

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

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

C Name of organization**CHARLES RIVER ASSOCIATION FOR RETARDED CITIZENS, INC.**Doing business as **THE CHARLES RIVER CENTER**

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

59 EAST MILITIA HEIGHTS ROAD

Room/suite

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

NEEDHAM, MA 02492**F** Name and address of principal officer: **ANNE-MARIE BAJWA****SAME AS C ABOVE****D** Employer identification number**04-2393108****E** Telephone number**781-972-1000****G** Gross receipts \$**45,505,660.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **CHARLESRIVERCENTER.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1964** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO EMPOWER AND SUPPORT PEOPLE WITH DEVELOPMENTAL DISABILITIES BY OFFERING HIGH-QUALITY,
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 16
	4	Number of independent voting members of the governing body (Part VI, line 1b) 16
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 596
	6	Total number of volunteers (estimate if necessary) 35
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 28,318,363.
	9	Program service revenue (Part VIII, line 2g) 3,357,803.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 523,704.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,377.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,274,247.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,424,842.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 251,489.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,087,302.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,512,144.
19		Revenue less expenses. Subtract line 18 from line 12 762,103.
Net Assets or Fund Balances		20
	21	Total liabilities (Part X, line 26) 8,427,438.
	22	Net assets or fund balances. Subtract line 21 from line 20 33,687,906.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	ANNE-MARIE BAJWA, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	THOMAS F. MULDOON, CPA	THOMAS F. MULDOON, C	02/09/24		P01561688
Firm's name	Firm's EIN		Phone no.		
	AAFPCAS, INC.	04-2571780	508-366-9100		
Firm's address					
50 WASHINGTON STREET					
WESTBOROUGH, MA 01581					

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