

April 13, 2018

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, 2017 and copies for your files.

Form 990 should be signed and dated on page 1 then mailed to: Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0027. This return is due by May 15, 2018.

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, 2018.

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

Sincerely,

Raymond L. Anstiss, Jr., CPA
Anstiss & Co., P.C.

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACRE FAMILY CHILD CARE, INC.		D Employer identification number 04-3036200
	Doing business as		E Telephone number 978-937-5899
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,717,933.
	55 MIDDLE STREET	500	
	City or town, state or province, country, and ZIP or foreign postal code LOWELL, MA 01852-1812		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: BETHANY FITCH SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ACREFAMILY.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1988** **M** State of legal domicile: **MA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ACRE FAMILY CHILD CARE, INC., PROVIDES A PATHWAY FOR WOMEN TO ACHIEVE ECONOMIC INDEPENDENCE BY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 19	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 20	
	6 Total number of volunteers (estimate if necessary)	6 3	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,040,191.	Current Year 4,104,454.
	9 Program service revenue (Part VIII, line 2g)	415,061.	419,383.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,511.	48,766.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	9,660.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,458,763.	4,582,263.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	3,142.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,366,072.	1,334,448.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,161.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,029,666.	3,106,570.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,395,738.	4,444,160.	
19 Revenue less expenses. Subtract line 18 from line 12	63,025.	138,103.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,185,814.	End of Year 2,475,016.
	21 Total liabilities (Part X, line 26)	345,783.	389,098.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,840,031.	2,085,918.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	BETHANY FITCH, BOARD CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RAYMOND L. ANTISS, JR.	Preparer's signature RAYMOND L. ANTISS,	Date 03/22/18	Check if self-employed <input type="checkbox"/>	PTIN P00142883
	Firm's name ▶ ANTISS & CO., P.C.	Firm's EIN ▶ 04-2917204	Phone no. (978) 452-2500		
Firm's address ▶ 1115 WESTFORD STREET LOWELL, MA 01851					

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 HELP WOMEN BUILD SUCCESSFUL HOME-BASED FAMILY CHILD CARE BUSINESSES THAT PROVIDE HIGH QUALITY CHILD CARE RESPONSIVE TO THE NEEDS OF THE GREATER LOWELL COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 3,337,228. including grants of \$) (Revenue \$ 412,132.)

ACRE FAMILY CHILD CARE IS IN THE SERVICE OF HELPING LOCAL WOMEN BUILD HOME-BASED FAMILY CHILD CARE BUSINESSES. ACRE PROVIDES TRAINING AND ASSISTANCE IN GETTING LICENSED, CURRICULUM SETUP, PARENT RELATIONS AND THE ACQUISITION OF APPROPRIATE CHILD CARE SUPPLIES AND EQUIPMENT.

4b (Code:) (Expenses \$ 584,255. including grants of \$) (Revenue \$ 7,251.)

ACRE PROVIDES TRANSPORTATION FOR CHILDREN ATTENDING ESTABLISHED FAMILY-BASED CHILD CARE PROGRAMS.

4c (Code:) (Expenses \$ 64,798. including grants of \$ 3,142.) (Revenue \$)

ACRE PROVIDES TRAINING TO IMMIGRANT WOMEN SO THAT THEY MAY OFFER CHILD CARE SERVICES; HELPS ESTABLISHED EDUCATORS ACCESS COMMUNITY SCIENCE RESOURCES, AND PROVIDES LOWELL EDUCATORS WITH PROFESSIONAL DEVELOPMENT OPPORTUNITIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,986,281.

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)? <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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8282, 8899, and 720.

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 (19); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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 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 (or 1024 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA SULLIVAN TALTY CHAIR	5.00	X		X				0.	0.	0.
(2) MATHEW MCLAUGHLIN (2/2017) FORMER VICE CHAIR	5.00	X		X				0.	0.	0.
(3) SHARON PRIVITERA (2/2017) FORMER TREASURER	5.00	X		X				0.	0.	0.
(4) PATRICIA GOLDSTEIN (2/2017) FORMER CLERK	5.00	X		X				0.	0.	0.
(5) ALLYSSA MCCABE DIRECTOR	5.00	X						0.	0.	0.
(6) THERESA PARK DIRECTOR	5.00	X						0.	0.	0.
(7) ROSE CASTILLO DIRECTOR	5.00	X					45,071.	0.	0.	0.
(8) VALESSA MARQUES DIRECTOR	5.00	X					59,028.	0.	0.	0.
(9) DARMERY MONTOYA DIRECTOR	5.00	X					69,675.	0.	0.	0.
(10) BLANCA VALENCIA DIRECTOR	5.00	X					48,058.	0.	0.	0.
(11) BETHANY FITCH VICE CHAIR	5.00	X		X				0.	0.	0.
(12) MELISSA DEVORE DIRECTOR	5.00	X						0.	0.	0.
(13) DEREK MITCHELL DIRECTOR	5.00	X						0.	0.	0.
(14) DEBRA BELAND CLERK	5.00	X		X				0.	0.	0.
(15) VELDA MCRAE YATES DIRECTOR	5.00	X						0.	0.	0.
(16) CHRIS ORTIZ DIRECTOR	5.00	X						0.	0.	0.
(17) VANNA HOWARD DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANE TRADD DIRECTOR	5.00	X						0.	0.	0.
(19) KATHLEEN LEON TREASURER	5.00	X		X				0.	0.	0.
(20) DONNA SAATI DIRECTOR	5.00	X						0.	0.	0.
(21) LUCAS SKORCZESKI CO-EXECUTIVE DIRECTOR	40.00			X			65,035.	0.	19,345.	
(22) ZELMA J LYONS-KHADAR CO-EXECUTIVE DIRECTOR	40.00			X			72,338.	0.	19,502.	
1b Sub-total								359,205.	0.	38,847.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								359,205.	0.	38,847.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)	3,970,245.					
	f	All other contributions, gifts, grants, and similar amounts not included above	134,209.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		4,104,454.				
Program Service Revenue	2 a	PARENT FEES & OTHER PR	Business Code 624410	419,383.	419,383.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		419,383.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		23,774.		23,774.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	160,662.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	134,080.	1,590.		
			c	Gain or (loss)	26,582.	-1,590.		
	d	Net gain or (loss)		24,992.		24,992.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
c			Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	INSURANCE PROCEEDS	900099	9,660.		9,660.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		9,660.					
12	Total revenue. See instructions.		4,582,263.	419,383.	0.	58,426.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,142.	3,142.		
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	413,111.	302,320.	110,791.	
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	683,084.	523,295.	159,789.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,856.	10,123.	3,733.	
9 Other employee benefits	163,314.	126,113.	37,201.	
10 Payroll taxes	61,083.	41,903.	19,180.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,000.		18,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,158.		10,158.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	196,260.	191,228.	5,032.	
12 Advertising and promotion	1,645.		1,645.	
13 Office expenses	39,747.	19,511.	19,075.	1,161.
14 Information technology	22,116.	10,748.	11,368.	
15 Royalties				
16 Occupancy	53,601.	26,204.	27,397.	
17 Travel	5,688.	3,113.	2,575.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,016.	1,775.	3,241.	
20 Interest	228.	228.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,518.	22,116.	8,402.	
23 Insurance	22,420.	15,380.	7,040.	
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 PROVIDER CONTRACTS	2,566,698.	2,566,698.		
b VEHICLE EXPENSES	70,685.	70,685.		
c TRAINING & DEVELOPMENT	15,312.	15,312.		
d KMR FORUM EXPENSES	13,323.	13,323.		
e All other expenses	35,155.	23,064.	12,091.	
25 Total functional expenses. Add lines 1 through 24e	4,444,160.	3,986,281.	456,718.	1,161.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	650.	1	41,611.
	2	Savings and temporary cash investments	652,832.	2	726,086.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	350,058.	4	367,931.
	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	15,704.	7	10,660.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	51,847.	9	31,463.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 299,534.		
	b	Less: accumulated depreciation	10b 121,062.	10c	178,472.
	11	Investments - publicly traded securities	945,332.	11	998,052.
	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	107,947.	15	120,741.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,185,814.	16	2,475,016.	
Liabilities	17	Accounts payable and accrued expenses	312,886.	17	291,701.
	18	Grants payable		18	
	19	Deferred revenue	8,476.	19	8,955.
	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	24,421.	23	88,442.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	345,783.	26	389,098.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,812,766.	27	2,041,512.
	28	Temporarily restricted net assets	27,265.	28	44,406.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	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	Total net assets or fund balances	1,840,031.	33	2,085,918.	
34	Total liabilities and net assets/fund balances	2,185,814.	34	2,475,016.	

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	4,582,263.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,444,160.
3	Revenue less expenses. Subtract line 2 from line 1	3	138,103.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,840,031.
5	Net unrealized gains (losses) on investments	5	89,563.
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	18,221.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,085,918.

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		
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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3494644.	3679457.	3764241.	4040191.	4104454.	19082987.
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	3494644.	3679457.	3764241.	4040191.	4104454.	19082987.
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.						19082987.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3494644.	3679457.	3764241.	4040191.	4104454.	19082987.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	41,947.	160,270.	34,036.	20,879.	23,774.	280,906.
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						19363893.
12 Gross receipts from related activities, etc. (see instructions)					12	2,105,540.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	98.55 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.35 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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

	Yes	No
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 (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.)		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
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.		
11c		

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
2a		
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.		
2b		
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.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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	Distributable Amount. 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 Total annual distributions. 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 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

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

Form with multiple sections for conservation easements, including purpose(s), number of easements, acreage, and monitoring details.

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.

Form with sections for reporting collections of art and historical treasures, including revenue and asset inclusion details.

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	107,947.	109,113.	117,227.	113,418.	103,070.
b Contributions			100.		
c Net investment earnings, gains, and losses	18,221.	6,211.	-951.	5,942.	16,544.
d Grants or scholarships	5,428.	5,335.	5,088.		4,341.
e Other expenditures for facilities and programs					
f Administrative expenses		2,042.	2,175.	2,133.	1,855.
g End of year balance	120,740.	107,947.	109,113.	117,227.	113,418.

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(i), 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.	121,062.	178,472.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				178,472.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). Total.

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

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	4,679,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	89,563.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	18,221.	
e	Add lines 2a through 2d	2e		107,784.
3	Subtract line 2e from line 1	3		4,572,105.
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	10,158.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		10,158.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,582,263.

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	4,434,002.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		4,434,002.
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	10,158.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		10,158.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,444,160.

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 \$5,428.00 FROM THE AGENCY ENDOWMENT IN 2017.

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

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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
BLANCA VALENCIA	BOARD MEMBER IS ALS	48,058.	PAYMENT FOR		X
VALESSA MARQUES	BOARD MEMBER IS ALS	59,028.	PAYMENT FOR		X
DARMERY MONTOYA	BOARD MEMBER IS ALS	69,675.	PAYMENT FOR		X
ROSE CASTILLO	BOARD MEMBER IS ALS	45,071.	PAYMENT FOR		X
DEBRA BELAND	BOARD MEMBER IS EMP	10,158.	PAYMENT TO		X
DONNA SAATI	BOARD MEMBER IS EMP	10,158.	PAYMENT TO		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: BLANCA VALENCIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS ALSO A CHILD CARE PROVIDER

(C) AMOUNT OF TRANSACTION \$ 48,058.

(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 \$ 59,028.

(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 \$ 69,675.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROSE CASTILLO

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

(C) AMOUNT OF TRANSACTION \$ 45,071.

(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 \$ 10,158.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ACRE FAMILY CHILD CARE, INC.

Employer identification number

04-3036200

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

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 DETERMINED BY APPLICATION OF A RESPONSIBILITY/COMPENSATION MATRIX APPROVED BY THE EXECUTIVE COMMITTEE/PERSONNEL COMMITTEE AND THE CO-EXECUTIVE DIRECTORS.

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

DURING REGULAR BUSINESS HOURS, ON REQUEST, ARTICLES OF ORGANIZATION,

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

ACRE FAMILY CHILD CARE, INC.

Employer identification number

04-3036200

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 18,221.

Office Use Only: Fiscal Year

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: 01/01/17 to 12/31/17

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? [X] 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? [X] Yes [] No

- Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] 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)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 9 and Organization Purpose Code 1 with code 5, and Type of Organization (Table 2) with code 16 and Organization Purpose Code 2 with code 8.

Please check box if final return prior to dissolution: []

Office Use Only: Payment Received

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.

- On what date was the organization created? 11/25/1988
- Where was the organization created? LOWELL, MA
- 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): _____

- 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
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	4,104,454.
B.	Gross support and revenue	4,557,271.
C.	Program services and similar amounts paid out	3,986,281.
D.	Fundraising expenses	1,161.
E.	Management and general expenses	456,718.
F.	Payments to affiliates	0.
G.	Total expenses	4,444,160.
H.	Net assets or fund balances at the end of the year	2,085,918.

- 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 CO-EXECUTIVE DIRECTOR	40.00	78,766.	1,574.	17,928.
2.	LUCAS SKORCZESKI CO-EXECUTIVE DIRECTOR	40.00	73,666.	1,471.	17,873.
3.	LIZ DOHERTY	40.00	56,848.	1,135.	17,929.
4.	LINETTE PEREZ	40.00	49,671.	992.	17,823.
5.	CHRISTINA CORDON	40.00	49,478.	986.	17,504.

- 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.	18,000.	AUDIT AND TAX PREPARATION
2.	ENTERPRISE BANK	10,158.	INVESTMENT SERVICES
3.	BROADVIEW NETWORKS	14,543.	CLOUD COMPUTING AND DATA STORAGE
4.	THIRD SECTOR NEW ENGLAND	5,975.	EXECUTIVE DIRECTOR STUDY
5.	GUILLERMO GALINDO	2,880.	CCPR AND FIRST AID TRAINING

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

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.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

NAME AND ADDRESS	TITLE
ZELMA J LYONS-KHADAR 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	CO-EXECUTIVE DIRECTOR
LUCAS SKORCZESKI 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	CO-EXECUTIVE DIRECTOR
DARMERY MONTOYA 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	DIRECTOR
VALESSA MARQUES 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	DIRECTOR
BLANCA VALENCIA 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	DIRECTOR
ROSE CASTILLO 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	DIRECTOR
PATRICIA SULLIVAN TALTY 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	CHAIR
MATTHEW MCLAUGHLIN (2/2017) 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	FORMER VICE CHAIR
SHARON PRIVITERA (2/2017) 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	FORMER TREASURER
PATRICIA GOLDSTEIN (2/2017) 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	FORMER CLERK
ALLYSSA MCCABE 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	DIRECTOR
THERESA PARK 55 MIDDLE STREET, NO. 500 LOWELL, MA 01852-1812	DIRECTOR

BETHANY FITCH
55 MIDDLE STREET, NO. 500
LOWELL, MA 01852-1812

VICE CHAIR

MELISSA DEVORE
55 MIDDLE STREET, NO. 500
LOWELL, MA 01852-1812

DIRECTOR

DEREK MITCHELL
55 MIDDLE STREET, NO. 500
LOWELL, MA 01852-1812

DIRECTOR

DEBRA BELAND
55 MIDDLE STREET, NO. 500
LOWELL, MA 01852-1812

CLERK

VELDA MCRAE YATES
55 MIDDLE STREET, NO. 500
LOWELL, MA 01852-1812

DIRECTOR

CHRIS ORTIZ
55 MIDDLE STREET, NO. 500
LOWELL, MA 01852-1812

DIRECTOR

VANNA HOWARD
55 MIDDLE STREET, NO. 500
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

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
PATRICIA S. TALTY 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
PATRICIA S. TALTY 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
PATRICIA S. TALTY 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ZELMA KHADAR 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	RESPONSIBLE FOR FUNDRAISING
KATHLEEN LEON 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	RESPONSIBLE FOR FUNDRAISING
PATRICIA S. TALTY 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	RESPONSIBLE FOR FUNDRAISING
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
PATRICIA S. TALTY 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	CUSTODY OF FINANCIAL RECORDS
ZELMA KHADAR 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	AUTHORIZED TO SIGN CHECKS
ELIZABETH DOHERTY 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	CUSTODY OF FINANCIAL RECORDS
LUCAS SKORCZESKI 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	RESPONSIBLE FOR FUNDRAISING
LUCAS SKORCZESKI 55 MIDDLE ST. SUITE 500 LOWELL, MA 01852	CUSTODY OF FINANCIAL RECORDS
DEBRA BELAND 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

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 become 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

FORM PC

PAGE 6, LINE 24

STATEMENT 3

NAME AND ADDRESS

BLANCA VALENCIA
55 MIDDLE STREET, SUITE 500
LOWELL, MA 01852

NATURE OF TRANSACTION

RECEIVED COMPENSATION IN PROVIDER FEES

AMOUNT INVOLVED

48,058.

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

RECEIVED COMPENSATION IN PROVIDER FEES

AMOUNT INVOLVED

59,028.

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

69,675.

PROCEDURE FOLLOWED

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

NAME AND ADDRESS

ROSE CASTILLO
55 MIDDLE STREET, SUITE 500
LOWELL, MA 01852

NATURE OF TRANSACTION

RECEIVED COMPENSATION IN PROVIDER FEES

AMOUNT INVOLVED

45,071.

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

10,158.

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

10,158.

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

98,268.

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

93,010.

PROCEDURE FOLLOWED

WAGES AND BENEFITS APPROVED BY BOD.

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"/>

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

PATRICIA SULLIVAN TALTY

Name and Title: BOARD CHAIR

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

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

PATRICIA SULLIVAN TALTY

Name and Title: BOARD CHAIR

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

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:

KATHLEEN LEON

Name and Title: TREASURER

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

BETHANY FITCH

Name and Title: BOARD CHAIR

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

KATHLEEN MCGUIRE LEON

Name and Title: TREASURER

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

BETHANY FITCH

Name and Title: BOARD CHAIR

Address 55 MIDDLE STREET, SUITE 500

City LOWELL

State MA

ZIP Code 01852

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 MCGUIRE LEON

Title: TREASURER