : 5	(1)
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5					1	
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that				Y		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income	'					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	s first second thin	d fourth or fifth	tax vear as a secti	on 501(c)(3) organi:	zation
•	check this box and stop here	· ·			•		
Sec	etion C. Computation of Publ						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017					16	%
	etion D. Computation of Inve					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)	1	17	%
	Investment income percentage from					18	
	33 1/3% support tests - 2018. If the						
196							11 15 HUL
1.	more than 33 1/3%, check this box a						- -
r	33 1/3% support tests - 2017. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						. \square
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 190, check 1	this dox and see if	ISTRUCTIONS	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Qh		
	9b		
	9с		
	_		
	10a		
	เบล		
	10b		
m 9	90 or 99	90-EZ)	2018

Par	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	1a		
b	A family member of a person described in (a) above?	1b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	1c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
	tion C. Type II Supporting Organizations			
000	and or type it dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations	<u>. </u>		
0001	tion B. All Type III Supporting Organizations		Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	140
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>C1</u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	tions أ		
	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	· · · · · · · · · · · · · · · · · · ·	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	· · · · · · · · · · · · · · · · · · ·	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
_	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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 Open to Public Inspection

Name of the organization

BOSTON HARBOR NOW, INC.

Employer identification number 04-3268863

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cel	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ration easements during the year
_	S		0.0000000000000000000000000000000000000
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections or	f Art Historical Treasures or (Other Similar Assets
I a	Complete if the organization answered "Yes" on Form	-	Strict Cirmar Addets.
12	If the organization elected, as permitted under SFAS 116 (AS		amont and balance shoot works of art
Ia	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		ance of public service, provide, in Fart Am,
h	If the organization elected, as permitted under SFAS 116 (AS		ot and halance sheet works of art historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, of research in furtherance of p	ablic scroloc, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		• •
			<u> </u>
2	If the organization received or held works of art, historical tre	asures or other similar assets for financi	
~	the following amounts required to be reported under SFAS 1		iai gairi, provide
•	Revenue included on Form 990, Part VIII, line 1		• •
a L	Assets included in Form 900 Part Y		

Pai	t III Organizations Maintaining Co	llections of Ar	t, Historical T	reasures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of th	e following tha	at are a sign	ificant use of	its collection items
	(check all that apply):						
а	Public exhibition	d	Loan or ex	change progr	ams		
b	Scholarly research	е	Other				
С	Preservation for future generations		·				
4	Provide a description of the organization's coll	ections and explair	n how they further	the organizat	ion's exemp	t purpose in F	Part XIII.
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be main	ntained as part of t	he organization's	collection?		[Yes No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the organizat	ion answered	"Yes" on Fo	orm 990, Part	IV, line 9, or
	reported an amount on Form 990, Part	X, line 21.					
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contribution	ons or other as	ssets not inc	cluded	
	on Form 990, Part X?						Yes X No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on For	m 990, Part X, line	21, for escrow or	custodial acco	ount liability	?	Yes X No
	If "Yes," explain the arrangement in Part XIII.						<u></u>
Pai	T V Endowment Funds. Complete if t						
	-	(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions				_		
С	Net investment earnings, gains, and losses	4					
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses		7 7				
g	End of year balance						
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment >	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c should						
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held	and administe	ered for the	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
_	(ii) related organizations						
b	If "Yes" on line 3a(ii), are the related organizati			i?			3b
Dai	Describe in Part XIII the intended uses of the cent VI Land, Buildings, and Equipment		wment funds.				
Fai			Dort IV line 11e	Coo Form 000	O Dort V lin	o 10	
	Complete if the organization answered						(al) De alcuelus
	Description of property	(a) Cost or of basis (investment)		st or other s (other)		ımulated ciation	(d) Book value
	Lond	· ·	Dasi	5 (Ott 161)	depre	CIALIOIT	
	Land		-				
	Buildings						
	Leasehold improvements			52,787.	1	3,805.	8,982.
	Equipment			<u> </u>		.5,505.	0,502.
	Other		X column (R) line	10c)	<u> </u>		8,982.
· ota	ir, iaa iirioo Ta iiriougii To. (Oolulliil (u) Illust Eq	on o o o o , i all.	,				-,

Schedule D (Form 990) 2018 BOSTON HARBO	R NOW,	INC.	04-3268863 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990,	Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book		(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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book	value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		4	
(5)			
(6)			
(7)			Y
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990,	Part IV, line	e 11d. See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (h) must equal Form 990, Part X, col. (R) line 15.)	N	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	edule D (Form 990) 2018 BOSTON HARBOR NOW, INC.			3268863 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	-	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		2 010 600
1			1	3,010,607
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments		_	
b			_	
С	1 7 0			
d	Other (Describe in Part XIII.)	2d 218,461.		465 504
е	Add lines 2a through 2d		2e	465,731
3	Subtract line 2e from line 1		3	2,544,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , ,			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,544,876
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	3,516,430
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 247,270.	<u>-</u>	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 218,461.	·	
е	Add lines 2a through 2d		2e	465,731
3	Subtract line 2e from line 1		3	3,050,699
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	/		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0 .
5			5	3,050,699
Do		y	_ o	
Га	rt XIII Supplemental Information.	<i>y</i>] 5]	
				X, line 2; Part XI,
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b; Part V, line		X, line 2; Part XI,
Prov	rt XIII Supplemental Information.	art IV, lines 1b and 2b; Part V, line		X, line 2; Part XI,
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b; Part V, line		X, line 2; Part XI,
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	art IV, lines 1b and 2b; Part V, line		X, line 2; Part XI,
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b; Part V, line		X, line 2; Part XI,
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Prov lines PAI	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac RT X, LINE 2:	art IV, lines 1b and 2b; Part V, line dditional information. UNCERTAIN TAX POS	4; Part	ONS BY
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Provines PAI THI	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac RT X, LINE 2: E ORGANIZATION ASSESSES THE RECORDING OF ALUATING THE MINIMUM RECOGNITION THRESHOL	art IV, lines 1b and 2b; Part V, line dditional information. UNCERTAIN TAX POS	4; Part	ONS BY QUIREMENTS
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

BOSTON HARBOR NOW, INC.

Employer identification number 04-3268863

Fundraising Activities required to complete this par	 Complete if the organization answet 	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SHARON MCDONALD - 39 DUCA DRIVE, MARLBOROUGH, MA 01752	FUNDRAISING	Yes	No X	0.	31,825.	-31,825.
RESILIENT PHILANTHROPY, LLC -	FUNDRAISING		х	0.	86,700.	-86,700.
		<				
Total 3 List all states in which the organization or licensing. 4A	on is registered or licensed to solicit (contrib	outions	s or has been notified	118,525. d it is exempt from re	
.TA						

Schedule G (Form 990 or 990-EZ) 2018 BOSTON HARBOR NOW, INC. 04-3268863 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SPECTACLE ON (add col. (a) through SPECTACLE FALL EVENT col. (c)) (event type) (event type) (total number) Revenue 249,598. 798,563. 1 Gross receipts 515,511. 33,454. 475,483 249,598. 33,454. 758,535. 2 Less: Contributions 40,028 40,028. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 63,164. 63,164. 6 Rent/facility costs 40,028. 117. 40,145. 7 Food and beverages 8 Entertainment 9 Other direct expenses 69,868. 25,722. 155,180. 258,489. **10** Direct expense summary. Add lines 4 through 9 in column (d) -218,461. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2018 BOSTON HARBOR NOW, INC. 04-3	3268	863	Page 3				
	Does the organization conduct gaming activities with nonmembers?		Yes	No				
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No				
13	Indicate the percentage of gaming activity conducted in:		103					
	a The organization's facility	13a		%				
	An outside facility	-		%				
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name							
	Address							
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🕻	Yes	☐ No				
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount							
	of gaming revenue retained by the third party \$\bigs\\$							
(If "Yes," enter name and address of the third party:							
	Name							
	Address							
16	Gaming manager information:							
	daming manager information.							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?		Yes	☐ No				
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the							
_	organization's own exempt activities during the tax year ▶ \$							
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lin	ies 9,	9b, 10b,				
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.							
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	≀S :						
(I) NAME OF FUNDRAISER: RESILIENT PHILANTHROPY, LLC							
	ADDRESS OF FUNDRAISER: P.O. BOX 1919, WINTER PARK, FL 32790							
<u>(I</u>	.) ADDRESS OF FUNDRAISER: F.O. BOX 1919, WINTER FARR, FIL 32/90	<u>, </u>						

Schedule G	G (Form 990 or 990-EZ)	BOSTON HARBOR NOW, INC.		04-3268863 Page 4
Part IV	Supplemental Info	BOSTON HARBOR NOW, INC.		
			· ·	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

BOSTON HARBOR NOW, INC. Employer identification number 04-3268863

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) KATHERINE ABBOTT	(i)	218,333.	0.	0.	6,750.	6,293.	231,376.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JODI WOLIN	(i)	155,761.	0.	0.	4,650.	5,971.		0.	
VP, INSTITUTIONAL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization BOSTON HARBOR NOW, INC. Employer identification number 04 - 3268863

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion ai	nount	5
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies	_						
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	Х	2,412	40,275.	E-MC7			
	Other (FOOD AND DRIN) Other (MATERIAL TO R)	X	2,412	27,000.				
		X	10	17,980.				
	TODOTHO /	X	6	5,000.				
	Other (LODGING) Number of Forms 8283 received by the organiz		_		<u> </u>			
	for which the organization completed Form 828							
	To which the organization completed form 620	o, raitiv, i	Soliee Ackilowied(gernent <u>29 </u>			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rer	oorted in Part I lines 1 throu	oh 28 that it		103	140
	must hold for at least three years from the date				-			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31		Х
	Does the organization hire or use third parties of					-		
	contributions?		S	, · · · · ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. PART I, OTHER TYPES OF PROPERTY: PILOT BOAT EXPERIENCE (A) CHECK IF APPLICABLE = X NUMBER OF CONTRIBUTIONS = 4 REVENUE REPORTED ON FORM 990, PART VIII \$ 4000. METHOD OF DETERMINING REVENUE: FMV GIFT CARDS (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 8 (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1350. (D) METHOD OF DETERMINING REVENUE: FMV DEED FOR SPECTACLE ISLAND (A) CHECK IF APPLICABLE = X NUMBER OF CONTRIBUTIONS = 1 (B) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000. METHOD OF DETERMINING REVENUE: FMV SUPPLIES (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 602 REVENUE REPORTED ON FORM 990, PART VIII \$ 665. (D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BOSTON HARBOR NOW, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Employer identification number 04-3268863

BOSTON HARBOR NOW, INC. (BHN) IS A NON-PROFIT ORGANIZATION WITH A BOLD MISSION: TO ENSURE A VIBRANT AND SUSTAINABLE FUTURE FOR BOSTON'S HARBOR, WATERFRONT, AND ISLANDS. BHN IS COMMITTED TO ACCESS, RESILIENCY, AND HARBOR'S ROLE IN THE HEALTH OF OUR REGION. BHN WORKS WITH PUBLIC AND PRIVATE PARTNERS TO INCREASE AWARENESS, ACCESS AND ENGAGEMENT WITH OUR HARBOR WHILE ENHANCING THE RESILIENCY OF OUR WATERFRONT. WE ARE THE LEGISLATED PARTNER OF THE BOSTON HARBOR ISLANDS

FORM 990, PART I, LINE 8:

CONTRIBUTIONS REDUCED FROM \$3,207,859 IN FISCAL YEAR 2017 TO \$2,586,906 IN FISCAL YEAR 2018 BECAUSE OF THE TIMING OF RECEIVING MULTI-YEAR CONTRIBUTIONS.

NATIONAL AND STATE PARK AND THE CITY'S PARTNER OF THE HARBORWALK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BOSTON HARBOR NOW, INC. (BHN) IS A NON-PROFIT ORGANIZATION WITH A BOLD MISSION: TO ENSURE A VIBRANT AND SUSTAINABLE FUTURE FOR BOSTON'S HARBOR, WATERFRONT, AND ISLANDS. BHN IS COMMITTED TO ACCESS, RESILIENCY, AND HARBOR'S ROLE IN THE HEALTH OF OUR REGION. BHN WORKS WITH PUBLIC AND PRIVATE PARTNERS TO INCREASE AWARENESS, ACCESS AND ENGAGEMENT WITH OUR HARBOR WHILE ENHANCING THE RESILIENCY OF OUR WATERFRONT. WE ARE THE LEGISLATED PARTNER OF THE BOSTON HARBOR ISLANDS NATIONAL AND STATE PARK AND THE CITY'S PARTNER OF THE HARBORWALK.

Name of the organization BOSTON HARBOR NOW, INC.

Employer identification number 04-3268863

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT & CEO, DIRECTOR OF FINANCE, AND THE FINANCE/AUDIT COMMITTEE

REVIEW A DRAFT OF THE FORM 990 AS PREPARED BY INDEPENDENT TAX PROFESSIONALS

AND DISCUSS ANY QUESTIONS/ISSUES WITH THE TAX PROFESSIONALS. ONCE THEY

ACCEPT THE DRAFT, THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OUR CONFLICT OF INTEREST POLICY REQUIRES BOARD AND STAFF TO DISCLOSE ANY
POTENTIAL CONFLICT OF INTEREST. CONFLICT OF INTEREST FORMS ARE COMPLETED AT
THE START OF EACH FISCAL YEAR AND UPDATED AS NEED BE. IF THE MATTER
INVOLVES STAFF AND IS RELATIVELY MINOR, THE PRESIDENT MAKES A DECISION ON
WHAT COURSE OF ACTION THE STAFF MEMBER SHOULD FOLLOW. IF THE MATTER
INVOLVES A BOARD MEMBER OR IS A MAJOR ISSUE INVOLVING STAFF, THE PRESIDENT
AND EXECUTIVE COMMITTEE DISCUSS THE QUESTION, AND MAKE A RECOMMENDATION TO
THE FULL BOARD. ALTERNATIVELY, A BOARD MEMBER MAY RECUSE HIMSELF/HERSELF
FROM ANY BOSTON HARBOR NOW PARTICIPATION IN A MATTER THAT HE/SHE BELIEVES
RAISES A CONFLICT OR THE APPEARANCE OF A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT AND CEO'S SALARIES ARE DETERMINED BY THE BOARD OF TRUSTEES.

THE REVIEW IS BASED ON A SELF-EVALUATION PROVIDED BY THE PRESIDENT, THEIR

OWN INTERNAL CONVERSATIONS, AND CONVERSATIONS WITH ADDITIONAL BOARD MEMBERS

AS WELL AS CONVERSATIONS WITH SELECTED STAFF.

OTHER OFFICERS AND KEY EMPLOYEES' SALARIES ARE DETERMINED BY THE PRESIDENT AND CEO.

Name of the organization BOSTON HARBOR NOW, INC.	Employer identification number 04-3268863
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STAT	TEMENTS ARE ALSO
AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT AND PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	443,049.
MANAGEMENT AND GENERAL EXPENSES	135,884.
FUNDRAISING EXPENSES	73,437.
TOTAL EXPENSES	652,370.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	652,370.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, HEADING, ITEM B:	
THE ORIGINAL FY2018 TAX RETURN WAS SUBMITTED PRIOR TO THE	E AUDIT OF THE
ORGANIZATION'S FY2018 FINANCIALS. THERE HAS BEEN AN AMENI	DMENT TO THE
ENTIRE TAX RETURN, INCLUDING EACH SCHEDULE. NO PART OR SC	CHEDULE IS THE
SAME AS THE ORIGINAL FY2018 TAX RETURN.	
SCHEDULE D, PART V:	
HISTORICAL ENDOWMENT FUNDS DATA ON PART V OF SCHEDULE D V	VAS REMOVED
FROM THE AMENDED 2018 RETURN. TEMPORARY ACTIVITY DOES NOT	QUALIFY AS AN
ENDOWMENT AND SUBSEQUENTLY HAS BEEN REMOVED.	