	aan	
Form	330	

Department of the Treasury

Т

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

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

OMB No. 1545-0047 **n** ſ 7 16 Open to Public Inspection

Dep: Inter	artment nal Reve	enue Service Go to www.irs.gov/Form990 for instructions and the la		Inspection
Α	For th	e 2021 calendar year, or tax year beginning ${ m APR}1$ , $2021$ and ending	<u>M</u> AR 31, 2022	
B	Check if applicab	le: C Name of organization	D Employer identificat	ion number
	Addre			
F			04-3268863	)
-	_]chang _]Initial	Doing business as		)
-	returr Final returr			7
	Lreturr termi ated		G Gross receipts \$	5,502,239.
			H(a) Is this a group retur	
				Yes X No
	pend	<sup>ng</sup> SAME AS C ABOVE	H(b) Are all subordinates include	
		empt status: 🗴 501(c)(3) 🛄 501(c) ( ) ◀ (insert no.) 🛄 4947(a)(1) or 🛄	527 If "No," attach a list	
		te: VWW.BOSTONHARBORNOW.ORG	H(c) Group exemption n	
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘	Year of formation: 1995 M S	tate of legal domicile: MA
Pa	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: BOSTON F	IARBOR NOW'S (BH	IN )
Activities & Governance		MISSION IS TO ENSURE THAT BOSTON HARBOR, ITS	WATERFRONT AND	DISLANDS
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		20
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		20
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		24
ti	6	Total number of volunteers (estimate if necessary)		98
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
		Contributions and grants (Dart)/III line 1b)	Prior Year 3,472,778.	Current Year 5,383,739.
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	47,954.	98,741.
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,126.	1,209.
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	344,323.	-275,083.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,870,181.	5,208,606.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,934,482.	1,981,693.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be A	b	Total fundraising expenses (Part IX, column (D), line 25) > 391, 506.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,716,545.	2,128,581.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,110,274.
	19	Revenue less expenses. Subtract line 18 from line 12	219,154.	1,098,332.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset: Jalar	20	Total assets (Part X, line 16)	3,155,873.	4,066,521.
et A	21	Total liabilities (Part X, line 26)	537,862.	354,936.
		Net assets or fund balances. Subtract line 21 from line 20	2,618,011.	3,711,585.
_	art II		atomorphic and to the head of the	and a seal to - B - K - M
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st		iowiedge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	barer nas any knowledge.	

Sign Here	Signature of officer KATHERINE ABBOTT, PRES Type or print name and title	IDENT AND CEO	Date							
Paid	Print/Type preparer's name	Preparer's signature	Date Check PTIN 10/21/22 if self-employed P00548581							
	JOYCE RIPIANZI, CPA Firm's name ► AAFCPAS, INC.	JOYCE RIPIANZI, CPA								
Preparer	Firm's EIN ▶ 04-2571780									
Use Only	Firm's address 50 WASHINGTON ST	REET								
WESTBOROUGH, MA 01581 Phone no.508-366-910										
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									
S	SEE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT CONTINUATION							
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Form	BOSTON HARBOR NOW, INC.	04-3268863 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: BOSTON HARBOR NOW'S (BHN) MISSION IS TO ENSURE THAT WATERFRONT AND ISLANDS ARE ACCESSIBLE AND INCLUSIVE SPECIAL PLACES ARE PROPERLY ADAPTED TO THE RISKS OF	AND THAT THESE
2	Did the organization undertake any significant program services during the year which were not listed o prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program set	ervices?Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation revenue, if any, for each program service reported.	
4a 4b	(Code:)(Expenses 1,605,715. including grants of \$ BOSTON HARBOR NOW, INC. (BHN), AS THE NON-PROFIT PA HARBOR ISLANDS NATIONAL AND STATE PARK, MANAGES A N FACILITIES, AND REVENUE-GENERATING SERVICES TO ENHAL EXPERIENCE AND PROVIDE FUNDING TO SUPPORT THE PARK. INCLUDE PUBLIC FERRY OPERATIONS, ISLAND-BASED FOOD EVENTS. IN ADDITION, BHN MANAGES THE MAINLAND PARK LOCATED IN BOSTON ON BEHALF OF THE NATIONAL PARK SE ORGANIZES PROGRAMMING, PROVIDES FREE AND REDUCED CO UNDERSERVED YOUTH AND FAMILIES, AND WORKS WITH MANY AND NONPROFITS TO INCREASE USE AND APPRECIATION OF CREATION OF STONE LIVING LAB HAS ALLOWED BHN TO WOR THROUGH RESEARCH AND NATURE-BASED SOLUTIONS FOR THE (code:)(Expenses \$ 1,063,933. including grants of \$ BOSTON HARBOR NOW, INC. LEADS EFFORTS TO ENSURE AN RESILIENT AND EQUITABLE HARBOR THROUGH PLANNING, PO WORK. THE STONE LIVING LAB IS A KEY PROJECT LOOKING WHERE PEOPLE WORK WITH NATURE TO MAKE COASTAL REGIO ADAPTIVE TO CLIMATE CHANGE WHILE ENHANCING NATURAL ENVIRONMENTS. HARBORWALK 2.0 IS ANOTHER KEY PROJECT	UMBER OF OPERATIONS, NCE VISITOR MANAGED SERVICES SERVICE AND PRIVATE WELCOME CENTER RVICE. BHN ALSO ST ACCESS TO COMMUNITY PARTNERS THE HARBOR. A K ON RESILIENCE HARBOR. ) (Revenue \$) ACCESSIBLE, LICY, AND ADVOCACY G TO CREATE A FUTURE NS RESILIENT AND AND BUILT
4c	RESILIENCE, ACCESS, AND EQUITY.	) (Revenue \$)
-	BOSTON HARBOR NOW, INC. PROVIDES THOUGHT LEADERSHIP WATERFRONT AND ISLANDS, HELPS TO INCREASE AWARENESS WATERFRONT AND ISLANDS, AND INCREASE ENGAGEMENT WIT	FOR THE HARBOR,
4.4		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 3,156,210.	)
	12-09-21 21	Form <b>990</b> (2021)
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Form 990 (2021)

Part IV Checklist of Required Schedules

BOSTON HARBOR NOW, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	<u> </u>
5	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	or in 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, VII, 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			v
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
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	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	4-		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		v
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
_	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
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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? <i>If "Yes," complete</i>			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete</i>			v
h	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
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
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 74			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
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_00-	23			
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Form 990	(2021	BOSTON	HARBOR	NOW,	INC.
Part V	St	atements Regarding	Other IRS F	ilings a	nd Tax Compliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.4					
	filed for the calendar year ending with or within the year covered by this return	2a	24		37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s						
				3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0.		3b				
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	Accour	nts (FBAR).					
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 transa	action	>	5b		X		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t							
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu							
	were not tax deductible?		•	6b				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a	Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			70 7b	X			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				_			
č	to file Form 8282?			7c		x		
А				10				
	If "Yes," indicate the number of Forms 8282 filed during the year	-		70		x		
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f				
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h				
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			-				
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
				9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b				
0	Section 501(c)(7) organizations. Enter:		I					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
1	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
!a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1						
	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							
	organization is licensed to issue qualified health plans	13b						
c	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
				14b				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the section (060 toy on payment(s) of more than \$1,000,000 in remum			140				
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x		
	excess parachute payment(s) during the year?			15				
•	If "Yes," see the instructions and file Form 4720, Schedule N.					v		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
	12-09-21 24				9 <b>90</b>			
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Form 990 (2021)	Form	990	(2021)
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# BOSTON HARBOR NOW, INC.

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

X

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

	1	1 -	. —	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20	2		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 20	<u> </u>		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			l
	officer, director, trustee, or key employee?		2	<u> </u>	ļ
3	Did the organization delegate control over management duties customarily performed by or under the	•			l
	of officers, directors, trustees, or key employees to a management company or other person?		3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		╀
5	Did the organization become aware during the year of a significant diversion of the organization's asse		5		╉
6 7-	Did the organization have members or stockholders?		6		┨
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•	7.		I
<b>I</b> 4	more members of the governing body?		7a		╉
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		76		l
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year		7b		ł
			0-	x	l
	The governing body?		8a 8b	X	┨
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		00	<u> </u>	ł
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	1
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		100		┨
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	X	1
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	g and to the second			Ì
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		12b	X	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				t
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	Ι
4	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval	by independent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				I
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed <b>MA</b>			· · · ·	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	a 990-1 (section 501(c)(	s)s only	r) avail	12
	for public inspection. Indicate how you made these available. Check all that apply.	an Cabadula O			
0	X Own website Another's website I Upon request Other (explain of	,	n al fi		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ntilict of interest policy, a	nd fina	ncial	
0	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 boo THE ORGANIZATION - (617)223-8667	oks and records 🕨			
	15 STATE STREET, SUITE 1100, BOSTON, MA 02109				
			Eoro	1 <b>990</b>	,
2006	s 12-09-21 <b>25</b>		FULL	1990	(
<b>Q</b> 1	021 715045 11727 2021.04030 BOSTON HARBOR N	OW TNC	11'	727	
т	VZI /IJU45 II/Z/ ZUZI.U4U5U BOSTON HARBOR N	OW, INC.	ΤT	141.	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	mployees, 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any						,	from the	from related organizations	other compensation
	hours for	direct				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	istee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trus	nal tri		loyee	dunos		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHERINE ABBOTT	line)	Inc	ĥ	θ	Ke	Hiç	Foi			
PRESIDENT AND CEO	40.00			x				252,350.	0.	15,260.
(2) JOHN MURRAY	40.00							252,550.	••	15,200.
VP, PARK PARTNERSHIPS & OP	10.00					x		113,702.	0.	11,222.
(3) AARON TOFFLER	40.00							11077020		11/2220
DIRECTOR OF POLICY						x		118,000.	0.	4,774.
(4) ALICE BROWN	40.00								•••	_,
CHIEF OF PLANNING & POLICY						x		100,856.	Ο.	6,836.
(5) BUD RIS	5.00									
CHAIR		Х		X				0.	Ο.	0.
(6) MEAGHAN HOOPER-BERDIK	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) ELAINE RICHARDSON	3.00								_	_
TREASURER		Х		х				0.	0.	0.
(8) GRACE MACOMBER BIRD	3.00									•
CLERK	2 00	Х		X				0.	0.	0.
(9) ROBERT GOLLEDGE	3.00	37							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(10) DEMETRIOUSE RUSSELL	3.00	77						0.	0.	0
DIRECTOR	3.00	Х						0.	0.	0.
(11) KISHORE VARANASI DIRECTOR	3.00	х						0.	0.	0.
(12) MARTIN O'NEILL	3.00	Λ						0.	0.	0.
DIRECTOR	5.00	х						0.	0.	0.
(13) MARY KAY LEONARD	1.00									
CHAIR, BOARD OF ADVISORS		х						0.	0.	0.
(14) ELIZABETH GROB	1.00									
DIRECTOR		х						0.	Ο.	0.
(15) ANN KLEE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) BRYAN KOOP	1.00									
DIRECTOR		Х						0.	0.	0.
(17) PAIGE SCOTT-REED	1.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21						2				Form <b>990</b> (2021)

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Form 990 (2	2021
Dort VII	-

(A)	(B)	pioy 	ees,	and (C		gne	sic	(D)	(E)	1	(F)	
Name and title	Average	Position						Reportable	Reportable	E	stima <sup>.</sup>	ted
	hours per	box	not ch	ss per	son i	is bot	h an	compensation	compensation		moun	
	week		cer an	d a dir	recto	or/trus	itee)	from	from related		othe	
	(list any hours for	lirecto				-		the organization	organizations (W-2/1099-MISC/		npens from t	
	related	ee or c	stee			nsated		(W-2/1099-MISC/	1099-NEC)		ganiza	
	organizations	I trust	nal tru		oyee	ompe		1099-NEC)		ar	nd rela	ated
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orç	ganiza	tions
(18) CATHLEEN DOUGLAS STONE	1.00	Ē	Ë	đ	Ke	Ξē	œ			┼──		
DIRECTOR	1.00	x						0.	0.			0.
(19) RICHARD WALKER	1.00											-
DIRECTOR		х						0.	0.			0.
(20) JOE AIELLO	1.00							_	_			_
DIRECTOR		х						0.	0.			0.
(21) ANN LAGASSE	1.00							0	0			0
DIRECTOR (22) MALIA LAZU	1.00	X						0.	0.	—		0.
DIRECTOR	1.00	x						0.	0.			0.
(23) JAMIE FAY	1.00									-		
DIRECTOR		x						0.	0.			0.
(24) SHELAGH MAHONEY	1.00											
DIRECTOR		Х						0.	0.			0.
		4										
					_							
		-										
1b Subtotal					_			584,908.	0.	1 3	38.0	)92.
c Total from continuation sheets to Part V								0.	0.	,		0.
d Total (add lines 1b and 1c)								584,908.	0.	3	38,0	)92.
2 Total number of individuals (including but	not limited to th	nose	liste	d ab	oove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												4
		<u> </u>		<u> </u>							Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for				•	-				•	3		x
<ul><li>4 For any individual listed on line 1a, is the s</li></ul>								her compensation from		3		
and related organizations greater than \$15			-					-	the organization	4	x	
5 Did any person listed on line 1a receive or									idual for services			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	for su	ich p	oers	son .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co										sation	from	
the organization. Report compensation for	the calendar y	ear	endır	ng w	/ith	or w	rithii		year.			
(A) Name and business	s address							<b>(B)</b> Description of s	ervices		( <b>C)</b> ensati	on
DELIVER STRATEGIES LLC,	1101 CO	NNI	ЕСЛ	IC	יטי	г		MARKETING &				
AVE NW, SUITE 1200 , WAS	HINGTON	, I	DC	20	00	36		COMMUNICATIO	N	10	)1,1	L45.
2 Total number of independent contractors		not li	mited	d to t	tho	se lis	stec	d above) who received m	nore than			
\$100,000 of compensation from the organ	ization 🕨					L				_	0000	(0.0.5
										⊢orm	1 330	(2021)

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Form	990	) (2	BOSTON H	AR	BOR	NOW,	IN	с.		04-3268	863 Page 9
Pa			/								
			Check if Schedule O contains a	resp	onse o	r note to ar	ny lir	ne in this Part VIII			
							-	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts its	1 :	а	Federated campaigns	1a							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b							
Am (		с	Fundraising events	1c		699,5	83.				
lar Iar			Related organizations	1d							
ini,		е	Government grants (contributions)	1e		776,0	82.				
r S	t	f	All other contributions, gifts, grants, and								
the			similar amounts not included above	1f		3,908,0	74.				
d d d	9	g	Noncash contributions included in lines 1a-1f	1g	\$	7,0	85.				
aS		h	Total. Add lines 1a-1f				▲	5,383,739.			
						Business Co	ode				
8	2 :	а	EARNED INCOME			900099		57,832.	57,832.		
Service iue	I	b	FERRY SERVICE REVENUE			900099		22,968.	22,968.		
μ		-	DOCMON LICHM DEVENUE			000000		10 044	10.044		

Con			Noncash contributions included in line		7,085.	E 202 720			
0.0		n	Total. Add lines 1a-1f			5,383,739.			
	_				Business Code	55.020	55.000		
ice	2		EARNED INCOME		900099	57,832.	57,832.		
ue C			FERRY SERVICE REVENUE		900099	22,968.	22,968.		
n S /en		-	BOSTON LIGHT REVENUE		900099	12,944.	12,944.		
Program Service Revenue		~ <u> </u>		900099	4,997.	4,997.			
ŝ		е							
٩		f	All other program service rev	venue					
		g	Total. Add lines 2a-2f			98,741.			
	3		Investment income (including	g dividends, intere	est, and				
			other similar amounts)			1,209.			1,209.
	4		Income from investment of ta	ax-exempt bond p	roceeds 🕨 🕨				
	5		Royalties		🕨				
				(i) Real	(ii) Personal				
	6	а	Gross rents6	a					
			Less: rental expenses 6	b					
			Rental income or (loss) 6	c					
			Net rental income or (loss)		▶				
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory <b>7</b>	a					
		b	Less: cost or other basis						
e		~	and sales expenses	h					
eni		~	Gain or (loss)						
sev.			Net gain or (loss)						
erF			Gross income from fundraising e						
Other Revenue	0								
Ŭ			including \$ 69						
			contributions reported on lin	· ·	10 550				
			Part IV, line 18		18,550. 293,633.				
			Less: direct expenses		· · · · ·	275 0.92			275 092
			Net income or (loss) from fur		▶	-275,083.			-275,083.
	9	а	Gross income from gaming a						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from ga	-	····· ►				
	10	а	Gross sales of inventory, less						
			and allowances	<u>10a</u>					
				10b					
_		С	Net income or (loss) from sal	les of inventory	<u></u>				
S					Business Code				
eor	11	а							
Miscellaneous Revenue		b							
le v		с							
Alis.		d	All other revenue						
~			Total. Add lines 11a-11d						
	12		Total revenue. See instructions		►	5,208,606.	98,741.	0.	-273,874.
13200	9 12	-09-	-21						Form <b>990</b> (2021)
						28			

2021.04030 BOSTON HARBOR NOW, INC. 11727\_1

BOSTON HARBOR NOW, INC. 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	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	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 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	287,435.	143,717.	114,974.	28,744
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	1 260 251	1 046 055	02 / 20	
7	Other salaries and wages	1,369,251.	1,046,055.	83,438.	239,758
8	Pension plan accruals and contributions (include	31,224.	21,765.	4,496.	4,963
0	section 401(k) and 403(b) employer contributions)	145,671.	90,575.	29,460.	25,636
9  0	Other employee benefits Payroll taxes	148,112.	108,074.	15,145.	24,893
1	Fees for services (nonemployees):	110,1120	100/0/11	13/1131	21,055
a					
b		5,343.		5,343.	
c	•	109,286.		109,286.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	626,188.	471,912.	86,764.	67,512
12	Advertising and promotion	21,531.	21,531.		
13	Office expenses	18,576.	11,246.	7,330.	
4	Information technology	45,520.	30,592.	14,928.	
15	Royalties	26 501	0.0.01.0		
16	Occupancy	36,581.	20,810.	15,771.	
17	Travel	15,354.	14,273.	1,081.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20 >-1	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	35,671.		35,671.	
23	Insurance	32,670.	7,858.	24,812.	
24	Other expenses. Itemize expenses not covered		.,		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а		783,505.	783,505.		
b	PROGRAM SUPPLIES AND MA	143,951.	143,576.	375.	
С	WATER TRANSPORTATION	127,053.	127,053.		
d	HARBOR IMPROVEMENTS	64,906.	64,906.	12 (04	
e	·	62,446.	48,762.	13,684.	201 500
25	Total functional expenses. Add lines 1 through 24e	4,110,274.	3,156,210.	562,558.	391,506
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)				
					Form <b>990</b> (202

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2021.04030 BOSTON HARBOR NOW, INC.

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BOSTON HARBOR NOW, INC.

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

(A) (B) Beginning of year End of year 408,339. 765,790. Cash - non-interest-bearing 1 1 1,109,775. 1,910,572. 2 2 Savings and temporary cash investments 84,432. 0. Pledges and grants receivable, net 3 3 1,146,533. 1,472,263. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 17,226. 46,038. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 138,957. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 69,482. 24,220. 69,475. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 59,873. 65,894. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 35,365. 6,599. 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 3,155,873. 4,066,521. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) ..... 297,917. 354,936. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 239,945. 0. Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, pavables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 537,862. 354,936. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -51,865. 143,637. Net assets without donor restrictions 27 27 2,669,876. 3,567,948. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,618,011. 3,711,585. Total net assets or fund balances 32 32 3,155,873. 4,066,521. 33 33 Total liabilities and net assets/fund balances ...

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Form **990** (2021)

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Form 990 (	2021)	)	
Part X	Bal	ance	Sheet

Form	1 990 (2021) BOSTON HARBOR NOW, INC.	04-32	68863	Pa	ge <b>12</b>
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	5,208		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,110		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,098		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,618		
5	Net unrealized gains (losses) on investments	5	- 4	<u>4,7</u>	58.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ -
	column (B))	10	3,711	L,5	85.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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 on Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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			х	
a	Were the organization's financial statements audited by an independent accountant?		2b	<u></u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	o oudit			
C	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 on Sch		20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
ou	Act and OMB Circular A-133?	-	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				<u> </u>
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2021)
					()

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

# Name of the organization

		ON HARBOR						4-3268863			
Part I	Reason for Public	Charity Status.	(All organizations	must complete t	his part.) S	See instructior	ıs.				
The organ	ization is not a private found	lation because it is: (	For lines 1 throu	gh 12, check only	/ one box.)						
1	A church, convention of ch	urches, or associatio	on of churches d	escribed in <b>secti</b>	on 170(b)( <sup>.</sup>	1)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule	E (Form 990).)							
3	A hospital or a cooperative	hospital service orga	anization describ	ed in section 17	0(b)(1)(A)(i	ii).					
4	A medical research organiz	ation operated in co	njunction with a	hospital describe	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name	',		
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or universit	y owned or opera	ated by a g	overnmental u	unit descrik	oed in			
	section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6	A federal, state, or local go	vernment or governn	nental unit descr	ibed in <b>section 1</b>	70(b)(1)(A)	(v).					
7 X	An organization that norma						he 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.)										
9	An agricultural research org				ed in conju	inction with a	land-grant	college			
	or university or a non-land-g	-	-				-	-			
	university:		,			, ,	0				
10	An organization that norma	Illy receives (1) more	than 33 1/3% of	its support from	contributio	ons. members	hip fees. a	nd aross receipts fro	om		
	activities related to its exen										
	income and unrelated busin										
	See section 509(a)(2). (Con		(				gameatori				
11	An organization organized a	• •	ively to test for p	ublic safety. See	section 50	)9(a)(4).					
12	An organization organized a						arrv out the	e purposes of one or	r		
	more publicly supported or	-					-				
	lines 12a through 12d that	-									
a	<b>Type I.</b> A supporting orga				-		-	aivina			
	the supported organization										
	organization. You must o										
b 🗌	<b>Type II.</b> A supporting org				its support	ed organizatio	on(s), by ha	vina			
	control or management o										
	organization(s). You mus			-			-90 o op	p =			
c 🗌	<b>Type III functionally inte</b>				ction with	and functiona	llv integrate	ed with.			
	its supported organizatio	-						,			
d 🗌	J Type III non-functionally			-			rted organi	zation(s)			
	that is not functionally int			-			-				
	requirement (see instruct			-		-					
е 🗌	Check this box if the orga		•		•		II. Type III				
	functionally integrated, or						, . , pe				
f Ente	er the number of supported of		·····) ·····j·····								
	vide the following information	•	d organization(s	).							
	i) Name of supported	(ii) EIN	(iii) Type of organ	ization (iv) Is the org	anization listed hing document?	(v) Amount of	fmonetary	(vi) Amount of othe	ər		
	organization		(described on line above (see instrue	es 1-10	No	support (see ir	nstructions)	support (see instruction	ons)		
Total											
	aperwork Reduction Act N	lotice, see the Instr	uctions for Forr	n 990 or 990-EZ	. 132021 01-	04-22	Sche	dule A (Form 990) 2	2021		
-		,						· · · · · · · · · · · · · · · · · · ·	-		

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### Schedule A (Form 990) 2021

BOSTON HARBOR NOW, INC.

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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,863,036.	2,586,906.	3,991,442.	3,472,778.	5,383,739.	19,297,901.
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 $\dots$						
4	Total. Add lines 1 through 3	3,863,036.	2,586,906.	3,991,442.	3,472,778.	5,383,739.	19,297,901.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,451,950.
	Public support. Subtract line 5 from line 4.						14,845,951.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3,863,036.	2,586,906.	3,991,442.	3,472,778.	5,383,739.	19,297,901.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 4 2 5	10,564.	7,736.	5,126.	1,209.	20 070
	and income from similar sources	3,435.	10,304.	1,130.	5,120.	1,209.	28,070.
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.)						19,325,971.
12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructiv				12	716,280.
	First 5 years. If the Form 990 is for th			fourth or fifth tax y			/10/2001
10	organization, check this box and stor		131, 3600110, 111110, 1			501(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (			column (f))		14	76.82 %
	Public support percentage from 2020					15	87.45 %
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop her</b>	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circ						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ►
						Schedule A	Form 990) 2021

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# 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					_	
ale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
2	Other income. Do not include gain						
	or loss from the sale of capital						
3	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organi	zation.
	check this box and <b>stop here</b>	0			-		
Sec	tion C. Computation of Publ						······································
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2021.</b> If the						
	more than 33 1/3%, check this box a						
h	<b>33 1/3% support tests - 2020.</b> If the						►
2	line 18 is not more than 33 1/3%, che						
'n	<b>Private foundation.</b> If the organizatio						
					1115 DUN ATTU SEE ITT		le A (Form 990) 2021
202	23 01-04-22			34		Schedul	- A (FUIII 330) 202 I
			~ ~ ~ ~ ~ ~ ~				
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BOSTON HARBOR NOW, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **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 line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021	BOSTON	HARBOR	NOW,	INC.	04-320	6886	3 Pa	age 5
Pa	rt IV Supporting Organ	izations <sub>(cont</sub>	inued)						
								Yes	No
11	Has the organization accepted	a gift or contribu	ition from any	of the foll	owing persons?				
а	A person who directly or indire	ctly controls, eith	er alone or to	gether wit	h persons described on lines 1	1b and			
	11c below, the governing body	of a supported	organization?				11a		
b	A family member of a person d	escribed on line	11a above?			[	11b		
с	A 35% controlled entity of a pe	erson described of	on line 11a or	11b above	?If "Yes" to line 11a, 11b, or 1	1c, provide			
	detail in Part VI.						11c		
Sec	tion B. Type I Supportin	g Organizatio	ons						
								Yes	No
1	Did the governing body, memb more supported organizations directors, or trustees at all time	have the power t	o regularly ap	point or el	ect at least a majority of the or	rganization's officers,			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			

			V.	NI.
			Yes	No
1	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 (	Check the box next to the method that the organization used to satisfy the Integral Part Test durir.	g the	yea(see instruction	ons).
-----	--	-------	---------------------	-------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c 🔔	The organization supported	a governmental entity	. Describe in Part VI how	you supported a g	governmental entity	(see instructions).
-----	----------------------------	-----------------------	---------------------------	-------------------	---------------------	---------------------

2 Activities Test. Answer lines 2a and 2b below.

Section C. Type II Supporting Organizations

- a 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- 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.

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3b Schedule A (Form 990) 2021

2a

2b

За

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Yes No

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1

2

Section A - Adjusted Net Income (A) Prior Year

-			(optional)
let short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
dd lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
ollection of gross income or for management, conservation, or			
naintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
verage monthly value of securities	1a		
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
explain in detail in <b>Part VI</b> ):			
cquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ee instructions).	4		
let value of non-exempt-use assets (subtract line 4 from line 3)	5		
Aultiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
finimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
inter 0.85 of line 1.	2		
linimum asset amount for prior year (from Section B, line 8, column A)	3		
inter greater of line 2 or line 3.	4		
ncome tax imposed in prior year	5		
	_		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	Let short-term capital gain         Recoveries of prior-year distributions         Dther gross income (see instructions)         vidd lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or         collection of gross income or for management, conservation, or         naintenance of property held for production of income (see instructions)         Other expenses (see instructions)         Kdjusted Net Income (subtract lines 5, 6, and 7 from line 4)         n B - Minimum Asset Amount         vggregate fair market value of all non-exempt-use assets (see         nstructions for short tax year or assets held for part of year):         werage monthly value of securities         werage monthly value of other non-exempt-use assets         cotal (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors         explain in detail in Part VI):         wequisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions).         Autiply line 5 by 0.035.         Recoveries of prior-year distributions         Minimum Asset Amount         vdjusted net income for prior year (from Section A, line 8, column A)         inter 0.85 of line 1.	Recoveries of prior-year distributions       2         Detercoveries of prior-year distributions       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or naintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         n B - Minimum Asset Amount       8         Average monthly value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):       1         Average monthly value of securities       1         Average monthly value of other non-exempt-use assets       1         Verage monthly cash balances       1         Ib       1       1         Obscount claimed for blockage or other factors       2         Baylain in detail in Part VI):       2       2         Subtract line 2 from line 1d.       3       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions).       4         Let value of non-exempt-use assets (subtract line 4 from line 3)       5         Autiply line 5 by 0.035.       6       6	Accountion of prior-year distributions       2         Dther gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         ordin of operating expenses paid or incurred for production or onlinetrance of property held for production of income (see instructions)       6         Ortice of operating expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         n B - Minimum Asset Amount       (A) Prior Year         xggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       14         werage monthly value of securities       1a         werage monthly cash balances       1b         iair market value of other non-exempt-use assets       1c         otal (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors       2         explain in detail in Part VI):       2         vecusition indebtedness applicable to non-exempt-use assets       2         subtract line 2 from line 14.       3         Sash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions).       4         let value of non-exempt-use assets (subtract line 4 from line 3)       5         Autitypy line 5 by 0.035.

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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(B) Current Year

(optional)

Schedule A (Form 990) 2021

1

BOSTON HARBOR NOW, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continuec</sub>	d)	
Secti	on D - Distributions		<u>.</u>		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns :	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	ł	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6		9	9	
10	Line 8 amount divided by line 9 amount		1	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

12081021 715045 11727

chedule A (		HARBOR				04-3268863 <sub>Pa</sub>
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4l line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V	o, 4c, 5a, 6, 9a, ; Part IV, Sectio	9b, 9c, 11 n E, lines <sup>-</sup>	a, 11b, and 1c, 2a, 2b, 3a	11c; Part IV, Section B, li a, and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)					
028 01-04-2	2					Schedule A (Form 990)
	715045 11727			39	I HARBOR NOW,	

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SCHE	DUL	ΕD
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Department of the Treasury

Internal Revenue Service

(Form 9	<del>)</del> 90)
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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.



11727\_\_1

Name of the organization

12081021 715045 11727

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

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ACCOUNTS. Complete if the
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	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	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
Pa			V, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	fied conservation contribution in the form of a c	Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
2	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anzation during the tax
4	year ► Number of states where property subject to conservation ea	compart is located	
5	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer nours devoted to morntoning, inspecting,	nandling of violations, and enforcing conserval	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
•	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements t	that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical tre		, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2021
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		<b>TU</b>	

2021.04030 BOSTON HARBOR NOW, INC.

Sche		HARBOR NOW			-		04-32			ıge <b>2</b>
Par	t III Organizations Maintaining (	Collections of A	t, Historica	l Treasures,	or Othe	er Simila	ar Asse	<b>ts</b> (contir	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any o	f the following th	at make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		r exchange progr						
b	Scholarly research	e	└── Other_							
С	Preservation for future generations									
4	Provide a description of the organization's c						ose in Par	t XIII.		
5	During the year, did the organization solicit of							٦		1
De	to be sold to raise funds rather than to be m							∐ Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the organi	zation answered	"Yes" on	1 Form 990	), Part IV,	line 9, or		
4.										
1a	Is the organization an agent, trustee, custoo							<b>V</b>	V	No
	on Form 990, Part X?						······ ∟	Yes		NO
a	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:					Amount		
-	Designing belongs					1		Amoun		
	Beginning balance									
	Additions during the year									
f	Ending balance									
	Did the organization include an amount on F							Yes	X	No
	If "Yes," explain the arrangement in Part XIII									
Par										<u> </u>
		(a) Current year	(b) Prior yea				ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, colu	mn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are h	eld and administe	ered for t	he organiz	ation	-		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere				· · · ·					
	Description of property	<b>(a)</b> Cost or o basis (investr		Cost or other asis (other)		ccumulate preciation	d	(d) Bool	< value	;
1a	Land									
	Buildings									
	Leasehold improvements							-		
d	Equipment			138,957.		69,48	82.	6	9,4'	/5.
	Other									
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B),	line 10c.)				6	9,4'	/5.

Schedule D (Form 990) 2021

132052 10-28-21

(Form 990) 2021			OR NOW,	INC.			04	4-3268863	Page
Investments - C	Other Securit	ties.							
Complete if the orga	anization answere	ed "Yes" (	on Form 990,	Part IV, line 1	1b. See Form	n 990, Part X,	line 12.		
tion of security or catego	Dry (including name of	f security)	<b>(b)</b> Book	value	(c) Metho	d of valuatior	n: Cost or er	nd-of-year market	value
I derivatives									
held equity interests		[							
	-								
		ed "Yes"							
(a) Description of i	nvestment		<b>(b)</b> Book	value	(c) Metho	d of valuatior	n: Cost or er	nd-of-year market	value
				- 4					
	Part X, col. (B) line	e 13.) 🕨							
Complete if the orga	anization answere			Part IV, line	IId. See Form	1990, Part X,	line 15.	(b) Book v	alua
		(a) [	Description	_					alue
				_					
mn (h) must equal Fo	rm 990. Part X c	ol (B) line	215)						
mn (b) must equal For Other Liabilities		ol. (B) line	915.)				<b>&gt;</b>		
Other Liabilities	s.			Part IV. line 1	1e or 11f. Se	e Form 990. F	Part X line 2	5.	
Other Liabilities Complete if the orga	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	l1e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	s.	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2	25. <b>(b)</b> Book v	alue
Other Liabilities Complete if the orga	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des	<b>s.</b> anization answere	ed "Yes" (		Part IV, line 1	11e or 11f. Se	e Form 990, F	Part X, line 2		alue
Other Liabilities Complete if the orga (a) Des eral income taxes	S. anization answere scription of liabili	ed "Yes" (	on Form 990,						alue
Other Liabilities Complete if the orga (a) Des	<b>S.</b> anization answere scription of liabili	ed "Yes" ( ity ol. (B) line	on Form 990,					(b) Book v	alue
	ion of security or catego al derivatives held equity interests by must equal Form 990, <b>Investments - F</b> Complete if the orga (a) Description of i Description of i	ion of security or category (including name o il derivatives held equity interests ) must equal Form 990, Part X, col. (B) lin <b>Investments - Program Rela</b> Complete if the organization answere (a) Description of investment (a) Description of investment	ion of security or category (including name of security) Il derivatives held equity interests ) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment ) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Complete if the organization answered "Yes"	tion of security or category (including name of security) (b) Book al derivatives held equity interests held equity interests ) ) must equal Form 990, Part X, col. (B) line 12.)  (b) Book (c) Description of investment (c) Book (c) Description (c	tion of security or category (including name of security) (b) Book value and derivatives below and the equity interests (b) must equal Form 990, Part X, col. (B) line 12.) (c) must equal Form 990, Part X, col. (B) line 12.) (c) must equal Form of investment (c) Book value (c	tion of security or category (including name of security) (b) Book value (c) Metho (c	ion of security or category (including name of security) (b) Book value (c) Method of valuation (derivatives held equity interests )  provide the derivative of the security	Il derivatives	ion of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market id derivatives held equity interests held equity in

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04-3268863 Page 3

	edule D (Form 990) 2021 BOSTON HARBOR NOW, INC.		3200003 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,487,346.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities 2b 8,415.		
с			
d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	278,740.
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,208,606.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,208,606.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	· Doti	1410
		neu	arri.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	neit	
1			4,393,772 <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         2c	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         2b	1	4,393,772.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1	4,393,772. 283,498.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1	4,393,772.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1 2e	4,393,772. 283,498.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	4,393,772. 283,498.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	4,393,772. 283,498. 4,110,274.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	1 2e 3	4,393,772. 283,498. 4,110,274. 0.
1 2 d c 3 4 b c 3 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1 2e 3	4,393,772. 283,498. 4,110,274.
1 2 d c 3 4 b c 3 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	1 2e 3	4,393,772. 283,498. 4,110,274. 0.

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

### PART X, LINE 2:

INCOME TAXES

BHN ACCOUNT FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. BHN HAVE DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT MARCH 31, 2022 AND 2021. BHN'S INFORMATION AND TAX RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE JURISDICTIONS. Schedule D (Form 990) 2021 132054 10-28-21 43 12081021 715045 11727 2021.04030 BOSTON HARBOR NOW, INC.  $11727_1$ 

Schedule D (Form 990) 2021 BOSTON HARBOR NOW, INC.	04-3268863 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	275,083.
	2/3,003.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING	275,083.
	Schedule D (Form 990) 2021
132055 10-28-21	
44 081021 715045 11727 2021.04030 BOSTON HA	RBOR NOW, INC. 117271

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(Form 1990) Complete if the organization answered "Yes" on Form 990. Fart IV, line 17, 18, or 19, of 11 MI	SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	sing or Gaming /	Acti	vities	DMB No. 1545-0047
benefitive of the Treasury	(Form 990)						or 19,	or if the	2021
Manual Colspan="2">Interpretation       Improvement of the organization       Improvement colspan="2">Improvement colspan="2"         Indicate whether the organization raised funds through any of the following activities. Check all that apply. <ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>Improvement and email solicitations</li> <li>Improvement colspan="2"&gt;Improvement colspan="2"</li> <li>Improvement colspan="2"&gt;Improvement colspan="2"</li> <li>Improvement colspan="2"&gt;Improvement colspan="2"</li> <li>Improvement colspan="2"&gt;Improvement colspan="2"</li> <li>Improvement colspan= 2</li> <li>Improvement colspan</li></ul>		C	-						
BOSTON HARBOR NOW, INC.       04-3268863         Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ fillers are not regulated to complete this part.         a Mail solicitations       e Solicitation of non-government grants         b M Internet and email solicitations       f Solicitation of government grants         c Phone solicitations       g Solicitation of government grants         g M B organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       X Yes       No         b If 'Yes,'' is the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Activity       (iv) Amount paid for or a leage and the second of the organization answered of the organization.       (iv) Amount paid for or a leage and the second of the organization and the organization.         GUILMARTIN PARTNERS LLC - 6       SPECIAL EVENT PLANING       X       0.       35,000.       -35,000.         SPERCTUR GRANTS LLC - 39       SPANT WRITING       X       0.       11,244.       -11,244.         LINDSEY GOODENT - 1970 NOTT       SRANT WRITING       X       0.       11,244.       -11,244.         STREET, NISKAYUNA, NY 12309 <td< td=""><td>Department of the Treasury Internal Revenue Service</td><td>► Go</td><td>•</td><td></td><td></td><td></td><td>ion.</td><td></td><td></td></td<>	Department of the Treasury Internal Revenue Service	► Go	•				ion.		
Part       Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990/EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e [X] Solicitation of government grants         b       Internet and email solicitations       g [X] Solicitation of government grants         c       Phone solicitations       g [X] Solicitation directs, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       [X] Yes       No         b       If the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       [X] Yes       No         b       If the organization area a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       [X] Yes       No         compensation have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       [X] Yes       No         compensation have as \$5,000 by the organization.       [(ii) Activity       [(iii) Cut oretained by) compensation have as any compensation hav	Name of the organizatio	n							
required to complete this part.         1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a Mail solicitations       e X Solicitation of non-government grants         b X Internet and email solicitations       f X Solicitation of government grants         c Mail Solicitations       g X Special fundraling events         d In person solicitations       g X Special fundraling events         d D the organization have a written or oral agreement with any individual (including officers, directors, fustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services?       X Yes       No         b If "Yes," Is the 10 highest paid individual or entities (fundralisers) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) O diverse individual from activity in connection with professional fundraliser is to be from activity for activity       (v) Amount paid for (or retained by organization or government) and the fundraliser is to be compensated at least \$5,000 by the organization       (iii) Activity       (iii) Activity       (iv) Gross receipts from activity in connection with professional fundraliser is to be compensated at least \$5,000.       -35,000.         OUTLINEARTIN FARTNERS LLC - 6       Sepecial Event PLANNING       X       0.       28,299.       -28,299.         DUCA DATVE, MARLBOROUGH, MA       SEANT WRITING       X       0.       11,244.	Dout L Frindric								
A internet and email solicitations     A internet and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be     compensated at least \$5,000 by the organization     (ii) Activity     A internet and address of individual     (ii) Activity     A internet and address of individual     A in		-		ered "	'es" o	n Form 990, Part IV, I	line 1	7. Form 990-E2	Z filers are not
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii)	a Aail solicitat b X Internet and c Phone solici d In-person so	tions I email solicitations itations olicitations	e X Solicita f X Solicita g X Specia	ation of ation of Il fundra	non-g govei aising	overnment grants rnment grants events			_
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       Image and address of individual for retained by organization       (iii) Activity       Image and address of individual for retained by organization         GUILMARTIN PARTNERS LLC - 6       POMEROX ROAD, ANDOVER, MA       SPECIAL EVENT PLANNING       X       0.       35,000.       -35,000.         EFFECTIVE GRANTS LLC - 39       DICA DRIVE, MARLBOROUGH, MA       GRANT WRITING       X       0.       28,299.       -28,299.         LINDSEY GOODWIN - 1970 NOTT       STREET, NISKAYUNA, NY 12309       GRANT WRITING       X       0.       11,244.       -11,244.         Image and address of individual or an address of individual or address of indin or address of individual or address of individual or a	<b>b</b> If "Yes," list the 10	) highest paid indi	viduals or entities (fundraisers) purs	•		•			
POMEROY ROAD, ANDOVER, MA SPECIAL EVENT PLANNING X 0. 35,00035,000. EFFECTIVE GRANTS LLC - 39 DUCA DRIVE, MARLBOROUGH, MA GRANT WRITING X 0. 28,29928,299. LINDSEY GOODWIN - 1970 NOTT STREET, NISKAYUNA, NY 12309 GRANT WRITING X 0. 11,24411,244.	.,		(ii) Activity	or cor	ntrol of		tò (c	or retained by) fundraiser	to (or retained by)
EFFECTIVE GRANTS LLC - 39 DUCA DRIVE, MARLBOROUGH, MA SRANT WRITING X 0. 28,29928,299. LINDSEY GOODWIN - 1970 NOTT STREET, NISKAYUNA, NY 12309 SRANT WRITING X 0. 11,244				Yes					
DUCA DRIVE, MARLBOROUGH, MA       SRANT WRITING       X       0.       28,299.       -28,299.         LINDSEY GOODWIN - 1970 NOTT       SRANT WRITING       X       0.       11,244.       -11,244.         STREET, NISKAYUNA, NY 12309       SRANT WRITING       X       0.       11,244.       -11,244.         Image: Comparison of the state state state state state state state state states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration       74,543.       -74,543.		•	SPECIAL EVENT PLANNING		X	0.		35,000.	-35,000.
LINDSEY GOOWIN - 1970 NOTT STREET, NISKAYUNA, NY 12309 SRANT WRITING X 0. 11,24411,244. -11,244.			GRANT WRITING		x	0		28 299	-28 299
STREET, NISKAYUNA, NY 12309 GRANT WRITING X 0. 11,24411,244. -11,24411,244. -1	· · · ·							20,255.	20,255.
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			GRANT WRITING		x	0.		11,244.	-11,244.
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				K					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								74 542	74 542
	3 List all states in wh	ich the organizatio	on is registered or licensed to solicit	contrit	bution	s or has been notified	d it is		· · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

132081 10-21-21

BOSTON HARBOR NOW, INC.

**Part II** 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.

		of fundraising event contributions and gr	oss income on Form 990		svenus with gross receip	Jis greater than \$5,000.
			(a) Event #1 OUR HARBOR OUR HOME	(b) Event #2 SPECTACLE ON SPECTACLE	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	5,000.	713,133.		718,133.
	2	Less: Contributions	5,000.	694,583.		699,583.
	3	Gross income (line 1 minus line 2)		18,550.		18,550.
	4	Cash prizes				
ő	5	Noncash prizes				
Expenses	6	Rent/facility costs				
Direct Ex	7	Food and beverages		68,789.		68,789.
	8	Entertainment	0.00	7,927. 216,697.		7,927.
	9	Other direct expenses			•	293,633.
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I				-275,083.
Pa						
			answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
			answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
/enue		<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	<b>II Gaming.</b> Complete if the organization		(b) Pull tabs/instant		
	1	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Expenses	1	Gross revenue		(b) Pull tabs/instant		
Direct Expenses Revenue	1	Gross revenue		(b) Pull tabs/instant		
Expenses	1 2 3	Gross revenue	(a) Bingo	(b) Pull tabs/instant		
Expenses	1 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs		(b) Pull tabs/instant		

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_ Ves L No b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

46 2021.04030 BOSTON HARBOR NOW, INC. \_ No

Sch	edule G (Form 990) 2021	BOSTON	HARBOR	NOW,	INC.	04-3	<u>326</u> 8	<u>8863</u>	Page <b>3</b>
	Does the organization conduct ga Is the organization a grantor, ben	aming activities eficiary or truste	with nonmen ee of a trust, o	nbers? or a memb	er of a partnership or	other entity formed		Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming							Yes	└── No
	The organization's facility						13a		%
	An outside facility								%
14	Enter the name and address of th	e person who p	orepares the o	organizatio	on's gaming/special ev	vents books and records:			
	Name ►								
	Address 🕨								
15a	Does the organization have a con	tract with a thire	d party from	whom the	organization receives	gaming revenue?	🗀	Yes	🗌 No
b	If "Yes," enter the amount of gam				on 🕨 \$	and the amount			
	of gaming revenue retained by the If "Yes," enter name and address								
C	in res, entername and address	or the third par	ty.						
	Name ►								
	Address 🕨								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation	\$							
	Description of services provided	▶							
	Director/officer	Employee		🗌 Inde	pendent contractor				
17	Mandatory distributions:								
	Is the organization required under								
	retain the state gaming license?						📖	Yes	└── No
b	Enter the amount of distributions organization's own exempt activit				ted to other exempt c	organizations or spent in the			
Ра		mation. Provi	ide the explai	nations re		b, columns (iii) and (v); and Pa	art III, I	ines 9,	9b, 10b,
SC	HEDULE G, PART I,						29.		
			, 1101	01 1					
(I	) NAME OF FUNDRAI	SER: GUI	LMARTI	N PAR	INERS LLC				
<u>(</u> ]	· · · · · · · · · · · · · · · · · · ·					R, MA 01810			
<u>\                                    </u>	<u>, ADDRESS OF FOND</u>	KAIDER.		KOI K	GAD, ANDOVE	IX, IIA 01010			
(I	) NAME OF FUNDRAI	SER · EFF		GRAN	TS LLC				
·							)		
(1	) ADDRESS OF FUND	KAIDEK:	39 DUC.	A DRI	VE, MAKLBUR	OUGH, MA 01752	2		
13208	33 10-21-21				47	Sched	ule G	(Form	990) 2021

Schedule G (Form 990
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Schedule G (Form 990) BOSTON HARBOR NOW, INC. Part IV Supplemental Information (continued)

		Schedule G (Form 990
32084 11-18-21	48	
81021 715045 11727	40 2021.04030 BOSTON HARBOR NOW, INC	. <u>11727_1</u>

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	<b></b>
•		Compensated Employees		ZU		1
Dono	tmont of the Treesury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	n	Employer ic			mber
		BOSTON HARBOR NOW, INC.	04-3	26886	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	Form 990 of o	ther organizations <b>X</b> Approval by the board or compensation of	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	organization or a re			4-		x
a L		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		40		- 21
	n res to any of lif	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
5	contingent on the r					
а	•			5a		X
b	Any related organiz	ation?		5b		X
2		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•	с 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
	-	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990	) 2021

132111 11-02-21

Schedule J (Form 990) 2021

#### 04-3268863

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHERINE ABBOTT	(i)	242,350.	10,000.	0.	7,580.	7,680.	267,610.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Page **3**

### 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 J (Form 990) 2021

SCHEDULE O

(Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

CDPEnto Public Inspection Employer identification number

04-3268863

OMB No. 1545-0047

BOSTON HARBOR NOW, INC.

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

ARE ACCESSIBLE AND INCLUSIVE AND THAT THESE SPECIAL PLACES ARE PROPERLY

ADAPTED TO THE RISKS OF CLIMATE CHANGE.

WE ACCOMPLISH THIS BY:

ADVANCING A BROAD VISION FOR DEVELOPMENT ON THE HARBOR;

OFFERING EVERYONE OPPORTUNITIES TO UTILIZE AND ENJOY THE HARBOR,

WATERFRONT AND ISLANDS;

RESEARCHING EFFECTIVE MEASURES TO PROTECT THE ISLANDS AND THE GREATER

BOSTON REGION FROM SEA LEVEL RISE; AND

PARTNERING WITH FEDERAL, STATE, MUNICIPAL GOVERNMENTS AND NONPROFITS TO

IMPLEMENT PROGRAMS AND PROJECTS CONSISTENT WITH THE ABOVE.

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

WE ACCOMPLISH THIS BY:

ADVANCING A BROAD VISION FOR DEVELOPMENT ON THE HARBOR;

OFFERING EVERYONE OPPORTUNITIES TO UTILIZE AND ENJOY THE HARBOR,

WATERFRONT AND ISLANDS;

RESEARCHING EFFECTIVE MEASURES TO PROTECT THE ISLANDS AND THE GREATER

BOSTON REGION FROM SEA LEVEL RISE; AND

PARTNERING WITH FEDERAL, STATE, MUNICIPAL GOVERNMENTS AND NONPROFITS TO

IMPLEMENT PROGRAMS AND PROJECTS CONSISTENT WITH THE ABOVE.

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

THE PRESIDENT & CEO, CHIEF ADMINISTRATIVE OFFICER, AND THE FINANCE/AUDIT

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21
 Schedule O (Form 990) 2021

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2021.04030 BOSTON HARBOR NOW, INC. 11727\_1

Schedule O (Form 990) 2021	Page 2		
Name of the organization	Employer identification number		
BOSTON HARBOR NOW, INC.	04-3268863		
PROFESSIONALS AND DISCUSS ANY OUESTIONS/ISSUES WITH THE T	AX 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 THEMSELVES FROM ANY BOSTON HARBOR NOW PARTICIPATION IN A MATTER THAT THEY BELIEVE 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 AN ONLINE ANALYSIS OF COMPARABLE SALARIES, A SELF-EVALUATION PROVIDED BY THE PRESIDENT, THEIR OWN INTERNAL CONVERSATIONS, AND CONVERSATIONS WITH ADDITIONAL BOARD MEMBERS AS WELL AS CONVERSATIONS WITH THEIR DIRECT REPORTS.

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

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

132212 11-11-21

Name of the organization BOSTON HARBOR NOW, INC.	Employer identification number 04-3268863
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	471,912
MANAGEMENT AND GENERAL EXPENSES	86,764
FUNDRAISING EXPENSES	67,512
TOTAL EXPENSES	626,188
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	626,188
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
<sup>132212</sup> <sup>11-11-21</sup> 54 081021 715045 11727 2021.04030 BOSTON HARBOR NOW	Schedule O (Form 990) 20

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	Filo a	congrato	application	for each	roturn
	Flie a	Sevarate	application	IUI Eacli	return.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	or       Name of exempt organization or other filer, see instructions.       Ta         BOSTON HARBOR NOW, INC.       To				Taxpayer identification number (TIN) $04 - 3268863$	
print						
File by the due date for filing your		ee instruc	tions.			
return. See instruction		oreign add	Iress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Application Return			Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual)			Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06			Form 8870			12
Form 99	0-T (corporation) THE ORGANIZATIO	07				
• If the • If this box  • 1 Ir th • 2 If	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning <u>APR 1, 2021</u> the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta FEBRI anization's , an theck reas	emption Number (GEN) I ich a list with the names and TINs of UARY 15, 2023 , to file s return for: d ending MAR 31, 2022 on: Initial return	f this is fo all memb	r the whole g ers the exter npt organizati 	roup, check this nsion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
es	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.
instructi				453-TE ar		-
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2022)

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