

May 10, 2019

Ms. Elizabeth Doherty  
Acre Family Child Care, Inc.  
55 Middle Street, Suite 500  
Lowell, MA 01852

Dear Ms. Doherty:

Enclosed herewith are the information returns for Acre Family Child Care, Inc. for the period ended December 31, 2018 and copies for your files.

Form 990 has been prepared for electronic filing. We have received the signed Form 8879-EO and have transmitted your electronic return to the IRS. Do not mail a paper copy of the return.

Form PC-Annual Report should be signed and dated by the President on pages 14 and 19, and by the Treasurer on page 19. The Annual Report should be mailed to the Office of the Attorney General, Division of Public Charities, One Ashburton Place, Boston, MA 02108. There is an annual filing fee due with this report in the amount of \$500.00.

The Attorney General's Office no longer accepts the check form of payment. Please log onto the Attorney General's website at <https://www.paybill.com/maagocharities> and click on "make payment." Log in using the amount in box 5B on page 2 of the Form PC and your six-digit Attorney General account #027586. The AG's website does not accept credit card payments; therefore, you will need to have your bank routing and account numbers on hand to complete the process. **Please insert the electronic payment confirmation number on page 1 of Form PC before mailing.** This return is due by May 15, 2019.

Should you have any questions concerning the enclosed, please feel free to call at your convenience.

Sincerely,

Jayne A. Andrews, CPA  
Anstiss & Co., P.C.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**ACRE FAMILY CHILD CARE, INC.**

**04-3036200**

Name and title of officer

**BETHANY FITCH  
BOARD CHAIR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|  |  |    |                   |
|--|--|----|-------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b | <b>5,221,586.</b> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b |                   |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) .....                               | 3b |                   |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b |                   |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance Due (Form 8868, line 3c) .....                                 | 5b |                   |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **ANSTISS & CO., P.C.** to enter my PIN **12345**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**04275554321**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **05/08/19**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2018

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2018** calendar year, or tax year beginning and ending

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>ACRE FAMILY CHILD CARE, INC.</b>                                     |   | <b>D</b> Employer identification number<br><b>04-3036200</b>  |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>978-937-5899</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)                               | Room/suite                              | <b>G</b> Gross receipts \$ <b>5,569,983.</b>  |
|  | <b>55 MIDDLE STREET</b>  | <b>500</b>                              | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>LOWELL, MA 01852-1812</b> |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>F</b> Name and address of principal officer: <b>BETHANY FITCH</b><br><b>SAME AS C ABOVE</b>   |  | <b>H(c)</b> Group exemption number ▶    |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |   |
| <b>J</b> Website: ▶ <b>WWW.ACREFAMILY.ORG</b>  |  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: <b>1988</b> | <b>M</b> State of legal domicile: <b>MA</b>   |

## Part I Summary

|   |  |  |  |
|---|--|--|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>ACRE FAMILY CHILD CARE, INC.'S MISSION IS TO PROVIDE A PATHWAY FOR WOMEN TO ACHIEVE ECONOMIC</b> |  |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>16</b>                                |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>12</b>                                |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>   | <b>21</b>                                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>9</b>                                 |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                                |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38                     | <b>7b</b>  | <b>3,080.</b>  |  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b><br><b>4,104,454.</b>                                     | <b>Current Year</b><br><b>4,742,808.</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>419,383.</b>  | <b>460,740.</b>                          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>48,766.</b>   | <b>29,245.</b>                           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>9,660.</b>  | <b>-11,207.</b>                          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>4,582,263.</b>  | <b>5,221,586.</b>                        |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>3,142.</b>                            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | <b>0.</b>  | <b>0.</b>                                |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | <b>1,334,448.</b>  | <b>1,421,851.</b>                        |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | <b>0.</b>  | <b>0.</b>                                |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>10,368.</b>         |  |  |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | <b>3,106,570.</b>  | <b>3,538,072.</b>                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |  | <b>4,444,160.</b>  | <b>4,967,923.</b>                        |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <b>138,103.</b>  | <b>253,663.</b>  |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>2,475,016.</b>                      | <b>End of Year</b><br><b>2,758,710.</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>389,098.</b>  | <b>496,954.</b>                          |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>2,085,918.</b>  | <b>2,261,756.</b>                        |

## 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.

|                  |   |      |
|------------------|---|------|
| <b>Sign Here</b> | Signature of officer  | Date |
|                  | <b>BETHANY FITCH, BOARD CHAIR</b><br>Type or print name and title |      |

|                               |   |   |                                 |   |                          |
|-------------------------------|---|---|---------------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JAYNE A. ANDREWS</b>                   | Preparer's signature<br><b>JAYNE A. ANDREWS</b> | Date<br><b>05/08/19</b>         | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00514653</b> |
|                               | Firm's name ▶ <b>ANSTISS &amp; CO., P.C.</b>                            | Firm's EIN ▶ <b>04-2917204</b>                  | Phone no. (978) <b>452-2500</b> |   |                          |
|                               | Firm's address ▶ <b>1115 WESTFORD STREET</b><br><b>LOWELL, MA 01851</b> |   |                                 |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ACRE FAMILY CHILD CARE INC.'S MISSION IS TO PROVIDE A PATHWAY FOR WOMEN TO ACHIEVE ECONOMIC INDEPENDENCE OPERATING HIGH QUALITY CHILD CARE BUSINESSES IN THEIR HOMES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,824,025. including grants of \$ ) (Revenue \$ 452,586.)
ACRE IS IN THE SERVICE OF HELPING WOMEN BUILD HOME-BASED FAMILY CHILD CARE BUSINESSES. ACRE PROVIDES TRAINING AND ASSISTANCE IN GETTING LICENSED, CURRICULUM SETUP CHILD CARE REFERRALS, PARENT RELATIONS AND CHILD CARE BUSINESS SUPPORT.

4b (Code: ) (Expenses \$ 652,144. including grants of \$ ) (Revenue \$ 8,154.)
ACRE OFFERS TRANSPORTATION VIA MINI-SCHOOL BUSES OR VANS TO CHILDREN ATTENDING ACRE.

4c (Code: ) (Expenses \$ 37,682. including grants of \$ 8,000.) (Revenue \$ )
ACRE PROVIDES ITS UNIQUE BENCHMARK TRAINING PROGRAM AND ON-GOING SUPPORT TO WOMEN TO START AND MANAGE CHILD CARE BUSINESSES IN THEIR HOMES. THE BENCHMARK PROGRAM COVERS CHILD GROWTH AND DEVELOPMENT, CURRICULUM, STATE REGULATIONS, BEST BUSINESS PRACTICES, SMALL BUSINESS MANAGEMENT AND OTHER TOPICS RELATED TO FAMILY CHILD CARE.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,513,851.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | 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 "Yes," complete Schedule D, Part I</i> .....  |     | 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? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | 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? <i>If "Yes," complete Schedule D, Part IX</i> .....  | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | 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 "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | 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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | X   |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | 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 Schedule J</i> .....  |     | 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| 25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | 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> .....  |     | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | X   |    |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| 32 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> .....  |     | 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> .....  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   |     |    |
| <b>Note.</b> All Form 990 filers are required to complete Schedule O .....  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 978-937-5899 55 MIDDLE STREET, NO. 500, LOWELL, MA 01852-1812



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) THERESA PARK<br>DIRECTOR                   | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (2) VALESSA MARQUES<br>DIRECTOR                | 5.00  | X   |                       |         |              |                              | 44,656. | 0.   | 0.  |   |
| (3) DARMERY MONTOYA<br>DIRECTOR                | 5.00  | X   |                       |         |              |                              | 68,427. | 0.   | 0.  |   |
| (4) BETHANY FITCH<br>CHAIR                     | 5.00  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (5) DEBRA BELAND<br>CLERK                      | 5.00  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (6) VELDA MCRAE-YATES<br>DIRECTOR              | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (7) CHRIS ORTIZ<br>DIRECTOR                    | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (8) VANNA HOWARD<br>DIRECTOR                   | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (9) DIANE TRADD<br>DIRECTOR                    | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (10) KATHLEEN LEON<br>TREASURER                | 5.00  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (11) DONNA SAATI<br>VICE CHAIR                 | 5.00  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (12) THOMAS DAUGHERTY<br>DIRECTOR              | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (13) CATHY MERCADO<br>DIRECTOR                 | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (14) BETH MITCHNECK<br>DIRECTOR                | 5.00  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (15) MARIA PINO<br>DIRECTOR                    | 5.00  | X   |                       |         |              |                              | 68,176. | 0.   | 0.  |   |
| (16) SANDRA VELEZ<br>DIRECTOR                  | 5.00  | X   |                       |         |              |                              | 38,831. | 0.   | 0.  |   |
| (17) LUCAS SKORCZESKI<br>CO-EXECUTIVE DIRECTOR | 40.00   |   |                       | X       |              |                              | 75,710. | 0.   | 21,698.   |   |



**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |  |
|--|---|--------------------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>        | <b>1 a</b> Federated campaigns  | <b>1a</b>                      |   |   |  |  |
|  | <b>b</b> Membership dues  | <b>1b</b>                      |   |   |  |  |
|  | <b>c</b> Fundraising events   | <b>1c</b> 58,441.              |   |   |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>                      |   |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b> 4,563,604.           |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b> 120,763.             |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |                                |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f   |                                | 4,742,808.                                      |   |  |  |
| <b>Program Service Revenue</b>                                       | <b>2 a</b> PARENT FEES & OTHER PR   | Business Code 624410           | 460,740.  | 460,740.                                |  |  |
|  | <b>b</b>  |                                |   |   |  |  |
|  | <b>c</b>  |                                |   |   |  |  |
|  | <b>d</b>  |                                |   |   |  |  |
|  | <b>e</b>  |                                |   |   |  |  |
|  | <b>f</b> All other program service revenue  |                                |   |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f   |                                | 460,740.  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                                | 23,238.   |   | 23,238.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |                                |   |   |  |  |
|  | <b>5</b> Royalties  |                                |   |   |  |  |
|  | <b>6 a</b> Gross rents  | (i) Real                       |   |   |  |  |
|  |   | (ii) Personal                  |   |   |  |  |
|  | <b>b</b> Less: rental expenses  |                                |   |   |  |  |
|  | <b>c</b> Rental income or (loss)  |                                |   |   |  |  |
|  | <b>d</b> Net rental income or (loss)  |                                |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities                 | 332,849.  |   |  |  |
|  |   | (ii) Other                     |   |   |  |  |
|  | <b>b</b> Less: cost or other basis and sales expenses   | 326,842.                       |   |   |  |  |
|  | <b>c</b> Gain or (loss)   | 6,007.                         |   |   |  |  |
|  | <b>d</b> Net gain or (loss)   |                                | 6,007.  |   | 6,007.   |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 58,441. of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>                       | 0.  |   |  |  |
|  |   | <b>b</b> Less: direct expenses | 21,555.   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events                |   |                                | -21,555.  |   | -21,555.   |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>  |                                |   |   |  |  |
|  | <b>b</b> Less: direct expenses  |                                |   |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities  |                                |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>  |                                |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold   |                                |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory   |                                |   |   |  |  |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b>           |   |   |  |  |
| <b>11 a</b> INSURANCE PROCEEDS                                       | 900099  | 10,348.                        |   | 10,348.                                 |  |  |
| <b>b</b>   |   |                                |   |   |  |  |
| <b>c</b>   |   |                                |   |   |  |  |
| <b>d</b> All other revenue   |   |                                |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                    |   | 10,348.                        |   |   |  |  |
| <b>12 Total revenue.</b> See instructions                            |   | 5,221,586.                     | 460,740.  | 0.                                      | 18,038.  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 8,000.                | 8,000.                          |  |                             |
| 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 .....  | 430,377.              | 322,631.                        | 107,746.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....  | 721,897.              | 548,475.                        | 173,422.                               |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 30,146.               | 22,574.                         | 7,572.                                 |                             |
| 9 Other employee benefits .....   | 173,589.              | 136,511.                        | 37,078.                                |                             |
| 10 Payroll taxes .....  | 65,842.               | 46,748.                         | 19,094.                                |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  | 18,600.               |                                 | 18,600.                                |                             |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees .....  | 10,121.               |                                 | 10,121.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 224,552.              | 218,359.                        | 6,193.                                 |                             |
| 12 Advertising and promotion .....  | 2,291.                |                                 | 1,223.                                 | 1,068.                      |
| 13 Office expenses .....  | 46,669.               | 29,234.                         | 13,788.                                | 3,647.                      |
| 14 Information technology .....   | 24,075.               | 15,408.                         | 8,667.                                 |                             |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 60,185.               | 38,576.                         | 21,609.                                |                             |
| 17 Travel .....   | 2,180.                | 1,744.                          | 436.                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   | 5,832.                | 493.                            | 5,339.                                 |                             |
| 20 Interest .....   | 2,191.                | 2,146.                          | 45.                                    |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 50,151.               | 46,166.                         | 3,985.                                 |                             |
| 23 Insurance .....  | 22,837.               | 16,899.                         | 5,938.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>PROVIDER CONTRACTS</b>   | 2,967,985.            | 2,967,985.                      |  |                             |
| b <b>VEHICLE EXPENSES</b>   | 50,646.               | 50,646.                         |  |                             |
| c <b>AGENCY &amp; DEPT EVENTS</b>   | 14,899.               | 8,681.                          | 895.                                   | 5,323.                      |
| d <b>TRAINING &amp; DEVELOPMENT</b>   | 13,761.               | 13,761.                         |  |                             |
| e All other expenses  | 21,097.               | 18,814.                         | 1,953.                                 | 330.                        |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | <b>4,967,923.</b>     | <b>4,513,851.</b>               | <b>443,704.</b>                        | <b>10,368.</b>              |
| 26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

|                                    |  | (A)<br>Beginning of year  |               | (B)<br>End of year |
|------------------------------------|--|---|---------------|--------------------|
| <b>Assets</b>                      | 1  | Cash - non-interest-bearing   | 41,611.       | 1 35,802.          |
|                                    | 2  | Savings and temporary cash investments  | 726,086.      | 2 905,096.         |
|                                    | 3  | Pledges and grants receivable, net  |               | 3                  |
|                                    | 4  | Accounts receivable, net  | 367,931.      | 4 411,037.         |
|                                    | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |               | 5                  |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |               | 6                  |
|                                    | 7  | Notes and loans receivable, net   | 10,660.       | 7 16,163.          |
|                                    | 8  | Inventories for sale or use   |               | 8                  |
|                                    | 9  | Prepaid expenses and deferred charges   | 31,463.       | 9 30,237.          |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 299,534.  |                    |
|                                    | b  | Less: accumulated depreciation  | 10b 171,213.  | 10c 128,321.       |
|                                    | 11   | Investments - publicly traded securities  | 998,052.      | 11 943,264.        |
|                                    | 12   | Investments - other securities. See Part IV, line 11  |               | 12                 |
|                                    | 13   | Investments - program-related. See Part IV, line 11   |               | 13                 |
|                                    | 14   | Intangible assets   |               | 14                 |
|                                    | 15   | Other assets. See Part IV, line 11  | 120,741.      | 15 288,790.        |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 2,475,016.  | 16 2,758,710. |                    |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 291,701.      | 17 298,128.        |
|                                    | 18   | Grants payable  |               | 18                 |
|                                    | 19   | Deferred revenue  | 8,955.        | 19 9,550.          |
|                                    | 20   | Tax-exempt bond liabilities   |               | 20                 |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |               | 21                 |
|                                    | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |               | 22                 |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  | 88,442.       | 23 8,052.          |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  |               | 24                 |
|                                    | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 0.            | 25 181,224.        |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 389,098.      | 26 496,954.        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |               |                    |
|                                    | 27   | Unrestricted net assets   | 2,041,512.    | 27 2,217,954.      |
|                                    | 28   | Temporarily restricted net assets   | 44,406.       | 28 43,802.         |
|                                    | 29   | Permanently restricted net assets   |               | 29                 |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |               |                    |
|                                    | 30   | Capital stock or trust principal, or current funds  |               | 30                 |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |               | 31                 |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  |               | 32                 |
| 33                                 | <b>Total net assets or fund balances</b>   | 2,085,918.  | 33 2,261,756. |                    |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 2,475,016.  | 34 2,758,710. |                    |

**Part 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  | 5,221,586. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,967,923. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 253,663.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 2,085,918. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -70,197.   |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | -7,628.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,261,756. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | X   |    |

Form 990 (2018)



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 3679457. | 3764241. | 4040191. | 4104454. | 4742808. | 20331151. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3 .....  | 3679457. | 3764241. | 4040191. | 4104454. | 4742808. | 20331151. |
| 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) ..... |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          | 20331151. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014                 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total  |
|--|--------------------------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 .....  | 3679457.                 | 3764241. | 4040191. | 4104454. | 4742808. | 20331151.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 160,270.                 | 34,036.  | 20,879.  | 23,774.  | 23,238.  | 262,197.   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on .....   |                          |          |          |          |          |            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |                          |          |          |          |          |            |
| 11 Total support. Add lines 7 through 10   |                          |          |          |          |          | 20593348.  |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |                          |          |          |          | 12       | 2,171,950. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... | <input type="checkbox"/> |          |          |          |          |            |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....   | 14                                  | 98.73 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 .....   | 15                                  | 98.55 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....   | <input type="checkbox"/>            |         |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization'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 .....  |          |          |          |          |          |           |
| 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 .....           |          |          |          |          |          |           |
| c Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 .....   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| c Add lines 10a and 10b .....   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | 16 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | 18 | % |

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |

**Part IV Supporting Organizations** (continued)

|   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| b A family member of a person described in (a) above?   |     |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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.   |     |    |

**Section C. Type II Supporting Organizations**

|  | 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). |     |    |

**Section D. All Type III Supporting Organizations**

|  | 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? |     |    |
| 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).  |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   |     |    |

**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 during the year (see instructions).   |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| 2 Activities Test. Answer (a) and (b) below.  |     |    |
| 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. | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| 3 Parent of Supported Organizations. Answer (a) and (b) 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? 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.   |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  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.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3  | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d  | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3   | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013   |                             |  |   |
| b From 2014   |                             |  |   |
| c From 2015   |                             |  |   |
| d From 2016   |                             |  |   |
| e From 2017   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2014  |                             |  |   |
| b Excess from 2015  |                             |  |   |
| c Excess from 2016  |                             |  |   |
| d Excess from 2017  |                             |  |   |
| e Excess from 2018  |                             |  |   |



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **ACRE FAMILY CHILD CARE, INC.** Employer identification number **04-3036200**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 120,740.         | 107,947.       | 109,113.           | 117,227.             | 113,418.            |
| b Contributions                                  |                  |                |                    | 100.                 |                     |
| c Net investment earnings, gains, and losses     | -5,440.          | 18,221.        | 6,211.             | -951.                | 5,942.              |
| d Grants or scholarships                         | 5,547.           | 5,428.         | 5,335.             | 5,088.               |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 2,187.           |                | 2,042.             | 2,175.               | 2,133.              |
| g End of year balance                            | 107,566.         | 120,740.       | 107,947.           | 109,113.             | 117,227.            |

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

|  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  | X   |    |
| (ii) related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      | 299,534.                        | 171,213.                     | 128,321.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 128,321.       |



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>BENEFICIAL INTEREST IN AN AGENCY ENDOWMENT</b>                     | 107,566.       |
| (2) <b>LEASE ASSET</b>  | 181,224.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 288,790.       |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>LEASE LIABILITY</b>  | 181,224.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 181,224.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

|   |   |    |            |            |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 5,155,195. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | -70,197.   |            |
| b | Donated services and use of facilities  | 2b |            |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d | -7,628.    |            |
| e | Add lines 2a through 2d   | 2e | -77,825.   |            |
| 3 | Subtract line 2e from line 1  | 3  | 5,233,020. |            |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 10,121.    |            |
| b | Other (Describe in Part XIII.)  | 4b | -21,555.   |            |
| c | Add lines 4a and 4b   | 4c | -11,434.   |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 5,221,586. |            |

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

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

|   |  |    |            |            |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 4,979,357. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |            |
| a | Donated services and use of facilities   | 2a |            |            |
| b | Prior year adjustments   | 2b |            |            |
| c | Other losses   | 2c |            |            |
| d | Other (Describe in Part XIII.)   | 2d | 21,555.    |            |
| e | Add lines 2a through 2d  | 2e | 21,555.    |            |
| 3 | Subtract line 2e from line 1   | 3  | 4,957,802. |            |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 10,121.    |            |
| b | Other (Describe in Part XIII.)   | 4b |            |            |
| c | Add lines 4a and 4b  | 4c | 10,121.    |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 4,967,923. |            |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE PURPOSE OF THE AGENCY ENDOWMENT IS TO PROVIDE THE ORGANIZATION WITH AN ANNUAL DISTRIBUTION OF UNRESTRICTED SUPPORT IN ACCORDANCE WITH A "SPENDING POLICY" ADOPTED BY THE GREATER LOWELL COMMUNITY FOUNDATION'S BOARD. THE CURRENT SPENDING POLICY ALLOWS FOR AN ANNUAL DISTRIBUTION OF 5% OF THE AVERAGE VALUE OF THE FUND. THERE WAS A DISTRIBUTION OF \$5,547.00 FROM THE AGENCY ENDOWMENT IN 2018.

**PART X, LINE 2:**

THE ORGANIZATION, INCORPORATED UNDER CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS AS A TAX EXEMPT ENTITY, HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), AND IS, THEREFORE,

Part XIII Supplemental Information (continued)

GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION IS REQUIRED BY ASC 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES," TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION REPORTS ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING. SUBSTANTIALLY ALL OF THE ORGANIZATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE, THEREFORE, MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX EXEMPT NOT-FOR-PROFIT ENTITY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FMV OF BENEFICIAL INTEREST IN AN AGENCY ENDOWMENT

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES



**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.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events              | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------|----|--|--------------|-------------------------------|---|
|                 |    | <b>ANNIVERSARY CELEBRATION</b><br>(event type)               | (event type) | <b>NONE</b><br>(total number) |   |
| Revenue         | 1  | Gross receipts   | 58,441.      |                               | 58,441.   |
|                 | 2  | Less: Contributions  | 58,441.      |                               | 58,441.   |
|                 | 3  | Gross income (line 1 minus line 2)                           |              |                               |   |
| Direct Expenses | 4  | Cash prizes  |              |                               |   |
|                 | 5  | Noncash prizes   |              |                               |   |
|                 | 6  | Rent/facility costs  |              |                               |   |
|                 | 7  | Food and beverages   | 21,555.      |                               | 21,555.   |
|                 | 8  | Entertainment  |              |                               |   |
|                 | 9  | Other direct expenses  |              |                               |   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                               | 21,555.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                               | -21,555.  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|--|
|                 |  |   |   |   |  |
| Revenue         | 1  | Gross revenue   |   |   |  |
|                 | 2  | Cash prizes   |   |   |  |
| Direct Expenses | 3  | Noncash prizes  |   |   |  |
|                 | 4  | Rent/facility costs   |   |   |  |
|                 | 5  | Other direct expenses   |   |   |  |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7  | Direct expense summary. Add lines 2 through 5 in column (d)         |   |   |  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**ACRE FAMILY CHILD CARE, INC.**

Employer identification number  
**04-3036200**

**Part I** General Information on Grants and Assistance

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|--|
| MCC FOUNDATION<br>P.O. BOX 8681<br>LOWELL, MA 01853  | 04-2973384 | 501 (C)(3)                      | 7,000.                   | 0.                                |   |  | TO CREATE SCHOLARSHIP<br>FUND IN MEMORY OF<br>ORGANIZATION'S FORMER<br>EXECUTIVE DIRECTOR. |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)



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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

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**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| SANDRA VELEZ                  | BOARD MEMBER IS ALS   | 38,831.                   | PAYMENT FOR                    |   | X  |
| VALESSA MARQUES               | BOARD MEMBER IS ALS   | 44,656.                   | PAYMENT FOR                    |   | X  |
| DARMERY MONTOYA               | BOARD MEMBER IS ALS   | 68,427.                   | PAYMENT FOR                    |   | X  |
| MARIA PINO                    | BOARD MEMBER IS ALS   | 68,176.                   | PAYMENT FOR                    |   | X  |
| DEBRA BELAND                  | BOARD MEMBER IS EMP   | 10,121.                   | PAYMENT TO                     |   | X  |
| DONNA SAATI                   | BOARD MEMBER IS EMP   | 10,121.                   | PAYMENT TO                     |   | X  |
| THOMAS DAUGHERTY              | BOARD MEMBER IS EMP   | 1,548.                    | INTEREST PA                    |   | X  |
| BETHANY FITCH                 | BOARD MEMBER IS EMP   | 578.                      | INTEREST PA                    |   | X  |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: SANDRA VELEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS ALSO A CHILD CARE PROVIDER

(C) AMOUNT OF TRANSACTION \$ 38,831.

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR PROVIDING SUBCONTRACTED CHILD CARE SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: VALESSA MARQUES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS ALSO A CHILD CARE PROVIDER

(C) AMOUNT OF TRANSACTION \$ 44,656.

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR PROVIDING SUNCONTRACTED CHILD CARE SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DARMERY MONTOYA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS ALSO A CHILD CARE PROVIDER

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 68,427.

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR PROVIDING SUBCONTRACTED CHILD CARE SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARIA PINO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER IS ALSO A CHILD CARE PROVIDER

(C) AMOUNT OF TRANSACTION \$ 68,176.

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR PROVIDING SUBCONTRACTED CHILD CARE SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DEBRA BELAND

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER IS EMPLOYED BY THE BANK THAT HOLDS INVESTMENTS

(C) AMOUNT OF TRANSACTION \$ 10,121.

(D) DESCRIPTION OF TRANSACTION: PAYMENT TO THE BANK FOR INVESTMENT ADVISORY SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONNA SAATI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER IS EMPLOYED BY THE BANK THAT HOLDS INVESTMENTS

(C) AMOUNT OF TRANSACTION \$ 10,121.

(D) DESCRIPTION OF TRANSACTION: PAYMENT TO THE BANK FOR INVESTMENT ADVISORY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: THOMAS DAUGHERTY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EMPLOYED BY THE BANK THAT WAS LENDER FOR BUS LOAN TO ORGANI

(C) AMOUNT OF TRANSACTION \$ 1,548.

(D) DESCRIPTION OF TRANSACTION: INTEREST PAID ON BUS LOAN.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BETHANY FITCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EMPLOYED BY THE BANK THAT WAS LENDER FOR BUS LOAN TO ORGANI

(C) AMOUNT OF TRANSACTION \$ 578.

(D) DESCRIPTION OF TRANSACTION: INTEREST PAID ON BUS LOAN.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

ACRE FAMILY CHILD CARE, INC.

Employer identification number

04-3036200

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

INDEPENDENCE OPERATING HIGH QUALITY CHILD CARE BUSINESSES IN THEIR  
HOMES.

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

A DRAFT OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE AUDIT COMMITTEE  
OF THE BOARD FOR THEIR DETAIL REVIEW. SUBSEQUENTLY AND PRIOR TO FILING,  
THE COMMITTEE'S SUMMARY CONCLUSIONS ARE REPORTED TO THE FULL BOARD. AT  
THAT TIME, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER  
PRIOR TO FILING.

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

ANNUALLY, THE MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A  
RELATED-PARTY TRANSACTION AND INDEPENDENCE DISCLOSURE QUESTIONNAIRE FORM.  
RESPONSES ARE THE BASIS FOR APPROPRIATE DISCLOSURE IN ANNUAL FINANCIAL AND  
COMPLIANCE REPORTS.

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

THE EXECUTIVE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS  
PERIODICALLY REVIEWS THE PERFORMANCE OF THE CO-EXECUTIVE DIRECTORS AND  
DETERMINES THE APPROPRIATE ADJUSTMENT TO THE INCUMBENTS' COMPENSATION  
LEVEL. COMPENSATION LEVELS FOR OTHER KEY EMPLOYEES ARE ADJUSTED  
PERIODICALLY BASED ON MARKET RESEARCH, STATE MANDATES AND ON THE  
AVAILABILITY OF FUNDS.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

ACRE FAMILY CHILD CARE, INC.

Employer identification number

04-3036200

DURING REGULAR BUSINESS HOURS, ON REQUEST, ARTICLES OF ORGANIZATION, BY-LAWS, FINANCIAL STATEMENTS (AUDITED) AND SIMILAR DOCUMENTS ARE AVAILABLE TO THE PUBLIC FOR INSPECTION AT THE AGENCY'S OFFICES IN LOWELL, MASSACHUSETTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FMV OF BENEFICIAL INTEREST IN AN AGENCY ENDOWMENT -7,628.

THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101  
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/18 to 12/31/18

Attorney General's Account #: 027586

Federal ID #: 04-3036200

Electronic Payment Confirmation #: \_\_\_\_\_

When did the organization first engage in charitable work in Massachusetts? 11/25/1988

Has the organization applied for or been granted IRS tax exempt status?  Yes  No

If yes, date of application OR date of determination letter: 11/25/1988

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?  Yes  No

Check all items attached (if applicable)

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

Organization Data

Name: ACRE FAMILY CHILD CARE, INC.

Mailing Address: 55 MIDDLE STREET, NO. 500

City: LOWELL State: MA ZIP: 01852-1812

Phone Number: 978-937-5899 Fax Number: (978) 937-5148

Email: EDOHERTY@ACREFAMILY.ORG Website: WWW.ACREFAMILY.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

| Category                       | Code | Category                    | Code |
|--------------------------------|------|-----------------------------|------|
| County (Table 1)               | 9    | Organization Purpose Code 1 | 5    |
| Type of Organization (Table 2) | 16   | Organization Purpose Code 2 | 8    |

Please check box if final return prior to dissolution:



All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 11/25/1988

2. Where was the organization created? LOWELL, MA

3. What is the form of organization? (check one)

|                            |                                     |                    |                          |
|----------------------------|-------------------------------------|--------------------|--------------------------|
| Corporation                | <input checked="" type="checkbox"/> | Testamentary Trust | <input type="checkbox"/> |
| Unincorporated Association | <input type="checkbox"/>            | Inter Vivos Trust  | <input type="checkbox"/> |

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No

5. Enter your summary of financial data:

| Financial Data |  | Amounts    |
|----------------|--|------------|
| A.             | Contributions, gifts, grants, and similar amounts received | 4,742,808. |
| B.             | Gross support and revenue                                  | 5,215,579. |
| C.             | Program services and similar amounts paid out              | 4,513,851. |
| D.             | Fundraising expenses                                       | 10,368.    |
| E.             | Management and general expenses                            | 443,704.   |
| F.             | Payments to affiliates                                     | 0.         |
| G.             | Total expenses   | 4,967,923. |
| H.             | Net assets or fund balances at the end of the year         | 2,261,756. |

6. List the total compensation you provided to your five highest paid employees:

|    | Name/Title                                  | Hrs/Week | Salary and Other Income | Benefit Plans | Other Compensation |
|----|---|----------|-------------------------|---------------|--------------------|
| 1. | ZELMA LYONS-KHADAR<br>CO-EXECUTIVE DIRECTOR | 40.00    | 85,882.                 | 2,718.        | 19,146.            |
| 2. | LUCAS SKORCZESKI<br>CO-EXECUTIVE DIRECTOR   | 40.00    | 80,843.                 | 2,617.        | 19,081.            |
| 3. | LIZ DOHERTY<br>DIRECTOR OF FINANCE          | 40.00    | 60,020.                 | 2,200.        | 19,145.            |
| 4. | CHRISTINA CORDON<br>CONTRACTS MANAGER       | 40.00    | 49,106.                 | 1,982.        | 19,073.            |
| 5. | LINETTE PEREZ<br>SOCIAL WORKER              | 40.00    | 52,225.                 | 2,041.        | 11,492.            |

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

|    | Name/Title          | Amount of Compensation | Type(s) of Service               |
|----|---------------------|------------------------|----------------------------------|
| 1. | ANSTISS & CO., P.C. | 18,600.                | AUDIT AND TAX PREPARATION        |
| 2. | ENTERPRISE BANK     | 10,121.                | INVESTMENT SERVICES              |
| 3. | BROADVIEW NETWORKS  | 6,608.                 | CLOUD COMPUTING AND DATA STORAGE |
| 4. | GUILLERMO GALINDO   | 4,510.                 | CPR AND FIRST AID TRAINING       |
| 5. | CLOUDJUMPER         | 7,768.                 | CLOUD COMPUTING AND DATA STORAGE |

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

| Bank                      | Address                                | Phone Number   |
|---------------------------|--|----------------|
| ENTERPRISE BANK & TRUST   | 222 MERRIMACK STREET, LOWELL, MA 01852 | (978) 459-9000 |
| EASTERN BANK              | 265 FRANKLIN STREET, BOSTON, MA 02110  | (781) 598-7871 |
| JEANNE D'ARC CREDIT UNION | 581 MERRIMACK STREET, LOWELL, MA 01854 | (978) 452-5001 |

10. What is the organization's accounting method?  Cash  Accrual  
 Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: ELIZABETH DOHERTY

Street Address: 55 MIDDLE ST., SUITE 500  
 City: LOWELL State: MA ZIP Code: 01852  
 Phone Number: (978) 937-5899

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

|  |                          |
|--|--------------------------|
| a religious organization   | <input type="checkbox"/> |
| an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.) | <input type="checkbox"/> |

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

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FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT      1

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| <u>NAME AND ADDRESS</u>  | <u>TITLE</u>          |
|--|-----------------------|
| ZELMA J LYONS-KHADAR<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812 | CO-EXECUTIVE DIRECTOR |
| LUCAS SKORCZESKI<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812     | CO-EXECUTIVE DIRECTOR |
| DARMERY MONTOYA<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812      | DIRECTOR              |
| MARIA PINO<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812           | DIRECTOR              |
| VALESSA MARQUES<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812      | DIRECTOR              |
| SANDRA VELEZ<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812         | DIRECTOR              |
| THERESA PARK<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812         | DIRECTOR              |
| BETHANY FITCH<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812        | CHAIR                 |
| DEBRA BELAND<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812         | CLERK                 |
| VELDA MCRAE-YATES<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812    | DIRECTOR              |
| CHRIS ORTIZ<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812          | DIRECTOR              |
| VANNA HOWARD<br>55 MIDDLE STREET, NO. 500<br>LOWELL, MA 01852-1812         | DIRECTOR              |

DIANE TRADD  
55 MIDDLE STREET, NO. 500  
LOWELL, MA 01852-1812

DIRECTOR

KATHLEEN LEON  
55 MIDDLE STREET, NO. 500  
LOWELL, MA 01852-1812

TREASURER

DONNA SAATI  
55 MIDDLE STREET, NO. 500  
LOWELL, MA 01852-1812

VICE CHAIR

THOMAS DAUGHERTY  
55 MIDDLE STREET, NO. 500  
LOWELL, MA 01852-1812

DIRECTOR

CATHY MERCADO  
55 MIDDLE STREET, NO. 500  
LOWELL, MA 01852-1812

DIRECTOR

BETH MITCHNECK  
55 MIDDLE STREET, NO. 500  
LOWELL, MA 01852-1812

DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESS

AREA OF RESPONSIBILITY

ZELMA KHADAR  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

LUCAS SKORCZESKI  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

BETHANY FITCH  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

ZELMA KHADAR  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

KATHLEEN LEON  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

ZELMA KHADAR  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

KATHLEEN LEON  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ZELMA KHADAR  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

CUSTODY OF FINANCIAL RECORDS

KATHLEEN LEON  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

CUSTODY OF FINANCIAL RECORDS

ZELMA KHADAR  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR FUNDRAISING

LUCAS SKORCZESKI  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR FUNDRAISING

BOARD OF DIRECTORS  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR FUNDRAISING

DEBRA BELAND  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

LUCAS SKORCZESKI  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

LUCAS SKORCZESKI  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

LUCAS SKORCZESKI  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

CUSTODY OF FINANCIAL RECORDS

ELIZABETH DOHERTY  
55 MIDDLE ST. SUITE 500  
LOWELL, MA 01852

CUSTODY OF FINANCIAL RECORDS

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

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

| During the year: |  |   |
|------------------|--|---|
| A.               | Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| B.               | Has your organization leased assets to or leased assets from a related party?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| C.               | Has your organization been indebted to a related party?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| D.               | Has your organization allowed a related party to be indebted to it?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| E.               | Has your organization made or held an investment in a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F.               | Has your organization furnished goods, services, or facilities to a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| G.               | Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H.               | Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| I.               | Has your organization transferred income or assets to or for use by a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J.               | Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| K.               | Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| L.               | Is any property of the organization held in the name of or commingled with the property of any other person or organization?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M.               | Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

STATEMENT 3



NAME AND ADDRESS

SANDRA VELEZ  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

AMOUNT INVOLVED

RECEIVED COMPENSATION IN PROVIDER FEES

38,831.

PROCEDURE FOLLOWED

COMPENSATION PROCEDURES ARE DICTATED BY THE REQUIREMENTS AND REGULATIONS OF STATE AND FEDERAL CONTRACTS.

NAME AND ADDRESS

VALESSA MARQUES  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

AMOUNT INVOLVED

RECEIVED COMPENSATION IN PROVIDER FEES

44,656.

PROCEDURE FOLLOWED

COMPENSATION PROCEDURES ARE DICTATED BY THE REQUIREMENTS AND REGULATIONS OF STATE AND FEDERAL CONTRACTS.

NAME AND ADDRESS

DARMERY MONTOYA  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

RECEIVED COMPENSATION IN PROVIDER FEES

AMOUNT INVOLVED

68,427.

PROCEDURE FOLLOWED

COMPENSATION PROCEDURES ARE DICTATED BY THE REQUIREMENTS AND REGULATIONS OF STATE AND FEDERAL CONTRACTS.

NAME AND ADDRESS

MARIA PINO  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

RECEIVED COMPENSATION IN PROVIDER FEES

AMOUNT INVOLVED

68,176.

PROCEDURE FOLLOWED

COMPENSATION PROCEDURES ARE DICTATED BY THE REQUIREMENTS AND REGULATIONS OF STATE AND FEDERAL CONTRACTS.

NAME AND ADDRESS

DONNA SAATI  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

INVESTMENT FEE PAID TO THE BOARD MEMBER'S EMPLOYER  
ENTERPRISE BANK

AMOUNT INVOLVED

10,121.

PROCEDURE FOLLOWED

INVESTMENT AND BANKING DECISIONS ARE MADE BY THE BOARD OF DIRECTORS. THIS MEMBER ABSTAINS FROM VOTING ON ANY MATTERS RELATED TO ENTERPRISE BANK.

NAME AND ADDRESS

DEBRA BELAND  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

INVESTMENT FEE PAID TO THE BOARD MEMBER'S EMPLOYER  
ENTERPRISE BANK

AMOUNT INVOLVED

10,121.

PROCEDURE FOLLOWED

INVESTMENT AND BANKING DECISIONS ARE MADE BY THE BOARD OF DIRECTORS. THIS MEMBER ABSTAINS FROM VOTING ON ANY MATTERS RELATED TO ENTERPRISE BANK.

NAME AND ADDRESS

ZELMA LYONS KHADAR  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

WAGES AND BENEFITS PAID TO CO-EXECUTIVE DIRECTOR

AMOUNT INVOLVED

107,746.

PROCEDURE FOLLOWED

WAGES AND BENEFITS APPROVED BY BOD.

NAME AND ADDRESS

LUCAS SKORCZESKI  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

WAGES AND BENEFITS PAID TO CO-EXECUTIVE DIRECTOR

AMOUNT INVOLVED

102,541.

PROCEDURE FOLLOWED

WAGES AND BENEFITS APPROVED BY BOD.

NAME AND ADDRESS

BETHANY FITCH  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

AMOUNT INVOLVED

INTEREST PAID ON BUS LOAN WITH JEANNE D'ARC CREDIT UNION.

578.

PROCEDURE FOLLOWED

FINANCING DECISIONS ARE MADE BY THE BOARD OF DIRECTORS. THIS MEMBER ABSTAIN S FROM VOTING ON ANY MATTERS RELATED TO JEANNE D'ARC CREDIT UNION.

NAME AND ADDRESS

THOMAS DAUGHERTY  
55 MIDDLE STREET, SUITE 500  
LOWELL, MA 01852

NATURE OF TRANSACTION

AMOUNT INVOLVED

INTEREST PAID ON BUS LOAN WITH EASTERN BANK.

1,548.

PROCEDURE FOLLOWED

FINANCING DECISIONS ARE MADE BY THE BOARD OF DIRECTORS. THIS MEMBER ABSTAIN S FROM VOTING ON ANY MATTERS RELATED TO EASTERN BANK.

**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: BETHANY FITCH

Title: BOARD CHAIR

Name of Preparer: ANSTISS & CO., P.C.

Address 1115 WESTFORD STREET

City LOWELL State MA ZIP Code 01851

Phone Number (978) 452-2500

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

\_\_\_\_\_

\_\_\_\_\_

Types of solicitation activities in which you expect to engage (check all that apply):

|   |                          |                                       |                                     |
|---|--------------------------|---------------------------------------|-------------------------------------|
| Mass Mailing                                    | <input type="checkbox"/> | Via the Internet                      | <input checked="" type="checkbox"/> |
| Door-to-door                                    | <input type="checkbox"/> | Raffle, beano, bingo or gaming event  | <input type="checkbox"/>            |
| Entertainment event                             | <input type="checkbox"/> | Sale of goods other than by telephone | <input type="checkbox"/>            |
| Telemarketing without sale of goods or ads      | <input type="checkbox"/> | Individual Mailings                   | <input checked="" type="checkbox"/> |
| Telemarketing with sale of goods                | <input type="checkbox"/> | Corporate solicitations               | <input checked="" type="checkbox"/> |
| Telemarketing with sale of ads                  | <input type="checkbox"/> | Grant Proposals                       | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Other (specify): _____ |                          |                                       |                                     |

Identify the method or methods you expect to use for the fundraising (check all that apply):

|                                   |                          |               |                                     |
|-----------------------------------|--------------------------|---------------|-------------------------------------|
| Professional solicitor*           | <input type="checkbox"/> | Own employees | <input checked="" type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers    | <input checked="" type="checkbox"/> |
| Commercial co-venturer*           | <input type="checkbox"/> |               |                                     |

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**KATHLEEN LEON**

Name and Title: TREASURER

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**KATHLEEN LEON**

Name and Title: TREASURER

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

\_\_\_\_\_

\_\_\_\_\_

Types of solicitation activities in which you expect to engage (check all that apply):

|   |                          |                                       |                                     |
|---|--------------------------|---------------------------------------|-------------------------------------|
| Mass Mailing                                    | <input type="checkbox"/> | Via the Internet                      | <input checked="" type="checkbox"/> |
| Door-to-door                                    | <input type="checkbox"/> | Raffle, beano, bingo or gaming event  | <input type="checkbox"/>            |
| Entertainment event                             | <input type="checkbox"/> | Sale of goods other than by telephone | <input type="checkbox"/>            |
| Telemarketing without sale of goods or ads      | <input type="checkbox"/> | Individual Mailings                   | <input checked="" type="checkbox"/> |
| Telemarketing with sale of goods                | <input type="checkbox"/> | Corporate solicitations               | <input checked="" type="checkbox"/> |
| Telemarketing with sale of ads                  | <input type="checkbox"/> | Grant Proposals                       | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Other (specify): _____ |                          |                                       |                                     |

Identify the method or methods you expect to use for the fundraising (check all that apply):

|                                   |                          |               |                                     |
|-----------------------------------|--------------------------|---------------|-------------------------------------|
| Professional solicitor*           | <input type="checkbox"/> | Own employees | <input checked="" type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers    | <input checked="" type="checkbox"/> |
| Commercial co-venturer*           | <input type="checkbox"/> |               |                                     |

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_



Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

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Name and Title: TREASURER

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

KATHLEEN LEON

Name and Title: TREASURER

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Certification by Organization**

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: BETHANY FITCH

Title: BOARD CHAIR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: KATHLEEN LEON

Title: TREASURER



**ACRE FAMILY CHILD CARE  
CORPORATION BY-LAWS**

Revised: October 30, 2018

**ARTICLE I**

**NAME OF THE ORGANIZATION**

**Section 1.**

The name of this organization shall be the Acre Family Child Care, Inc. (AFCC or the Corporation); a non-profit corporation established under Chapter 180 of the General Laws of the Commonwealth of Massachusetts.

**Section 2.**

The principal place of business and address will be in Lowell, Massachusetts as stated in the "Articles of Organization." The Corporation may, in addition, maintain such other offices as its business may from time to time require.

**Section 3.**

The members of the Corporation shall be persons who are officers, members of the Board of Directors, Child Care Providers currently contracted with the Corporation, and any and all participating in substantial programs administered by the Corporation.

**ARTICLE II**

**CORPORATE PURPOSE**

**Section 1. Non-Profit Purpose**

The obligation of AFCC shall be to conduct educational and charitable activities which are permitted under Section 501(c)(3) of the Internal Revenue Code in order to support and promote the development of affordable child care for Greater Lowell residents, and other communities, particularly minority residents.

**Section 2. Specific Purpose**

AFCC aims to be the national model for family and community economic development, providing the highest quality education and ongoing support in the delivery of child care services.

The specific objectives and purpose of AFCC shall be:

- a) Maintaining a community-based, diverse and cultural organization;
- b) Focusing on and promoting the subjects of women's leadership, economic independence, and education opportunities; and
- c) Concentrating on supporting low-income communities.

## **ARTICLE III**

### **MEMBERSHIP**

#### **Section 1. Eligibility for Membership**

The members of AFCC shall be persons who are officers, members of the Board of Directors, child care providers currently contracted with AFCC, and any and all participating in substantial programs administered by AFCC.

## **ARTICLE IV**

### **MEETINGS OF MEMBERS**

#### **Section 1. Regular Meetings**

Regular meetings shall be held at least four (4) times per year, at a time and place designated by the Chair and/or Executive Director/s.

#### **Section 2. Annual Meeting**

An Annual Meeting of the members shall take place in the month of February, the specific date, time, and location of which will be designated by the chair and/or the Executive Director/s. At the Annual Meeting the members shall elect directors and officers, receive reports on the activities of the association, and determine the direction of the association for the coming year.

#### **Section 3. Special Meetings**

Special Meetings may be called by the chair, the Executive Committee, the Executive Director/s, or a simple majority of the Board of Directors.

#### **Section 4. Notice of Meetings**

Notice of each meeting shall be given to each voting member, by email, not less than five (5) business days prior to the meeting.

#### **Section 5. Quorum**

A quorum for the members shall consist of a simple majority of the Directors then in office. In addition to the physical presence of a Director, participation by telephone, videoconference, or other similar electronic means shall count toward attaining quorum. The Executive Director/s may also be considered as a non-voting member/s of the Board of Directors. The presence of the Executive Director/s will count towards quorum.

#### **Section 6. Voting**

All issues to be voted on shall be decided by a simple majority of the Directors present at a meeting at which a quorum is present. Each Director shall have one (1) vote. Voting members of the Board may vote by proxy provided that the proxy is submitted to the Chair and/or Executive Director/s prior to the opening of the meeting. A proxy purported to be executed by or on behalf of a member shall be deemed valid unless challenged at or prior to its exercise and the burden of proving invalidity shall reside with the challenger. Alternately, the Chair may authorize and call for a vote by electronic means when necessary. The

electronic vote must still be decided based on a simple majority, provided that the number of responses received would otherwise constitute a quorum.

Any meeting may be adjourned from time to time by majority vote of those present, whether or not there is a quorum and without further notice to any absent Director. If a quorum is present when the adjourned meeting is reconvened, any business may be transacted which might have been transacted at the meeting as originally notified. Consent action may be taken in accordance with the provisions of Massachusetts General Laws as the same may be amended.

## **ARTICLE V**

### **BOARD OF DIRECTORS**

#### **Section 1. General Powers**

There shall be a Board of Directors that meets on a periodic basis which has the general authority to conduct the affairs of AFCC in a manner that is consistent with AFCC's educational and charitable purposes. This authority includes, but is not limited to, the following powers:

- a) Appointment of Executive Director/s to administer the organization, direct its daily operations, and execute the policies of the Board. The Board shall be included in determining the qualifications, duties, and compensation to the Executive Director/s.
- b) Determination, subject to the applicable laws and regulations of the Federal and State governments, of major personnel, fiscal, and program policy.
- c) Final approval of all budgets and programmatic changes.
- d) Review and approve interim and audited financial statements for compliance with all applicable laws and regulations of the Federal and State governments.

#### **Section 2. Number, Requirements, and Qualifications**

The Board of Directors shall consist of at least ten (10) and no more than twenty (20) members, including the following Executive Committee officers: the President as Chair, the Vice-President as Vice-Chair, the Clerk, and the Treasurer.

The members of the Board will consist of representatives of the following:

- a) At least four (4) of the members shall be Family Child Care Providers currently contracted with the Acre Family Child Care Corporation.
- b) The remaining members shall be from among the following groups: community members who are not participants, and parents of children enrolled with the agency. A participant is any and all persons who are otherwise participating in programs administered by the Corporation. A community member is defined as a person who works or lives in the Greater Lowell area or any other individual that supports the mission of AFCC.
- c) The Executive Director/s may also be considered a non-voting member of the Board of Directors.

### **Section 3. Meetings**

The Board shall meet at least four (4) times per year and otherwise as deemed necessary by the Board. A special meeting of the Board of Directors may be called by the Chair/President and/or one-third (1/3) of the Members. A general meeting may be called at any time by the Board.

At the regular meetings of the Board, there shall be an order of business that shall be comprised of at least:

- a) Call to order by the Chair/President
- b) Approval of Minutes of previous meeting/s
- c) Report of the Executive Director/s
- d) Financial Report
- e) Adjournment

Any other business may be introduced by way of inclusion in the agenda.

### **Section 4. Removal/Resignation**

Absence from three (3) consecutive meetings of the Board of Directors without previous notification or a valid reason shall be considered a resignation. No member shall miss more than fifty percent (50%) of the Board meetings in any given year. The Board of Directors can vote to remove any member that has missed fifty percent (50%) of the meetings. The Board of Directors shall be vested with the authority to remove any officer or Director from office, for cause, (meaning for example, including but not limited to reputational risk to AFCC, putting AFCC at legal risk, or dereliction of duties), upon one week's written notice of the purpose of the meeting, and providing a majority of the Directors are present, a vote of the two-thirds (2/3) of those present voting in favor of removal shall effectuate removal of such Officer or Director. A Board Member may resign by giving written notice to the Clerk at any time.

### **Section 5. Vacancies**

Nominations and elections for fulfillment of vacant positions shall be conducted by current Members of the Board of Directors. The current Board of Directors shall select which prospective Members shall be presented for election at the Annual Meeting. Prospective Members shall be deemed to include Members returning for successive terms as well as new Members. All Members are elected for a one (1) year term at the Annual Meeting.

The board may fill vacancies of elected Members on the Board to serve until the next annual election for the balance of that unexpired term.

### **Section 6. Compensation**

Members of the Board of Directors shall not receive compensation nor remuneration for their services as Directors. However, the Board of Directors may see fit to reimburse its Directors and Officers for any reasonable and necessary expense/s incurred. Additionally, reimbursement for expenses incurred to attend Board meetings may be deemed reasonable and necessary to those Members facing financial hardship. Members of the Board of Directors are prohibited from accepting personal gifts, moneys, or gratuities from the following:

- a) Any person receiving benefits or services under any AFCC program receiving local,

- state, or federal funds;
- b) Any person or agency performing services under a contract/s with AFCC; or
  - c) Any persons who are otherwise in a position to benefit from the actions of the Director.

### **Section 7. Confidentiality**

Directors shall not discuss or disclose information about AFCC or its activities to any person or entity unless such information is already a matter of public knowledge, such person or entity has a need to know, or the disclosure of such information is in furtherance of AFCC's purposes, or can be reasonably expected to benefit AFCC. The Board of Directors may, by two-thirds (2/3) majority vote, close a portion of any Board meeting if an agenda is sensitive or otherwise critical or relevant to maintaining AFCC's integrity, credibility, and/or effectiveness. Directors shall use discretion and good business judgment in discussing the affairs of AFCC with third parties.

## **ARTICLE VI**

### **OFFICERS**

#### **Section 1. President/Chair**

The President, as Chairperson, as the chief officer and spokesperson for the Corporation, shall, in addition to fulfilling normal duties of the position, appoint such committees as may be needed. All such appointments shall be approved by a majority vote of the Board of Directors. The normal duties are as follows: as Chairperson, chairs all Board meetings; opens discussion and solicits recommendations from Board Members for motions; however, the Chairperson cannot make a motion or vote on motions presented as a spokesperson, unless and except in the event of a tie. In addition, the chief officer shall sign, on behalf of the Corporation, all deeds, contracts, and other formal instructions, as needed or required. The President is to provide the necessary forum for the Board's evaluation of its performance.

#### **Section 2. Vice-President/Vice-Chair**

The Vice President shall perform the normal duties of the position including standing in for any other officers when they may be absent.

#### **Section 3. Clerk**

The Clerk shall be responsible for taking the official minutes of the AFCC Board of Directors, providing said official minutes in draft form to the Executive Director/s in a timely manner, and any other responsibilities as may be required under the statutes of the Commonwealth of Massachusetts and the United States. At the discretion of the Chair and/or Executive Director/s, the Clerk shall be responsible for providing minutes of the prior meeting and the notice of the next meeting at least five (5) business days prior to a Board of Director's meeting.

#### **Section 4. Treasurer**

The Treasurer shall have charge of all papers and records of the Corporation and for keeping full and accurate accounts and records of all receipts and disbursements of the Corporation as well as looking at for reasonableness. All such papers, records, and accounts shall be kept

at the principal place of business of the AFCC and be open to inspection by any Director, at intervals of not more than twelve (12) months and prior to the annual meeting. No funds shall be expended by the Corporation except in furtherance of its educational and charitable purposes.

**Section 5. Nomination/Term of Officer**

Officer nominations are presented at the Annual Meeting. Officers selected shall serve a term of one (1) year, commencing at the next meeting following the Annual Meeting.

**Section 6. Removal/Vacancy**

Nominations and elections for fulfillment of vacant Officer positions shall be conducted by current Members of the Board of Directors. The current Board of Directors shall select which prospective Officers shall be presented for election at the Annual Meeting. Prospective Officers shall be deemed to include Officers/Members returning for successive terms as well as new Members. All Officers are elected for a one (1) year term at the Annual Meeting.

The board may fill vacancies of elected Members on the Board to serve until the next annual election for the balance of that unexpired term.

**ARTICLE VII**

**COMMITTEES**

**Section 1. Executive Committee**

The Executive Committee shall be comprised of the Officers of AFCC. The Executive Committee shall meet on a periodic basis, holding meetings at the call of the President/Chair, Executive Director/s, or any two (2) Board members. Subject to limitations on its authority established by the Board, these By-Laws, or law, the Executive Committee shall oversee the performance of the Executive Director/s and make recommendations to the Board on reasonable executive compensation. The Executive Committee is delegated authority to act for the Board in fulfilling the Board's fiduciary duties by engaging in the activities identified in the Articles of Organization or these By-Laws and by acting for the Board between meetings of the Board to the extent allowed by law, within the limits established in the Articles of Organization or these By-Laws. Any action taken or recommended by the Executive Committee between meetings of the Board shall be reported to and approved by the Board at the next meeting.

The Executive Committee shall also fulfill the normal and customary duties and obligations as the Audit Committee, including the appointment, compensation and oversight of the independent auditors; receiving reports directly from the independent auditors in connection with the audit findings; and receiving and considering actions to recommend to the Board as a result of recommendations from the independent auditors regarding improvements to financial reporting and management practices, as needed.

**Section 2. Sub-Committees**

The Board may create sub-committees as needed, and has the authority to fill vacancies in any such committee, to change its membership, or to discharge the sub-committee.

All sub-committees shall be advisory in nature unless otherwise authorized by the Board and



shall be composed of members of the Board and/or participants and/or staff members and/or anyone else the Board deems eligible. Sub-committees shall report to the Board of Directors for action on their reports. Said reports shall be read into the minutes of the meeting at which they are presented.

At the discretion of the Board, an Advisory Board may be formed.

## **ARTICLE VIII**

### **BOOKS AND RECORDS**

AFCC shall keep complete books and records of account and minutes of the meetings of the Board of Directors.

## **ARTICLE IX**

### **AMENDMENTS**

#### **Section 1. Articles of Organization**

Nothing herein shall be construed to contradict or conflict with AFCC's Articles of Organization. The Articles of Organization may be amended or changed by an absolute majority vote at any meeting of the Board of Directors of AFCC. A copy of the proposed amendment shall be furnished to each Board Member at least five (5) business days prior to such meeting.

The Articles shall be reviewed from time to time, as may be required by Massachusetts state law or regulation.

#### **Section 2. By-Laws**

These By-Laws may be amended or changed by a two-thirds (2/3) majority vote of the Board at any meeting of the Board of Directors of AFCC. A copy of the proposed amendment shall be furnished to each Board Member at least five (5) business days prior to such meeting.

These By-Laws shall be reviewed at least once every three (3) years by a temporary sub-committee, which shall recommend any changes to the Board Members of AFCC.

## **ARTICLE X**

### **EXECUTIVE STAFF**

#### **Section 1. Executive Director/s**

The Board of Directors shall be responsible for the hiring of an Executive Director/s who shall serve at the will of the Board. The Executive Director/s shall have immediate and overall supervision of the operations of AFCC, and shall direct the day-to-day business of AFCC, maintain the properties of AFCC, hire, discharge, and determine the salaries and other compensation of all staff members under the supervision of the Executive Director/s, and perform such additional duties as may be directed by the Executive

Committee or the Board of Directors. The Executive Director/s shall sign, on behalf of the Corporation, all deeds, contracts, and other formal instructions, as necessary to maintain and/or continue the operations of AFCC. No Officer or Member of the Board may individually instruct the Executive Director or any other employee. The Executive Director shall make such reports at the Board and Executive Committee meetings as shall be required by the Chair/President or the Board. The Executive Director/s shall be an ad-hoc member of any sub-committee.

The Executive Director/s may not be related by blood or marriage to any member of the Board, its Advisory Committee or any sub-committee established by the Board. The Executive Director/s may be hired at any meeting of the Board of Directors by a majority vote in which a quorum is present. Said Executive Director/s shall serve until removed at any meeting of the Board of Directors upon an affirmative vote of three-quarters (3/4) majority in which a quorum is present. Such removal may be with or without cause. Nothing herein shall confer any compensation or other rights on any Executive Director/s, who shall remain an employee terminable at will, as provided in this section.

## **ARTICLE XI**

### **DISSOLUTION OF AFCC**

If, after a two-thirds (2/3) majority vote of the Board of Directors, it becomes necessary to dissolve AFCC, the assets of AFCC shall be applied and distributed as follows:

- a) All liabilities and obligations of the Corporation shall be paid, satisfied, and discharged, or adequate provision shall be made therefore.
- b) Assets of the Corporation requiring return, transfer, or conveyance, by reason of the dissolution shall be returned, transferred, or conveyed in accordance with such requirements.
- c) All other assets shall be transferred to corporations, persons, groups or Organizations engaged in activities that substantially carry out the purposes of the Acre Family Child Care Corporation, as then stated in its Charter and By-Laws (and which are exempt from taxation under Section 501(c)(3) of the Internal Revenue Code).

## **ARTICLE XII**

### **CONFLICT OF INTEREST**

#### **Section 1. Purpose**

The purpose of the Conflict of Interest policy is to protect AFCC's interest when it is contemplating entering into a transaction or an arrangement that might benefit the private interest of an Officer or Director of AFCC or might result in a possible excess benefit transaction. The policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to non-profit and charitable organizations.

#### **Section 2. Policy**

AFCC's Conflict of Interest Policy is hereby incorporated by reference into its By-Laws. Each Officer and Member shall receive a copy and acknowledge receipt and understanding

of the policy on an annual basis.

## **ARTICLE XIII**

### **CODE OF ETHICS**

#### **Section 1. Purpose**

The purpose of the Code of Ethics is to establish a set of principles and practices of AFCC's Board of Directors that will set parameters and provide guidance and direction for Board conduct and decision-making.

#### **Section 2. Code**

AFCC's Code of Ethics is hereby incorporated by reference into its By-Laws. Each Officer and Member shall receive a copy and acknowledge receipt and understanding of the Code on an annual basis.

## **ARTICLE XIV**

### **OTHER POLICIES AND PROCEDURES**

AFCC's Document Retention policy, Whistleblower policy and Accounting Policies & Procedures, are hereby incorporated by reference into its By-Laws.

## **ARTICLE XV**

### **INDEMNIFICATION**

#### **Section 1. General**

AFCC shall, to the extent legally permissible, indemnify each person who may serve or who has served at any time as an Officer, Director, or employee of AFCC against all expenses and liabilities, including, without limitation: counsel fees, judgments, fines, excise taxes, penalties and settlement payments, reasonably incurred by or imposed upon such person in connection with any threatened, pending, or completed action, suit, or proceeding in which he or she may become involved by reason of his or her service in such capacity; provided that no indemnification shall be provided for any such person for which he or she shall have been finally adjudicated in any proceeding not to have acted in good faith in the reasonable belief that such action was in the best interests of AFCC; and further provided that any compromise or settlement payment shall be approved by a majority vote of the Board of Directors for which a quorum is present, and who are not at that time, parties to the proceeding.

The indemnification provided hereunder shall inure to the benefit of the heirs, assigns, executors, and administrators of persons entitled to indemnification hereunder. The right of indemnification under this Article shall be in addition to and not exclusive of all other rights to which any person may be entitled.

#### **Section 2. Amendment/Repeal**

No amendment or repeal of the provisions of this Article which adversely affects the right of an indemnified person under this Article shall apply to such person with respect to those acts or omissions which occurred at any time prior to such amendment or repeal.

**Section 3. Insurance**

AFCC may purchase and maintain insurance on behalf of any indemnified person under this Article against any liability asserted against such person and incurred by such person in any such capacity or arising out of such person's status as such, whether or not AFCC would have the power or obligation to indemnify such person against such liability under this Article.

**ADOPTION OF BY-LAWS**

We, the undersigned, are Directors of AFCC, and we consent to, and hereby do, adopt the foregoing By-Laws as restated, consisting of the preceding nine (9) pages, as the By-Laws of this Organization.

ADOPTED AND APPROVED by the AFCC Board of Directors on this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Bethany Fitch, President/Chair of AFCC Board of Directors

\_\_\_\_\_  
ATTEST: Debra Beland, Clerk of AFCC Board of Directors