Form	9	9	0

Department of the Treasury Internal Revenue Service

### EXTENDED TO NOVEMBER 15, 2023 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.



WORCESTER, MA 01609       H(a) Is this a group return for subordinates included?         Pending Pending       F Name and address of principal officer:STEPHANIE PAGE SAME AS C ABOVE       H(b) Are all subordinates included?       Yes         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Briefly describe the organization:       X Corporation       Trust       Association       Other       L Year of formation:       1976       M State of legal domicile:         Part I       Summary       Summary       1       Briefly describe the organization's mission or most significant activities:       TO PROVIDE SHELTER AND       4       4       5         AFFORDABLE       HOUSING, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO       2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2022 (Part V, line 1a)       4       4	AF	or the	e 2022 calendar year, or tax year beginning and	ending	_	
Doing business as       04-2648411         Number and street (or P.0. box if mail is not delivered to street address)       Room/suite         Frequery       52 HIGH STREET         City or town, state or province, country, and ZIP or foreign postal code       G cross receipts 3         WORCESTER, MA 01609       H(a) Is this a group return for subordinates of principal officer: STEPHANIE PAGE         Pending       FName and address of principal officer: STEPHANIE PAGE         SAME AS C ABOVE       H(b) Are all subordinates included?         I tax-exempt status:       X 501(c)(3)       501(c)(1)         (insert no.)       4947(a)(1) or       527         I tax-exempt status:       X 501(c)(2)       (insert no.)         Website:       WWW. ABBYSHOUSE • ORG         K Form of organization:       X Corporation       Trust         Association       Other       L Year of formation:       1976 M State of legal domicile:         Part I       Summary       Summary       3       4         1       Briefly describe the organization's mission or most significant activities: TO PROVIDE SHELTER AND       3         Part I       Summary       3       4       4         4       Number of individuals employed in calendar year 2022 (Part V, line 1a)       4       4         5 <t< td=""><td>B Ch</td><td>neck if plicabl</td><td>e: C Name of organization</td><td></td><td>D Employer identifie</td><td>cation number</td></t<>	B Ch	neck if plicabl	e: C Name of organization		D Employer identifie	cation number
Change       Doing business as       0.4 = 2040411         Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         52 HIGH STREET       City or town, state or province, country, and ZIP or foreign postal code       G cross receipts \$       2,598,39         Petrint       Fixed       F Name and address of principal officer: STEPHANIE PAGE       H(a) Is this a group return       for subordinates       for subordinates       for subordinates       Yes       X         J Mebsite:       WW ABBYSHOUSE.ORG       H(b) Xeal subordinates       H(b) Xeal subordinates       for subordinates						
Image: Second state of the construction of the street address of the street add		Jchang	e Doing business as		04-26484	11
Image: definition of the province of the provin		Initial return		Room/suite		
atted       G Gross receipts 5       2, 398, 39         Matter       WORCESTER, MA 01609       H(a) Is this a group return         Appending       F Name and address of principal officer:STEPHANIE PAGE       F or subordinates?       Yes X         I Tax-exempt status:       X 501(c)(3)       501(c) (       (insert no.)       4947(a)(1) or       527         J Website:       WWW.ABBYSHOUSE.ORG       H(b) Are all subordinates included?       Yes X         Hey Are all subordinates       Trust       Association       Other       L Year of formation: 1976       M State of legal domicile:         Part I       Summary       Briefly describe the organization's mission or most significant activities:       TO PROVIDE SHELTER AND         AFFORDABLE HOUSING, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       4       4         4 Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       5         5 Total number of individuals employed in calendar year 2022 (Part V, line 12)       5       5         6       2       296, 700.       301, 67         7 tatal number of individuals employed in calendar year 2022 (Part V, line 2a)       5       5 <td></td> <td>Jreturn/</td> <td></td> <td></td> <td>508-756-</td> <td></td>		Jreturn/			508-756-	
Image: Perturn of Controls in the intervence of the power power of the power of the power of the power o		ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,598,394.
pending       SAME       AS       C       ABOVE         I       Tax-exempt status:       X       501(c)(3)       501(c) (1)       (insert no.)       4947(a)(1) or       527         J       Website:       WWW.ABBYSHOUSE.ORG       H(b) Are all subordinates included?       Yes       If "No," attach a list. See instructions         K       Form of organization:       X       Corporation       Trust       Association       Other       L Year of formation:       1976       M State of legal domicile:         Part II       Summary         I       Briefly describe the organization's mission or most significant activities:       TO       PROVIDE       SHELTER       AND         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       5         5       Total number of induividuals employed in calendar year 2022 (Part V, line 2a)       5       5         6       2       7a       Total number of volunteers (estimate if necessary)       7a         7a       Total unrelated business taxable income from For		Ireturn	WORCESIER, MA 01009			
I       Tax-exempt status: X 501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527       If "No," attach a list. See instructions         J       Website:       WWW • ABBYSHOUSE • ORG       H(c) Group exemption number         K       Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1976       M State of legal domicile:         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       TO       PROVIDE       SHELTER AND         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       3       4         4       Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       5         6       7a       Total number of volunteers (estimate if necessary)       7a       7a       7a         7 a Total unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       5       5       5       5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       56, 755.       59,		Itión	F Name and address of principal officer: STEPHANIE PAGE			
J Website:       WWW ABBYSHOUSE ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1976       M State of legal domicile:         Part I       Summary       AFFORDABLE HOUSING, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       3       4         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       7a         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         8       Contributions and grants (Part VIII, line 3, 4, and 7d)       56, 755, 59, 87         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 943, 158, 2, 298, 462, 2, 598, 39         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3       129, 593, 129, 06 <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td>					1	
K       Form of organization:       X       Corporation       Trust       Association       Other       L year of formation:       1976       M State of legal domicile:         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       TO       PROVIDE       SHEL/TER       AND         4       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3       3       4         3       Vumber of independent voting members of the governing body (Part VI, line 1a)       3       4       4         4       Number of independent voting members of the governing body (Part VI, line 1a)       4       5       5         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       5       6       2         6       Total number of volunteers (estimate if necessary)       6       2       7a       7a       Total nurelated business taxable income from Form 990-T, Part I, line 11       7b       7b         8       Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d)       56, 755, 59, 87       10       1, 943, 158, 2, 236, 84       2, 298, 462, 2, 598, 39         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 849, 1       1, 29, 593, 129, 06				or 🛄 527	•	
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO PROVIDE SHELTER AND AFFORDABLE HOUSING, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       7a       6         7a       Total number of volunteers (estimate if necessary)       6         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b         8       Contributions and grants (Part VIII, line 1h)       1, 943, 158.       2, 236, 84         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       56, 755.       59, 87         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 849.       1, 849.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1·3)       129, 593.       129, 593. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Image: Section of the organization's mission or most significant activities: TO PROVIDE SHELTER AND         AFFORDABLE HOUSING, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Image: Check this box       if the organization discontinued its operating body (Part VI, line 2a)			-	<b>L</b> Year	of formation: 1970	State of legal domicile: MA
AFFORDABLE HOUSING, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       5       5         6       7a       5         6       7a       7a Total number of volunteers (estimate if necessary)       6         7 a Total nurelated business revenue from Part VIII, column (C), line 12       7a       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7b       7b         8       Contributions and grants (Part VIII, line 1h)       9       296, 700.       301, 67         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       56, 755.       59, 87         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1, 943, 158.       2, 236, 84         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       129, 593.       129, 593.	Fa					
B         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           8         Contributions and grants (Part VIII, line 1h)         1,943,158.         2,236,84           9         Program service revenue (Part VIII, line 2g)         296,700.         301,67           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         56,755.         59,87           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,06	e	1	AFFORDABLE HOUSTNC AS WELL AS ADVOCACY		DDORT CFRVI	ርድፍ ጥር
B         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           8         Contributions and grants (Part VIII, line 1h)         1,943,158.         2,236,84           9         Program service revenue (Part VIII, line 2g)         296,700.         301,67           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         56,755.         59,87           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,06	nan					
B         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           8         Contributions and grants (Part VIII, line 1h)         1,943,158.         2,236,84           9         Program service revenue (Part VIII, line 2g)         296,700.         301,67           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         56,755.         59,87           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,06	ver	_				17 sets.
B         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           8         Contributions and grants (Part VIII, line 1h)         1,943,158.         2,236,84           9         Program service revenue (Part VIII, line 2g)         296,700.         301,67           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         56,755.         59,87           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,06	ŝ					17
B         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           8         Contributions and grants (Part VIII, line 1h)         1,943,158.         2,236,84           9         Program service revenue (Part VIII, line 2g)         296,700.         301,67           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         56,755.         59,87           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,06	<u>م</u>				·····	47
B         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           8         Contributions and grants (Part VIII, line 1h)         1,943,158.         2,236,84           9         Program service revenue (Part VIII, line 2g)         296,700.         301,67           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         56,755.         59,87           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,06	itie					200
B         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           8         Contributions and grants (Part VIII, line 1h)         1,943,158.         2,236,84           9         Program service revenue (Part VIII, line 2g)         296,700.         301,67           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         56,755.         59,87           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,06	Ę					0.
B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         1,943,158.         2,236,84           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         296,700.         301,67           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,849.         1,849.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         129,593.         129,066	¥					0.
9       Program service revenue (Part VIII, line 2g)       296,700.301,67         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       56,755.59,87         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1,849.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       2,298,462.2,598,399         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       129,593.129,069	-					-
9       Program service revenue (Part VIII, line 2g)       296,700.301,67         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       56,755.59,87         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1,849.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       2,298,462.2,598,399         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       129,593.129,069		8	Contributions and grants (Part VIII, line 1h)		1,943,158.	2,236,843.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1,849.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,298,462.       2,598,39         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       129,593.       129,06	ň		<b>e</b> ( ) , , , , , , , , , , , , , , , , , ,			301,678.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1,849.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,298,462.       2,598,39         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       129,593.       129,06	eve				56,755.	59,873.
12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         2,298,462.         2,598,39           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         129,593.         129,06	۳				1,849.	0.
13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         129,593.         129,06					2,298,462.	2,598,394.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			129,066.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
g 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,044,593. 1,254,98	ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,254,982.
	use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		13,680.	63,444.
b Total fundraising expenses (Part IX, column (D), line 25) 189,727.	2 Z D G		100 0	27.		
$17$ Other expenses (Part IX, column (A), lines 11a-11d, 117-24e) $170, 750 \bullet$ $752, 24$	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	732,247.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,179,739.
		19	Revenue less expenses. Subtract line 18 from line 12			418,655.
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         9,167,621.         9,928,21           21         Total liabilities (Part X, line 26)         432,716.         1,076,88           22         Net assets or fund balances. Subtract line 21 from line 20         8,734,905.         8,851,32	s or			Be		
20 Total assets (Part X, line 16)	alar	20	Total assets (Part X, line 16)			9,928,210.
<b>21</b> Total liabilities (Part X, line 26) 432,716. 1,076,88	at As				-	1,076,883.
<sup>2</sup> 22 Net assets or fund balances. Subtract line 21 from line 20					8,734,905.	8,851,327.

Part II Signature Block

Т

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	Signature of officer			Date				
	STEPHANIE PAGE, EXECUTIVE	DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	SANDRA M. BROWN, CPA	SANDRA M. BROWN,	CPA06/06		P01614103			
Preparer	Firm's name SMITH, SULLIVAN &	BROWN, P.C.		Firm's EIN 43-	1985162			
Use Only	Firm's address 80 FLANDERS ROAD	- SUITE #302						
	WESTBOROUGH, MA 0	1581		Phone no. ( 508	) 871-7178			
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes No			
232001 12-1	I2-13-22       LHA For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		LEY FOSTER		INC.	04-26	48411	Pag
Par	t III Statement of Program Serv	•		+ 111			Γ
1	Check if Schedule O contains a resp Briefly describe the organization's mission:		line in this Par	t III			L
•	TO PROVIDE SHELTER AN		LE HOUS	ING, AS V	WELL AS ADVOCAC	Y AND	
	SUPPORT SERVICES, TO						OR
	WITHOUT CHILDREN. ABB					LEAD	
	SELF-DIRECTED LIVES F						
2	Did the organization undertake any signific prior Form 990 or 990-EZ?					Vec	X
	If "Yes," describe these new services on S						
3	Did the organization cease conducting, or		anges in how it	conducts, any p	program services?	Yes	X
	If "Yes," describe these changes on Sched		0	<i>,</i> <b>, ,</b>	•		
4	Describe the organization's program service	ce accomplishments	for each of its	three largest pro	ogram services, as measured	by expenses	S.
	Section 501(c)(3) and 501(c)(4) organization	-	port the amou	nt of grants and	allocations to others, the tota	l expenses,	and
4-	revenue, if any, for each program service re	eported. 98 215		129	,066.) (Revenue \$	301,	678
4a	(Code: ) (Expenses \$ 1,7) PROGRAM SUMMARY:	JO,ZIJ. inclu	ding grants of \$	127	(Revenue \$) (Revenue \$	501,	070
	OUR OVERNIGHT SHELTER						
	YEAR-ROUND, SEVEN DAY						$\mathbf{LL}$
	CRISIS RESPONSE TEAM ' NON-TRADITIONAL OFFIC:		ANY IS	SUES THA	I MAY ARISE DUR	ING	
	NON-IRADITIONAL OFFIC.	E HOURS.					
	*REFER TO SCHEDULE O	FOR A DETA	ILED DE	SCRIPTIO	N OF OUR PROGRA	MS.	
					<u> </u>		
4b	(Code:) (Expenses \$	inclu	ding grants of \$		) (Revenue \$		
4c	(Code:) (Expenses \$	inclu	ding grants of \$		) (Revenue \$		
4d	Other program services (Describe on Sche	dule O.)					
		icluding grants of \$		) (Rever	nue \$	)	
4e	Total program service expenses	1,798,2	45.	<i>,</i> ,			
						Form <b>9</b>	90 (2
32002	2 12-13-22	SEE SCHE	DULE O 3	FOR CONT	INUATION(S)		
<u>4</u> 0	606 807818 ABB8411	2022 O	-	ע אביייבא	FOSTER HOUSE,	T ADDS	R/1
ΞŪ	000 001010 ADD0411	2022.00	JUJU ADE		TOPIER HOUSE,	T YDD(	) <del>d</del> T

Form	990	(2022)

Part IV Checklist of Required Schedules

ABBY KELLEY FOSTER HOUSE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	· /		- 23
0		8		x
9	Schedule D, Part III			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V			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,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 23	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<b></b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00000	(gambling) winnings to prize winners?	Eorm	gan	(2022)
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Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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ABBY KELLEY FOSTER HOUSE, INC.

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

a Enter the number of vating members of the governing body at the end of the tax year     in a 17       if there are nuterial differences in voting rights among members of the governing body. If the governing body deglated broad sutherly to an executive committee, explain on Schedule 0.     in a 17       b Enter the number of voting members included on line 1a, above, who are independent.     in a 17       c The draw officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, strustee, or key employees to a samalagement commany or other person?     iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	<u></u>			[
is Enter the number of voting members of the governing body at the end of the taxy year         11         12         12           is three an entering differences in voting infights anong members of the governing body of the governing body of the number of voting members included on line 1a, above, who are independent         11         12         12           is Did ary officer, director, trustee, or key employee have a tarnity relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?         3         4         5         10         4         4         5         10         4         4         5         10         4         5         10         4         5         5         10         4         5         5         5         10         4         5         5         5         5         10         6         7	Sec	tion A. Governing Body and Management						<b>.</b>
If there are material differences in writing rights among members of the governing body, or the governing body dieglads brad authority to an exective committee, explain on Schedule 0.     Image: The thermal schedule of the transmittee of the governing body and the transmittee of the governing body are independent.     Image: The transmittee of the transmittee of the transmittee of the governing body are independent.     Image: The transmittee of transmittee of the transmittee of transmittee of the transmittee of tran			1.	1	1 7		Yes	1
body deligned triad authority to are executive committie or similar committie, epidan on Schedule 0.     10     10     17       b) Enter the number of voting members included on time 1a, above, who are independent     2     2       b) D drive officier, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to its govering documents since the pror Form 990 was filed?     2       b) D drive organization bacegorizes to its govering documents since the pror Form 990 was filed?     3       b) D drive organization nake any significant charges to its govering documents since the pror Form 990 was filed?     5       b) D drive organization have members, stockholders?     6       b) D drive organization have members, stockholders?     7       c) D drive organization or the organization reserved to (or subject to approval by) members, stockholders, or 7b     7       c) D drive organization bave members, stockholders?     7       c) D drive organization ave members, stockholders?     7       c) D drive organization brave members or stockholders?     7       c) D drive organization brave members, stockholders?     7       c) D drive organization brave members or stockholders?     7       c) D drive organization brave members, stockholders, or orbiter approval by) members, stockholders, or 7     7       c) D drive organization brave members, stockholders, or orbiter approval by drive	1a		1a	1	1/			
b       Enter the number of voting members included on line 1a, above, who are independent       1b       17         c)       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision       3         d)       Did the organization base any significant changes to its governing documents since the pror Form 990 was field?       4         d)       Did the organization base any significant changes to its governing documents since the pror Form 990 was field?       4         d)       Did the organization have members, stockholders?       6         d)       Did the organization have members, stockholders?       7a         d)       Did the organization common stockholders, or other persons who had the power to elect or appoint one or members of the organization reserved to (or subject to approval by) members, stockholders, or power provide by a member, stockholders, or power provide by a member, stockholders, or power provide by a member, stockholders, or power provide by a member set stockholders, or power provide by a provide the names and advesses on Schedule O       7a         d)       Did the organization have written policies and procedures governing body?       8a       X         b)       Did the organization have written policies and procedures governing body by the internet set orollists? <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
2       Dary officer, director, trustee, or key employee?       2         0       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       2         0       Did the organization bacemeas or the over anagement duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3         0       Did the organization have members or stockholders?       6         0       Did the organization bacemeas or stockholders?       7         0       Did the organization on the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8a       Xi         0       Did the organization contemportaneously document the meetings held or written actions undertaken during the year by the following:       8a       Xi         10       Did the organization have montexy document the meetings held or written actions undertaken during the year by the following:       8a       Xi         10       Did the organization have board chapters, transformation abour policies on tregueed by the internal flevenue Code       9         10       Did the organization have tocal chapters, branches, or affiliates?       10b       11a       Xi         10       Did the organization have unten policies and procedures governing bod					1 7			
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of officers, directors, trustees, or key employees to a management company or other person?  Do the organization have any significant changes to its governing documents since the prior Form 980 was filed?  Do the organization have members or stockholders?  Do the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Do the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Do the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Do the organization chave members, stockholders, or other persons other than the governing body?  Do the organization chavement the meetings held or written actions undertaken during the year by the follown: Ba X Ba X Ba X Ba C Committee with authority to act on behalf of the governing body?  Do the organization approach 2000 and authority to act on behalf of the governing body?  Do the organization approach 2000 and authority to act on behalf of the governing body?  Do the organization have local chapters, branches, or affiliates?  Do the organization have local chapters, branches, or affiliates?  Do the organization nave local chapters, branches, or affiliates?  Do the organization nave local chapters, and we mitten policy?  Do the organization nave local chapters, and we mitten policy?  Do the organization provide a complete copy?  Do the organization nave a written contistent with the organization's exempt purposes?  Do the organization provide a complete copy?  Do the organization nave a written contistent with the organization's exempt purposes?  Do the organization nave a written contistent womit or and efforce compliance with the policy?  Do the organization nave a written contistent womit or and efforce compliance with the policy?  Do the organization nave a written contister and adversesses and approval by independent	_					2		┝
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bit the organization become aware during the year of a significant diversion of the organization's assets?     5       bit the organization have members or stockholders?     5       bit the organization have members, stockholders?     7a       b Are any governing body?     7a       b Are any governing body?     7a       b Dit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     7b       c Dit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a       a The governing body?     8a     X       b Each committee with authority to act on behalf of the governing body?     8a     X       b Each committee with authority to act on behalf of the governing body?     8a     X       b Is three any officer, director, trustee, or key provide the names and addresses on Schedule 0     9     9       c ordin B. Policies?     10a     10a     10a       b 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?     10a       b Did the organization negulary and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O the process, if any, used by the organization review this Form 1900.     12a       c Did the organization negulary and consistently monitor and enforce compliance with the policy? If 'Ye								╞
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c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12       X         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written whistleblower policy?       14       X         5       Did the organization have a written document retention and destruction policy?       14       X         6       Did the organization have a written document retention and destruction and decision?       15       X         a       The organization's CEO, Executive Director, or top management official       15       X         b       Other officers or key employees of the organization       15       X         16       Wes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16b       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year?       16b         cettion C. Disclosure       Ist the states with which a copy of this Form 990 is required to be filed       MA         3       Section 6104 requires an organization to mak	b					12b	Х	Ī
on Schedule O how this was done     12c     X       B     Did the organization have a written whistleblower policy?     13     X       14     X       5     Did the organization have a written document retention and destruction policy?     14     X       14     X       5     Did the organization have a written document retention and destruction policy?     14     X       6     Did the organization have a written document retention and destruction policy?     14     X       6     Did the organization's CEO, Executive Director, or top management official     15a     X       16     Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?     16a       16     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?     16b       2     List the states with which a copy of this Form 990 is required to be filed MA     MA       3     Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3) s only) avail for public inspection. Indicate how your made these available. Check all that apply.     Other (explain on Schedule O)       0     Doscribe on Schedule O whether (and if so, how) the organization made its governing	с							T
B       Did the organization have a written whistleblower policy?       13       X         Id the organization have a written document retention and destruction policy?       14       X         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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15a       X         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         b       Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         cetton C. Disclosure       16b       16b       16b         cetton C. Disclosure       100 requires an organization to make its Form 900 is required to be filed MA       16a       16b         cetton C. Disclosure       16b       16b       16b       16b       16b         cetton C. Disclosure       16b       16b       16b       16b       16b       16b         cetton C. Disclosure						12c	X	l
Image: Did the organization have a written document retention and destruction policy? 14 X   Image: 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? 15 X   Image: The organization's CEO, Executive Director, or top management official 15a X   Image: Did the organization is CEO, Executive Director, or top management official 15a X   Image: Did the organization is CEO, Executive Director, or top management official 15a X   Image: Did the organization is CEO, Executive Director, or top management official 15a X   Image: Did the organization is CEO, Executive Director, or top management official 15a X   Image: Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a   Image: 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? 16b   Image: Did the requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. 0   Image: Did the requires, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486 52   Image: Did termanagements and telephone number of the pers	13	Did the organization have a written whistleblower policy?				13	Х	T
5 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?   a The organization's CEO, Executive Director, or top management official   b Other officers or key employees of the organization   if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   b 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?   exertion C. Disclosure   r   List the states with which a copy of this Form 900 is required to be filed   MA   3   Section 6.04 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.   C   Own website   X   Another's website   X   Up the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486   52   HIGH STREET, WORCESTER, MA   01609	14					14	Х	t
a The organization's CEO, Executive Director, or top management official 15a   b Other officers or key employees of the organization 15b   if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a   a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a   b 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? 16a   ection C. Disclosure 16b   2 List the states with which a copy of this Form 990 is required to be filed	15							t
a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       15b       X         ia Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b 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?       16b         ection C. Disclosure       16b       16b       16b         ' List the states with which a copy of this Form 990 is required to be filed MA       16a       16b         3 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)         O Describe on 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.       0         O State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR – 508 – 756 – 5486       52 HIGH STREET, WORCESTER, MA 0				I				l
b       Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       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?       16a       16a         b       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?       16b       16b         ection C. Disclosure       16b       16b       16b       16b       16b         *       List the states with which a copy of this Form 990 is required to be filed MA       MA       16b       16b       16b         B       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.       0       Other (explain on Schedule O)       0       0         Describe on Schedule to the public during the tax year.       10p or request       0 ther (explain on Schedule O)       0       0         Describe on Schedule to the public during the tax year.       10 the reason who possesses the organization's books and records       STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508 - 756 -	а					15a	Х	I
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         Did free 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?         Dettion C. Disclosure         It is the states with which a copy of this Form 990 is required to be filed section for 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.         Own website       Image: Construction website         Image: Own website       Image: Construction website         Image: State the name, address, and telephone number of the person who possesses the organization's books and records         State the name, address, and telephone number of the person who possesses the organization's books and records         State the name, address, and telephone number of the person who possesses the organization's books and records         State the name, address, and telephone number of the person who possesses the organization's books and records         State the name, address, and telephone number of the person who possesses the organization's books and records         State the name, address, and telephone number of the person who possesses the organization's books and records         State the						15b	Х	t
Ba       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       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?       16a         exempt status with respect to such arrangements?       16b         ection C. Disclosure       16b         corr public inspection. Indicate how you made these available. Check all that apply.       100 Other (explain on Schedule O)         O       Describe on 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.         O       State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486         52 HIGH STREET, WORCESTER, MA 01609       Form 990	~							t
taxable entity during the year?       16a         b       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       16a         b       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       16b         c       Disclosure       16b         c       List the states with which a copy of this Form 990 is required to be filed for public inspection. Indicate how you made these available. Check all that apply.       1000 mether (explain on Schedule O)         c       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)         c       Describe on 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.       State the name, address, and telephone number of the person who possesses the organization's books and records       STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486         52 HIGH STREET, WORCESTER, MA 01609       Form 990	6a		ement	with a				l
b       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?       16b         ection C. Disclosure       16b         V       List the states with which a copy of this Form 990 is required to be filed       MA         3       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.         Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)         O       Describe on 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.         State the name, address, and telephone number of the person who possesses the organization's books and records         STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486         52 HIGH STREET, WORCESTER, MA 01609						16a		I
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	h	, , ,				100		t
exempt status with respect to such arrangements?       16b         ection C. Disclosure       MA         List the states with which a copy of this Form 990 is required to be filed       MA         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)         Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on 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.       State the name, address, and telephone number of the person who possesses the organization's books and records         STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486       52 HIGH STREET, WORCESTER, MA 01609	~							l
ection C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       MA         3 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain on Schedule O)</li> </ul> Describe on 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.         State the name, address, and telephone number of the person who possesses the organization's books and records         STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486         52 HIGH STREET, WORCESTER, MA 01609						16h		l
List the states with which a copy of this Form 990 is required to be filed       MA         3       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.         Image: Section 0.1 Describe on 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.         Image: State the name, address, and telephone number of the person who possesses the organization's books and records         STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486         52 HIGH STREET, WORCESTER, MA 01609	ec	6				100		
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486</li> <li>HIGH STREET, WORCESTER, MA 01609</li> </ul>	7							
for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486 52 HIGH STREET, WORCESTER, MA 01609 Prom 990 12-13-22 Torm 990	8		and 0	00 T (continu	501(a)(2			
<ul> <li>Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486</li> <li>52 HIGH STREET, WORCESTER, MA 01609</li> </ul>	10		anu 9	90-1 (Section	1001(0)(0	IS OFIIY	) avai	0
<ul> <li>Describe on 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records         STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486         52 HIGH STREET, WORCESTER, MA 01609         Form 990         7         7         7         7         7         1</li></ul>			n on (	Sahadula ()				
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486 52 HIGH STREET, WORCESTER, MA 01609 Form 990 7	~			,			! . !	
State the name, address, and telephone number of the person who possesses the organization's books and records         STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486         52 HIGH STREET, WORCESTER, MA 01609         Form 990         7	9		conflic	t of interest	policy, ar	ia tinai	icial	
STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486           52 HIGH STREET, WORCESTER, MA 01609           2006 12-13-22           Form 990           7	~			a sa al s				
52 HIGH STREET, WORCESTER, MA         01609           2006 12-13-22         Form 990           7         7	20	State the name, address, and telephone number of the person who possesses the organization's b	ooks	and records				
Form <b>990</b>								
7		· · ·					000	,
·	2006					Form	990	()
	10		0.000		ד קו	ירוג	101	1

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	nt Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	idual	Institutional trustee	۲.	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) STEPHANIE PAGE	35.00									
EXECUTIVE DIRECTOR				Х				107,931.	0.	17,626.
(2) DENISE DARRIGRAND	1.00									
DIRECTOR		Х						0.	0.	0.
(3) EVA AKESE	1.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(4) JENNIFER DRAGON	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) GERRI LORUSSO	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ROSIBEL PEREZ TORRES	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LAURIE MATOSKY	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) JANINE DILIBERTO	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) SAMANTHA JEPSON	1.00									
ASSISTANT CLERK		Х		Х				0.	0.	0.
(10) ASHLEY BRANDIN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) SAMANTHA MCGILL	1.00									
CLERK		Х		Х				0.	0.	0.
(12) JAYNA TURCHEK	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JACQUELINE WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DEBORAH BIERI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DR. ADRIANA DIPASQUALE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) THERESA M. DORSEY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) MAHRI LEONARD-FLECKMAN	1.00									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22						0				Form <b>990</b> (2022)

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8

	Form 990 (2022) ABBY KELLEY FOSTER HOUSE, INC. 04-2648411 Page 8												
Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	st C			1		
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box offic	not ch , unles cer an	ss per	i <b>tion</b> more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	Estir amo ot	F) nated unt of her	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fror organ and r	ensation n the nization related zations	
(18)	PAULA J. SASSO	1.00			_	-							
DIRE	CTOR		X						0.	0	•	0.	
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							107,931. 0. 107,931.	0 0 0	•	,626. 0. ,626.	
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	),000 of reportable	·	1	
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su			•	•	-		Ŭ	hest compensated emp	•	Y 3	es No X	
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-	4	x	
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedule	e J f	or su	ich p	oers	on .				5	X	
1	Complete this table for your five highest con the organization. Report compensation for t										nsation fro	m	
	(A) Name and business			ONE					(B) Description of s		<b>(C)</b> Compens	ation	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lii	niteo	d to	tho: (		sted	l above) who received n	nore than	Eorm 00	<b>90</b> (2022)	

232008 12-13-22

Form 990 (		ABBY	
Part VII	Statement	of Revei	nue

ABBY KELLEY FOSTER HOUSE, INC.

		Check if Schedule O contains a response or	note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	-	- Endewsterd - source inter					
ant a		a Federated campaigns 1a					
<u>G</u> S		b Membership dues 1b					
Ă,		c Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 11					
in, s		e Government grants (contributions) 1e					
žio		f All other contributions, gifts, grants, and					
t p			36,843.				
20 G		g Noncash contributions included in lines 1a-1f	273,269.				
aŭ		h Total. Add lines 1a-1f		2,236,843.			
			Business Code				
a	2		531110	242,338.	242,338.		
, zi	_		624200	37,625.	37,625.		
Ser			531310	21,715.	21,715.		
Program Service Revenue		- <u> </u>	221210	21,713.	21,713.		
Be		d					
Š_		e					
₽		f All other program service revenue					
		g Total. Add lines 2a-2f		301,678.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		59,873.			59,873.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	-		(ii) Personal				
	6						
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
		b Less: cost or other basis					
anı		and sales expenses 7b					
ver		c Gain or (loss)					
Be		d Net gain or (loss)					
Other Revenue		a Gross income from fundraising events (not					
f	Ŭ	including \$ of					
•		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
sno	44						
nec	11					<u> </u>	
ven		b					 
Miscellaneous Revenue		C					
Ϊ		d All other revenue					
		e Total. Add lines 11a-11d			201 680		
	12	Total revenue. See instructions		2,598,394.	301,678.	0.	59,873.
23200	9 12-	-13-22					Form <b>990</b> (2022)

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Part IX Statement of Functional Expenses

ABBY KELLEY FOSTER HOUSE, INC.

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 respons Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	<b>(C)</b> Management and	(D) Fundraising	
7b, 8b, 9b, and 10b of Part VIII.	i utai enperises	expenses	general expenses	expenses	
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21					
2 Grants and other assistance to domestic individuals. See Part IV, line 22	129,066.	129,066.			
<ul> <li>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</li> </ul>					
4 Benefits paid to or for members					
5 Compensation of current officers, directors, trustees, and key employees	134,548.	100,911.	20,182.	13,455	
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	952,126.	836,156.	39,242.	76,728	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9 Other employee benefits	76,901.	68,469.	2,377.	6,055	
IO Payroll taxes	91,407.	78,992.	4,855.	7,560	
<b>11</b> Fees for services (nonemployees):					
a Management	1 000	400	1 220		
b Legal	1,800.	470.	1,330.		
c Accounting	30,650.		30,650.		
d Lobbying	63,444.			63,444	
e Professional fundraising services. See Part IV, line 17	05,444.			05,444	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25,					
column (A), amount, list line 11g expenses on Sch 0.)	199,063.	130,811.	68,252.		
Advertising and promotion					
I3 Office expenses	87,071.	56,075.	20,009.	10,987	
4 Information technology					
I5 Royalties					
I6 Occupancy	247,590.	247,590.			
7 Travel	14,354.	12,405.	762.	1,187	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials					
9 Conferences, conventions, and meetings	2,767.	771.	1,634.	362	
20 Interest					
21 Payments to affiliates	45 225	45 225			
22 Depreciation, depletion, and amortization	45,385.	45,385.			
23 Insurance	36,986.	33,756.	2,474.	756	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)					
a PROGRAM SUPPLIES	49,765.	49,765.		~ 1 ~ ~	
b FUNDRAISING EVENTS	9,193.			9,193	
c REAL ESTATE PROJECT COS	7,623.	7,623.			
e All other expenses					
25 Total functional expenses. Add lines 1 through 24e	2,179,739.	1,798,245.	191,767.	189,727	
<b>26</b> Joint costs. Complete this line only if the organization					
reported in column (B) joint costs from a combined					
educational campaign and fundraising solicitation.					
Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202	

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11 2022.03050 ABBY KELLEY FOSTER HOUSE, I ABB84111 Part X Balance Sheet

	1	Cash - non-interest-bearing			1,514,060.		1,739,431.
	2	Savings and temporary cash investments			2,944,636.		3,101,047.
	3	Pledges and grants receivable, net			88,000.	3	153,500.
	4	Accounts receivable, net			23,409.	4	28,830.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	tial co	ontributor, or 35%			
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disgualified					
		under section 4958(f)(1)), and persons described in	sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			2,053,032.	7	2,102,635.
Assets	8	Inventories for sale or use			32,274.	8	
βŝ	9	Prepaid expenses and deferred charges				9	19,600.
	10a	Land, buildings, and equipment: cost or other					
			0a	1,810,211.			
	ь		0b	<u>1,810,211.</u> 1,345,042.	481,864.	10c	465,169.
	11	Investments - publicly traded securities				11	
	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			2,030,346.	15	2,317,998.
	16	Total assets. Add lines 1 through 15 (must equal lin			9,167,621.	16	9,928,210.
	17	Accounts payable and accrued expenses			145,416.	17	193,978.
	18	Grants payable				18	
	19	Deferred revenue				19	2,467.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Parl		21			
ş	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant					
iabi		controlled entity or family member of any of these p	ns		22		
	23	Secured mortgages and notes payable to unrelated	d thir	d parties	287,300.	23	287,300.
	24	Unsecured notes and loans payable to unrelated th	nird p	arties		24	
	25	Other liabilities (including federal income tax, payab	oles t	o related third			
		parties, and other liabilities not included on lines 17	7-24).	Complete Part X			
		of Schedule D			0.	25	593,138.
	26	Total liabilities. Add lines 17 through 25			432,716.	26	1,076,883.
s		Organizations that follow FASB ASC 958, check	here				
JCe		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			5,879,249.	27	6,585,698.
ЧВ	28	Net assets with donor restrictions			2,855,656.	28	2,265,629.
n		Organizations that do not follow FASB ASC 958,	che	ck here			
г		and complete lines 29 through 33.					
ts e	29	Capital stock or trust principal, or current funds $\dots$			29		
sse	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incon		0 0 0 0 0 0 0 0	31		
Š	32	Total net assets or fund balances			8,734,905.	32	8,851,327.
	33	Total liabilities and net assets/fund balances			9,167,621.	33	9,928,210.
							Form <b>990</b> (2022)

Form 990 (2022)

14040606 807818 ABB8411

	990 (2022) ABBY KELLEY FOSTER HOUSE, INC.	04-2	648411	Pag	ge <b>12</b>			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X			
					~ .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,598					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,179					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-302	2,23	33.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ -			
_	column (B))	10	8,851	.,3	27.			
Pa	t 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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				v			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			v				
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th			x				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^				
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				х			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

232012 12-13-22

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SCHEDULE A	١
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Department of the Treasury

(Form 990)

<u>Tot</u>al

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Interna	Inspection Go to www.irs.gov/Form990 for instructions and the latest information.										
Nam	e of t	the organizat	ion	_					Employer	identification number	
					STER HOUSE,					4-2648411	
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must c	omplete t	his part.) S	See instructior	IS.		
The o	organ	ization is not a	a private found	dation because it is: (	(For lines 1 through 12, c	check only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in <b>sectic</b>	on 170(b)(	1)(A)(i).			
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).			
4		A medical re	search organiz	ation operated in co	njunction with a hospital	l describe	d in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and stat									
5		An organizat	ion operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	oed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, sta	ate, or local go	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	)(v).			
7	Χ				intial part of its support f	from a gov	vernmenta	l unit or from t	he general	public described in	
				omplete Part II.)							
8					(1)(A)(vi). (Complete Par						
9		•		5	in section 170(b)(1)(A)(		•		•	•	
		-	or a non-land-	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	f the colleg	je or	
		university:									
10					than 33 1/3% of its sup						
					ct to certain exceptions;					-	
					(less section 511 tax) fr	om busine	esses acqu	lired by the of	ganization	aπer June 30, 1975.	
44				mplete Part III.)	ively to test for public or	fatu Caa	opotion Fl	OO(a)(4)			
11 12		-	-		ively to test for public sa ively for the benefit of, to	•			orn out th	a purposes of one or	
12		-	-	-	ed in section 509(a)(1) o	-			-		
					of supporting organizatio						
а			•	• •	supervised, or controlled		-		-	<i>i</i> aivina	
u					gularly appoint or elect a	•					
			-	complete Part IV, Se		amajonty				supporting	
b		7 -		-	d or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	avina	
-	-			-	anization vested in the s			•		-	
			-	t complete Part IV,					5 1	1	
с		7 -		-	g organization operated	in connec	tion with,	and functiona	Ily integrat	ed with,	
			-		s). You must complete I				, 0	,	
d		] Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	ization(s)	
		that is not	functionally inf	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremer	nt (see instruct	tions). You must con	nplete Part IV, Sections	s A and D	, and Part	<b>V</b> .			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	S that it is a	а Туре I, Туре	II, Type III		
		functionally	y integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.				
f	Ente	er the number	of supported	organizations							
g				n about the supporte	· · ·	(iii) le the error	ninetien lieted	<b>.</b>			
	(	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	anization listed ing document?	(v) Amount of	-	(vi) Amount of other	
		organizatio	n		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
				1	1	1	1	1		1	

### Schedule A (Form 990) 2022

Part II

ABBY KELLEY FOSTER HOUSE, INC.

04-2648411 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1519897.	1449301.	2732749.	1943158.	2236843.	9881948.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	1519897.	1449301.	2732749.	1943158.	2236843.	9881948.
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,						- 4 - 4
	column (f)						543,427.
	Public support. Subtract line 5 from line 4.						9338521.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a)2018 1519897.	(b)2019 1449301.	(c) 2020 2732749.	(d) 2021 1943158.	(e) 2022 2236843.	(f) Total 9881948.
	Amounts from line 4	101909/.	1449301.	2/32/49.	1943130.	2230043.	9001940.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	57 1/5	95 221	218,519.	56,755.	59,873.	477,513.
	and income from similar sources	57,145.	85,221.	210,519.	50,755.	59,0/5.	4//,513.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	15,028.	75,838.		1,849.		92,715.
	assets (Explain in Part VI.)	13,020.	75,050.		1,049.		10452176.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	oto (oco instructiv	200				,277,823.
	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax			, 211, 025.
13	organization, check this box and <b>stor</b>	-	rst, second, triird,	iourtii, or iiitii tax	year as a section s	501(0)(3)	
Sec	ction C. Computation of Publ		rcentage	<u></u>			······
-	Public support percentage for 2022 (I			column (f))		14	89.35 %
	Public support percentage from 2021					15	87.33 %
	<b>33 1/3% support test - 2022.</b> If the c						
	stop here. The organization qualifies					,	v
b	33 1/3% support test - 2021. If the c	organization did no	ot check a box on l				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pi	ublicly supported of	organization	-	
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s
						Schedule A	(Form 990) 2022

232022 12-09-22

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### ABBY KELLEY FOSTER HOUSE, INC.

### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	Stion A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1	1		i
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					<u> </u>	
	Total support. (Add lines 9, 10c, 11, and 12.)			I		<u> </u>	
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	k year as a section	501(c)(3) org	anization,
0-1	check this box and stop here			<u></u>	<u></u>		L
	ction C. Computation of Publ					11	
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inve			<u></u>		16	%
	•		•		<u></u>	1 1	
	Investment income percentage for 20					17	%
18	Investment income percentage from						%
19a	<b>33 1/3% support tests - 2022.</b> If the						
J-	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2021.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a		a, or 190, crieck i	unis pox and see ir		dulo A (Earm 000) 0000
23202	23 12-09-22			16		Sche	dule A (Form 990) 2022

14040606 807818 ABB8411

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2022

Pa	rt IV	Supporting Organizations (continued)			
			_	Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c	1	

ABBY KELLEY FOSTER HOUSE, INC.

### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the organization and what eardivides a controlled the organization of the power to remove officers, directors, or trustees were allocated among the organization and what eardivides are restrictions of a control end what eardivides and the power of		
	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).	1		
Sec	ction 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2022

2a

2b

3a

No

Yes

04-2648411 Page 5

2

Yes No

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Part V	Type II	Non	-Functionally	<sup>,</sup> Inte	grated 5	509(a)(3	) Su	pporting	Organiza	ations
Schedule A	(Form 990	) 2022	ABE	YK	ЕГГЕХ	FOST	'ER	HOUSE	, INC.	

r di	r v Type in Non-Functionally integrated 509(a)(5) Support	ng Organ	120110115	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting or	- Janization (see

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

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020 Excess from 2021				
	Excess from 2021 Excess from 2022				
e					

Schedule A (Form 990) 2022

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LE A, I INCOME MOUNT: MOUNT:	\$	15,028		EXPLANA'	FION FOR	OTHER	INCOME:	
MOUNT:			•					
			•					
MOUNT :	\$							
		1,849.						
M SERV	ICE I	INCOME						
MOUNT :	\$	75,838	•					
								Schedule A (Form 99
	2							

Department of the Treasury

90)

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.



Internal Revenue Service Name of the organization

14040606 807818 ABB8411

#### ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 04 - 2648411

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts.Complete if the
	organization answered fes on Form 990, Part IV, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) 🛛 Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or C	ther Similar Assets
1 4	Complete if the organization answered "Yes" on Form		Assets.
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
14	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its finar		
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	···· · · · · · · · · · · · · · · · · ·		<u> </u>
2	If the organization received or held works of art, historical treater	asuros, or other similar assots for financia	
2			a gan, provide
-	the following amounts required to be reported under FASB A	-	¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	5 IVI FUIII 330.	Schedule D (Form 990) 2022
23205	1 09-01-22	26	

	dule D (Form 990) 2022 ABBY KE	LLEY FOSTE				or Other				Page 2
3	Using the organization's acquisition, access								,0111111	
3	collection items (check all that apply):	ion, and other record	us, checr	cany of the	rollowing the	a make siç	gnincant use o	JIIIS		
а	Public exhibition		4 🗖 I	oan or eve	hange progra	am				
b	Scholarly research	(		Other	nange progra	am				
c	Preservation for future generations	ę								
	Provide a description of the organization's c	alloations and avala	in how th	ov furthor t	ha araanizati	on'e over	ant nurnana in	Dort VI		
4 5	During the year, did the organization solicit of							I Fart Al	л.	
5	to be sold to raise funds rather than to be m								'es	No No
Par	t IV Escrow and Custodial Arran									
1 01	reported an amount on Form 990, Pa			organizatio	II allsweleu	Tes off	-0111 990, Fai	LIV, III E	9,01	
10	Is the organization an agent, trustee, custod		diany for	contribution	e or othor as	sots not i	ncludod			
Ia									'es	No No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							•	63	
D		and complete the it	Jiowing t	able.				Δr	nount	
•	Paginning balance						1c	7.0		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •		'es	No
	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete						<u></u>			
Fai	<b>Lindowinient Funds.</b> Complete	(a) Current year	1	rior year	(c) Two yea		d) Three years I	nack (	) Four y	years back
		(a) Current year	(0) -	noi yeai	( <b>C)</b> 1 WO you				<b>)</b> i oui j	
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for the	е		_	
	organization by:							_		Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								Ba(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's end	owment f	funds.						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	), Part X, li	ine 10.			
	Description of property	(a) Cost or o basis (invest		<b>(b)</b> Cost basis	or other (other)	• •	cumulated reciation	(d)	) Book	value
1a	Land	· · ·			7,036.	·			87	,036.
	Buildings				5,477.	1.2	71,815.			,662.
	Leasehold improvements			, - •	,	-,-	,			
	Equipment			8	7,698.		73,227.		14	.,471.
	Other				.,					, _ , _ •
-	Add lines 1a through 1e. (Column (d) must e		+X colur	nn (R) linn 1	() ()				465	,169.
TULA	$\cdot$ $\neg uu mes ra unough re. (Uounn u) must e$	iquari unii 330, Part	. <i>.</i> , coiun	ו שווו , (ם) יוי						· / ± 0 / •

Schedule D (Form 990) 2022

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(c) Method of valuation: Cost or end-of-year market value
Part IV, line 11c. See Form 990, Part X, line 13.
value (c) Method of valuation: Cost or end-of-year market value
(-)
Part IV, line 11d. See Form 990, Part X, line 15.
(b) Book value
ND 1,621,558
112,243
584,197
2,317,998
Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(b) Book value
593,138
593,138

Schedule D (Form 990) 2022

14040606 807818 ABB8411

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#### ABBY KELLEY FOSTER HOUSE, INC. Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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Sche	edule D (Form 990) 2022 ABBY KELLEY FOSTER HOUSE, I	INC.		04-2	2648411 <sub>Page</sub> 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit			
	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	2,299,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,225.		
b	Donated services and use of facilities				
с					
d			-302,233.		
е				2e	-299,008.
3	Subtract line 2e from line 1			3	2,598,394.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,598,394.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,182,964.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,225.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	3,225.
3	Subtract line 2e from line 1			3	2,179,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,179,739.
Pa	rt XIII Supplemental Information.				
_					

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

### PART X, LINE 2:

TAX POSITION:

THE ORGANIZATION CURRENTLY EVALUATES ALL TAX POSITIONS, AND MAKES A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UNDER REVIEW. THE PRIMARY TAX POSITIONS MADE BY ABBY'S HOUSE IS THE EXISTENCE OF UNRELATED BUSINESS INCOME TAX AND ITS TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE FACT THAT CHANGES MAY RESULT FROM CLOSING OF STATUTE OF LIMITATIONS ON TAX RETURNS, NEW LEGISLATION, AND CLARIFICATION OF EXISTING LEGISLATION THROUGH GOVERNMENT PRONOUNCEMENTS, THE COURTS, AND THROUGH THE EXAMINATION PROCESS.

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BENEFITS OR LOSS CONTINGE	NCIES FOR UI	NCERTAIN	TAX	POSITIONS	BASED	ON THESE
EVALUATIONS.						
		-				
PART XI, LINE 2D - OTHER						
CHANGE IN VALUE OF BENEFI	CIAL INTERES	ST				-302,233
					Schedul	e D (Form 990) 202
32055 09-01-22		30				
40606 807818 ABB8411	2022.0305		ELLEY	FOSTER H	OUSE,	I ABB84111

ABBY KELLEY FOSTER HOUSE, INC.

FOR THE YEAR PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX

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Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

SCHEDULE G	Suppleme	ntal Information R	Regarding	Fun	drais	ing or Gaming	Acti	ivities	OMB No. 1545-0047
(Form 990)		e organization answere organization entered m						, or if the	2022
Department of the Treasury		-	Form 990 o						Open to Public
Internal Revenue Service		o www.irs.gov/Form99	0 for instruc	tions	and t	he latest informatio	on.		Inspection
Name of the organization		TIEV EOGMED	NOTICE	ты	C			Employer ide	entification number
Part I Fundrais		LLEY FOSTER					line -		
	complete this par	<ul> <li>Complete if the organiz</li> <li>t.</li> </ul>	zation answei	rea r	es o	n Form 990, Part IV,	line	17. Form 990-E	z mers are not
<ul> <li>a Ail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	ions email solicitations tations licitations on have a written o		X Solicitati X Solicitati Special f ny individual	on of on of fundra (inclue	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru	stees	s, or X Ye	s 🗌 No
	-	viduals or entities (fundr	aisers) pursu	ant to	agree	ements under which	the f	undraiser is to	be
compensated at le (i) Name and addres or entity (fund	s of individual	(ii) Activity		(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
SHARON S. MCDONALD	- 39 DUCA			Yes	No				
DRIVE, MARLBOROUGH	,				X	0.		10,260	. 0.
GRAHAM-PELTON CONST - 39 BEECHWOOD ROA	-				x	0.		49,487	
Total 3 List all states in whi or licensing.	ch the organizatic	n is registered or licens	ed to solicit c	ontrik	outions	s or has been notifie	d it is	59 , 747 s exempt from	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

ABBY KELLEY FOSTER HOUSE, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fullulaising event contributions and gr				pto greater than \$0,000.
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
er			(event type)	(event type)	(total number)	
Revenue						
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ц	8	Entertainment				
	9	Other direct expenses				
	10					
	11					
Pa	ırt	<b>Gaming.</b> Complete if the organization				
	_	\$15,000 on Form 990-EZ, line 6a.	1			<u> </u>
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		
Re	4	Groop revenue				
		Gross revenue				
s	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
_						
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor		<sup>76</sup>		
	ľ					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Ves LINO
b	) If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	woked suspended or t	erminated during the tay	x vear?	Yes No
		Yes," explain:				
		· · ·				
	_					
2320	82 1	0-27-22			Sche	edule G (Form 990) 2022
_0100						
				32		

14040606 807818 ABB8411

<sup>2022.03050</sup> ABBY KELLEY FOSTER HOUSE, I ABB84111

Sche	edule G (Form 990) 2022	ABBY KELLEY	FOSTER	HOUSE,	INC.	04-2	648	8411	Page 3
11	Does the organization conduct g	aming activities with nor	members?					Yes	No
12	Is the organization a grantor, ben								
	to administer charitable gaming?							Yes	L No
	Indicate the percentage of gamin						1	1	
	The organization's facility						13a	1	%
	An outside facility Enter the name and address of the second s						13b		%
14		ic person who prepares	the organizatio	in s garning/s					
	Name								
	Address								
45-	Deep the even institution have a ser							Yes	No
15a	Does the organization have a cor	itract with a third party f	rom whom the	organization r	receives gaming r	evenue?	. —	162	
b	If "Yes," enter the amount of gam	nina revenue received b	the organizati	on \$		and the amount			
	of gaming revenue retained by th		5						
с	If "Yes," enter name and address	s of the third party:							
	Name								
	Address								
	Address								
16	Gaming manager information:								
	5 5								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Description of services provided								
	Director/officer	Employee	L Inde	pendent cont	ractor				
	•••								
	Mandatory distributions: Is the organization required unde	or state law to make char	itabla distributi	one from the	aaming procoods	to			
a	retain the state gaming license?							Yes	
b	Enter the amount of distributions	required under state lav	v to be distribu	ted to other e	exempt organization	ons or spent in the	•		
	organization's own exempt activit		\$						
Pa	t IV Supplemental Infor		•			() ()	rt III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provid	e any additiona	al information.	See instructions.				
SCI	HEDULE G, PART I,	LINE 2B LI	ST OF T	ЕМ НТСН	EST PATD	FUNDRATSER	s٠		
<u>bc.</u>	ILDOLL G, IAKI I,		51 01 11		LOI IAID	FUNDIALDER			
(I	) NAME OF FUNDRAI	SER: GRAHAM-	PELTON	CONSULT	ING INC.				
/ -					<b>GIDOL</b> TE	NT 07001			
(I	) ADDRESS OF FUND	RAISER: 39 E	EECHWOU.	D ROAD,	SUMMIT,	NJ 07901			
23208	3 10-27-22					Sched	ule G	(Form	990) 2022
				33					

Sched	ule G	a (Form	990
		_	

Part IV Supplemental Information	(continued)
	Schedule G (For
32084 04-01-22	
40606 807818 ABB8411	34 2022.03050 ABBY KELLEY FOSTER HOUSE, I ABB843

SCHEDULE I (Form 990)		Gov	irants and Oth vernments, an ete if the organizatio	nd Individua	<b>ls in the Ŭn</b> " on Form 990, Pa	ited States		омв №. 1 <b>20</b>	22
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form .gov/Form990 for		ation.		Open to Inspe	
Name of the organization			HOUSE, INC	-				Employer identificatio	
Part I General In	formation on Grants a		HOUSE, INC	• •				04-20	40411
1 Does the organiz	ation maintain records t	o substantiate the	e amount of the grants	or assistance, the	e grantees' eligibili	ty for the grants or ass	sistance, and the selec	tion	
criteria used to a	ward the grants or assis	stance?						X Yes	No
2 Describe in Part I	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.				
	d Other Assistance to hat received more than S	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and ad	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistanc	

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

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

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Schedule I (Form 990) 2022

04-2648411

Page 2

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				THE DIFFERENCE BETWEEN THE
				MARKET RATES THAT COULD BE
				CHARGED FOR THE SQUARE-FOOTAGE
24	0.	114,654.	FMV	AND THE ACTUAL RATES THE
				VALUE OF GIFT CARDS, CLOTHING
				AND FOOD PROVIDED TO PROGRAM
367	0.	14,412.		PARTICIPANTS
		,		
	24		recipients cash grant cash assistance	24 0. 114,654.FMV

36

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

PART I, LINE 2:

THE ORGANIZATION IS THE LARGEST PROVIDER IN WORCESTER, MA OF AFFORDABLE

HOUSING SPECIFICALLY DESIGNED TO MEET THE NEEDS OF WOMEN AND CHILDREN. THE

ORGANIZATION WORKS WITH WOMEN WHO CANNOT AFFORD MARKET-RATE RENT AND

DETERMINES HOW MUCH ASSISTANCE THEY NEED ON A CLIENT SPECIFIC BASIS TO

ENSURE THEY CAN LIVE SAFELY AND COMFORTABLY.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE DIFFERENCE BETWEEN THE

Part IV Supplemental Information

MARKET RATES THAT COULD BE CHARGED FOR THE SQUARE-FOOTAGE AND THE ACTUAL

RATES THE ORGANIZATION CHARGES.

Schedule I (Form 990)

### SCHEDULE M (Form 990)

Noncash Contributions
-----------------------

OMB No. 1545-0047

2022

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

		f the Treasury nue Service		Go to www.ir	s.gov/Form		en to Public nspection				
Nam	e of th	ne organizatio	n						Emplo	-	ication numbe
			ABBY	KELLEY	FOSTER	HOUSE, ]	INC.			04-26	548411
Ра	rt I	Types of	<sup>F</sup> Property								
					<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	amount	(c) th contribution ts reported on , Part VIII, line 1g	noncast	<b>(d)</b> hod of dete n contributi	ermining ion amounts
1	Art -	Works of art									
2	Art -	Historical trea	asures								
3	Art -	Fractional inte	erests								
4	Boo	ks and publica	ations								
5	Clot	hing and hous	ehold goods		Х			268,099.	THRIFT	SHOP	VALUE
6	Cars	and other ve	hicles								
7	Boat	ts and planes									
8	Intel	lectual proper	ty								
9							2	2,832.	FMV		
10	Secu	urities - Closel	y held stock								
11	Secu	urities - Partne	ership, LLC, c	or							
	trust	interests									
12	Secu	urities - Miscel	laneous								
13	-	lified conserva		ition -							
14	Qua	lified conserva	ation contribu	ition - Other							
15	Real	estate - Resid	dential								
16											
17	Real	estate - Othe	r								
18											
19											
20											
21											
22		orical artifacts									
23	Scie	ntific specime	ns								
24											
25	Othe	er (GIF	T CARD	S)	Х	(	)	18,447.	CASH V	ALUE	

27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_ 29

)

)

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? **b** If "Yes," describe in Part II. **33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

26

Other

(

14

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

232142 09-09-22				Schedule	M (Form 990) 2022
040606 807818 ABB8411	2022.03050	39 ) ABBY KELLEY	ਕੁੜਾਸ20 ਜ	HOUSE T	ABB84111

SCHEDULE O

(Form 990)

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

INC.



04-2648411

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

ABBY KELLEY FOSTER HOUSE,

HOMELESS, BATTERED AND LOW-INCOME WOMEN, WITH OR WITHOUT CHILDREN.

ABBY'S HOUSE EMPOWERS THE WOMEN WE SERVE TO LEAD SELF-DIRECTED LIVES

FILLED WITH DIGNITY AND HOPE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OVERNIGHT SHELTER:

STAFFED BY A SHELTER MANAGER, AN ASSISTANT MANAGER, AND MORE THAN 20 REGULAR VOLUNTEERS, OUR 9-BED OVERNIGHT SHELTER PROVIDES WOMEN, WITH AND WITHOUT CHILDREN, WITH SAFE SHELTER AND FOCUSES ON HELPING HER PUT TOGETHER A PLAN TO ADDRESS HER IMMEDIATE NEEDS. WE ASSIST HER IN FINDING AND SECURING LONGTERM, STABLE HOUSING EITHER IN ABBY'S HOUSE SUPPORTIVE HOUSING OR ELSEWHERE, OR HELP HER TO ACCESS RESIDENTIAL PROGRAMS, LIKE INPATIENT SUBSTANCE ABUSE TREATMENT PROGRAMS, WHEN FURTHER STABILIZATION IS REQUIRED IN TRANSITIONING TOWARDS PERMANENT HOUSING.

ABBY'S HOUSE PLANS TO RENOVATE THE SHELTER BUILDING IN 2023. THE RENOVATION WILL EXPAND THE SHELTER FROM A CONGREGATE SHELTER WITH 5 ROOMS AND 9 BEDS TO A NON-CONGREGATE SHELTER WITH 13 ROOMS AND 18 BEDS.

SUPPORTIVE HOUSING:

WITH SEVEN TWO-BEDROOM APARTMENTS AND 72 SINGLE ROOM OCCUPANCY HOUSING

UNITS IN THREE BUILDINGS IN WORCESTER, ABBY'S HOUSE IS WORCESTER'S

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

14040606 807818 ABB8411

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
ABBY KELLEY FOSTER HOUSE, INC.	04-2648411
	•
LARGEST PROVIDER OF AFFORDABLE HOUSING SPECIFICALLY DESI	GNED TO MEET
THE NEEDS OF WOMEN AND CHILDREN. WE MEET THE NEEDS OF WO	RKING WOMEN WHO
CANNOT AFFORD MARKET-RATE RENT OR ALLOW THOSE WHO ARE ON	SSI OR SSDI TO
LIVE SAFELY AND COMFORTABLY.	

IN 2019, ABBY'S HOUSE COMPLETED THE RENOVATION OF 52 HIGH STREET, A NEARLY CENTURY-OLD BUILDING AND OUR LARGEST PROPERTY OF SUPPORTIVE HOUSING. THE RENOVATION ADDED TWO UNITS OF HOUSING, BRINGING THE TOTAL COUNT TO 56; UPDATED HVAC, ELECTRICAL, PLUMBING, AND SECURITY SYSTEMS; AND INCREASED ACCESSIBILITY WITH A RECONFIGURED ENTRANCE, AN ELEVATOR, AND ACCESSIBLE KITCHENS AND BEDROOMS. THE RENOVATION PRESERVED THIS CRITICALLY NEEDED HOUSING FOR DECADES TO COME.

### ADVOCACY:

ADVOCATES HELP WOMEN TO IDENTIFY REALISTIC GOALS AND PROVIDE THE TOOLS NEEDED TO ACHIEVE THEM. INDIVIDUALIZED SERVICES ALLOW US TO WORK WITH EACH WOMAN, GIVEN HER OWN SPECIFIC SET OF CIRCUMSTANCES AND NEEDS. ADVOCATES HELP OUR SHELTER GUESTS AND RESIDENTS ACCESS WRAPAROUND SERVICES THEY NEED TO SURVIVE AND THRIVE. IN ORDER TO MEET THE NEEDS OF THE WOMEN SERVED, WE WORK WITH MORE THAN 120 OTHER SOCIAL SERVICES AND GOVERNMENT AGENCIES AND DEPARTMENTS. OUR FOCUS IS TO EFFECTIVELY CREATE A SYSTEM OF SEAMLESS SERVICE PROVISION, SUPPORT WOMEN WITH THE SOMETIMES-DAUNTING TASK OF MATCHING NEEDS WITH EXISTING RESOURCES, AND ASSIST THEM WITH ACCESSING THOSE SERVICES.

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**REFERRAL SERVICES:** 

232212 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization ABBY KELLEY FOSTER HOUSE, INC.	Employer identification number $04-2648411$
WE RECEIVE A MINIMUM OF 20 - 25 CALLS OR IN-PERSON VISITS	PER WEEK FROM
WOMEN SEEKING HELP AND PROVIDE THEM WITH EDUCATION THAT E	MPOWERS THEM
TO ACCESS NEEDED RESOURCES. WE PROVIDE INFORMATION AND RE	FERRALS TO
EXTERNAL AGENCIES THAT OFFER A RANGE OF SUPPORTS, INCLUDI	NG BUT NOT
LIMITED TO: DOMESTIC VIOLENCE SERVICES, NUTRITION AND INC	OME
ASSISTANCE, EDUCATION, EMPLOYMENT, FINANCIAL LITERACY, PA	RENTING
SUPPORTS, MEDICAL SERVICES, GOVERNMENT-ASSISTED PERMANENT	HOUSING, AND
LEGAL ASSISTANCE. DEVELOPING AND MAINTAINING POSITIVE WOR	KING
RELATIONSHIPS WITH LOCAL PROFESSIONALS AND ORGANIZATIONS	IN OTHER AREAS
OF HUMAN SERVICES IS VITAL FOR EFFECTIVE REFERRALS. THESE	RELATIONSHIPS
ENABLE STAFF TO MAINTAIN UP-TO-DATE AND ACCURATE INFORMAT	ION ABOUT
AVAILABLE SERVICES IN THE COMMUNITY TO HELP WOMEN REACH T	HEIR GOALS.

ANNETTE RAFFERTY WOMEN'S EMPOWERMENT CENTER:

EVERY CURRENT AND PAST RESIDENT AND GUEST IS INVITED TO BE INVOLVED IN THE ANNETTE RAFFERTY WOMEN'S EMPOWERMENT CENTER AT ABBY'S HOUSE. WOMEN'S CENTER ACTIVITIES INCLUDE WEEKLY NUTRITIOUS MEALS, HOLIDAY CELEBRATIONS, A FOOD PANTRY, FINANCIAL LITERACY SESSIONS, COMPUTER ACCESS AND COMPUTER TRAINING, AND OTHER EDUCATIONAL AND SOCIAL ACTIVITIES BASED ON WOMEN'S INTERESTS AND VOLUNTEER AVAILABILITY. THE CAMARADERIE THAT IS BUILT THROUGH THE WOMEN'S CENTER PROVIDES A SENSE OF COMMUNITY AND STABILITY IN WOMEN'S LIVES.

THRIFT SHOP:

ABBY'S HOUSE THRIFT SHOP OFFERS GENTLY USED CLOTHING AND HOUSEHOLD

ITEMS TO WOMEN IN NEED. EACH WEEK WE RECEIVE ITEMS FROM DEDICATED232212 10-28-22Schedule O (Form 990) 20224214040606 807818 ABB84112022.03050 ABBY KELLEY FOSTER HOUSE, I ABB84111

Schedule O (Form 990) 2022	Page 2
Name of the organization ABBY KELLEY FOSTER HOUSE, INC.	Employer identification number 04-2648411
SUPPORTERS. VOLUNTEERS AND STAFF SORT ITEMS AND PROVIDE A	SAFE,
AFFORDABLE AND COMFORTABLE PLACE FOR OUR RESIDENTS AND SH	ELTER GUESTS
TO SHOP. IN ADDITION TO PROVIDING CLOTHING VOUCHERS TO TH	E WOMEN WHO
RESIDE AT ABBY'S HOUSE, WE ARE ALSO ABLE TO OFFER CLOTHIN	G VOUCHERS TO
WOMEN FROM OVER 25 AGENCIES WHO WORK WITH WOMEN IN NEED.	ALL PROCEEDS
FROM THE THRIFT SHOP SUPPORT THE MISSION OF ABBY'S HOUSE.	
ANNETTE RAFFERTY SURVIVE TO THRIVE (ARST) FUND:	
THROUGH A COLLABORATIVE APPLICATION PROCESS INVOLVING RES	IDENTS OR
SHELTER GUESTS AND THEIR ADVOCATES, THE ARST FUND PROVIDE	S EMERGENCY
FUNDING TO COVER EXPENSES LIKE MEDICAL AND DENTAL NEEDS.	THIS FUND ALSO
HELPS TO BREAK THE CYCLE OF POVERTY BY PROVIDING FINANCIA	L SUPPORT TO
RESIDENTS AND SHELTER GUESTS FOR EDUCATION OR VOCATIONAL	TRAINING WITH

THE GOAL OF HELPING THEM TO BECOME FINANCIALLY SELF-SUFFICIENT.

ADDITIONAL GRANTS ARE MADE TO COVER THE ESCALATING COSTS OF OBTAINING

PERMANENT AND STABLE HOUSING INCLUDING FIRST, LAST AND SECURITY

PAYMENTS REQUIRED FOR MOVING INTO AN APARTMENT.

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

WITH THE EXCEPTION OF SENSITIVE DONOR INFORMATION, A COMPLETE COPY OF THE

FORM 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO BEING FILED.

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

THE BOARD OF DIRECTORS REQUIRES A DECLARATION FROM ALL BOARD MEMBERS AND

SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL

CONFLICTS OF INTEREST. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION

AND DECISION MAKING PROCESS.

232212 10-28-22

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

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

THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR

THIS REVIEW

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

UPON REQUEST AND ON THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

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

CHANGE IN BENEFICIAL INTEREST IN AGENCY FUND

-302,233.

232212 10-28-22

Schedule O (Form 990) 2022 44 2022.03050 ABBY KELLEY FOSTER HOUSE, I ABB84111

SCH	EDULE R

### (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 04 - 2648411

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
	-						
	-						

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)		(g)	(	h)	(i)		(j)	(F	k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related) excluded f	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income		end-of-year assets		ortionate ations?	amount in bo 20 of Schedul		managing partner?	. '	
		country)		Sections	5 0 12-0 14)					Yes	No	K-I (Form I	065)	res No		
	_		ABBY KELLEY													
KFH RENOVATIONS LLC -	_		FOSTER HOUSE,													
5-2612753, 52 HIGH STREET,	LOW-INCOME		INC. THROUGH													
ORCESTER, MA 01069	HOUSING	MA	АКҒН	RELATED							X	N/A		x		.01
	-															
	-													_		
	-															
	_															
	_															
	_															
Part IV Identification of Related C organizations treated as a d	Drganizations Taxable corporation or trust du	e as a Corport	oration or Trust. C year.	omplete if t	he organizat	ion ansv	vered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it	had or	ne or m	ore rel	ated
(a)			(b)	(c)	(d)		(e)	)	(f)	)		(g)		(h)	(	i) tion
Name, address, and of related organizat	EIN ion	Prim	ary activity	Legal domicile (state or foreign	lomicile Direct cont				Share of total			Share of end-of-year	Percentage ownership		512(i contr	tion b)(13) rolled ity?
				country)			or tru	ist)				assets			Yes	
KFH RENOVATIONS MM LLC - 82-	-3456359												-		100	
2 HIGH STREET																
NORCESTER, MA 01069		LOW-INCOM	E HOUSING	MA	N/A		C CORP						5	50.00%	5	x
											_		-			-
													1			
																1

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### Schedule R (Form 990) 2022 ABBY KELLEY FOSTER HOUSE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) AKFH RENOVATIONS LLC	D	2,123,589.	NOTES AND ADVANCES RECEIVABLE
(2) AKFH RENOVATIONS LLC	К	92,045.	RENT PAID
(3) AKFH RENOVATIONS LLC	L	59,340.	MANAGEMENT FEE/PROGRAM SERVICES
(4) AKFH RENOVATIONS LLC	Q	121,212.	REIMBURSEMENT FOR SHARED PAYROLL
(5)			
_(6)	17		

### Schedule R (Form 990) 2022 ABBY KELLEY FOSTER HOUSE, INC.

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	  sec. (3) ? <b>NO</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

ABBY KELLEY FOSTER HOUSE, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AKFH RENOVATIONS LLC

EIN: 35-2612753

52 HIGH STREET

WORCESTER, MA 01069

PRIMARY ACTIVITY: LOW-INCOME HOUSING

DIRECT CONTROLLING ENTITY: ABBY KELLEY FOSTER HOUSE, INC. THROUGH AKFH

RENOVATIONS MM LLC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AKFH RENOVATIONS MM LLC

EIN: 82-3456359

52 HIGH STREET

WORCESTER, MA 01069

PRIMARY ACTIVITY: LOW-INCOME HOUSING

DIRECT CONTROLLING ENTITY: N/A

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