Form	<b>990</b>	

# 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.

OMB No. 1545-0047  $\mathbf{n}$ **Open to Public** Inspection

	partment of the Trea rnal Revenue Servi		
Δ	For the 2021	calend	а

AF	or th	e 2021 calendar year, or tax year beginning and	ending	_	
B C a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name	Doing business as		04-26484	11
	Initial return Final return	<b>50 עד<u>ר</u>ע פייסדיי</b> י	Room/suite	E Telephone number 508-756-	
	termir			G Gross receipts \$	2,298,462.
	Amen return			H(a) Is this a group re	
	Applic	F Name and address of principal officer: STEPHANIE PAGE		for subordinates	
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🗌 4947(a)(1)	or 527		list. See instructions
		te: ▶ WWW.ABBYSHOUSE.ORG		H(c) Group exemption	n number 🕨
κF	orm o	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1976 N	State of legal domicile: MA
Pa	nrt I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: TO P	ROVIDE	SHELTER AND	D
anc		AFFORDABLE HOUSING, AS WELL AS ADVOCACY .	AND SU	PPORT SERVI	CES, TO
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
Ň	3				16
<del>م</del>	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) $\hfill \ldots$			40
ivit	6	Total number of volunteers (estimate if necessary)			150
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		2,743,814. 236,537.	1,943,158. 296,700.
Revenue	9	Program service revenue (Part VIII, line 2g)		59,359.	56,755.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,108.	1,849.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,060,818.	2,298,462.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,264.	129,593.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	l			1,023,554.	1,044,593.
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)  120,7	······	13,680.	13,680.
ben	h	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 120.7	91.	20,0001	
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		677,758.	710,758.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,772,256.	1,898,624.
	19	Revenue less expenses. Subtract line 18 from line 12		1,288,562.	399,838.
or				ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		8,550,020.	9,167,621.
d Bő	21	Total liabilities (Part X, line 26)		428,560.	432,716.
Func		Net assets or fund balances. Subtract line 21 from line 20		8,121,460.	8,734,905.
	irt II	Signature Block	•		

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

Sign Here	Signature of officer STEPHANIE PAGE, EXECUT Type or print name and title	IVE DIRECTOR	Date
Paid	Print/Type preparer's name	Preparer's signature Date SANDRA M. BROWN, CPA05/2	12/22
Preparer	Firm's name 🕞 SMITH, SULLIVAN	•	Firm's EIN ▶ 43-1985162
Use Only	Firm's address 80 FLANDERS ROAD WESTBOROUGH, MA		Phone no. (508) 871-7178
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
132001 12-0 <b>S</b>	19-21 LHA For Paperwork Reduction Act Notion EE SCHEDULE O FOR ORGANIZ	<i>,</i> .	Form 990 (2021) CONTINUATION

		LEY FOSTER		INC.	04-26	48411	Pag
Par	t III Statement of Program Serv	•		+ 111			Γ
1	Check if Schedule O contains a response of the organization's mission of the organization of the organizat		/ line in this Par	τ III			L
•	TO PROVIDE SHELTER AN		BLE HOUS	ING, AS W	IELL AS ADVOCAC	Y AND	
	SUPPORT SERVICES, TO						OR
	WITHOUT CHILDREN. ABE					LEAD	
	SELF-DIRECTED LIVES F						
2	Did the organization undertake any signific prior Form 990 or 990-EZ?		0,			Yes	X
	If "Yes," describe these new services on \$						- 23
3	Did the organization cease conducting, or		anges in how it	conducts, any p	rogram services?	Yes	X
	If "Yes," describe these changes on Sche	-	Ū	, <b>,</b> , ,			
4	Describe the organization's program servi	ce accomplishment	s for each of its	three largest pro	gram services, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organization		eport the amou	nt of grants and a	allocations to others, the tota	l expenses, a	Ind
4-	revenue, if any, for each program service	reported.		129	593.) (Revenue \$	298,5	5/0
4a	(Code: ) (Expenses \$ 1,6 PROGRAM SUMMARY:		iding grants of \$	129,	<u> </u>	290,5	545
	OUR OVERNIGHT SHELTER					MS OPEF	RAI
	YEAR-ROUND, SEVEN DAY						LL
	CRISIS RESPONSE TEAM		S ANY IS	SUES THAT	MAY ARISE DUR	ING	
	NON-TRADITIONAL OFFIC	E HOURS.					
	*REFER TO SCHEDULE O	FOR A DETA	TLED DE	SCRIPTION	I OF OUR PROGRA	MS.	
4b	(Code:) (Expenses \$	inclu	Iding grants of \$		) (Revenue \$		
4c	(Code: ) (Expenses \$	inclu	Iding grants of \$		) (Revenue \$		
4d	Other program services (Describe on Sch	edule () )					
τu	, , , , , , , , , , , , , , , , , , , ,	including grants of \$		) (Reven	ue \$	)	
4e	Total program service expenses	1,615,9	951.	, , , , , , , , , , , , , , , , , , , ,		,	
						Form <b>99</b>	<b>90</b> (2
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ט כ	JIZ OV/OLO ABB0411	2021.0	JU41 ABE	ы кепред	FOSTER HOUSE,	T ARRQ	41

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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)?	_	v	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ũ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	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	T Tu		<u> </u>
	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
5	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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	X
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Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	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		
	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
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
	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	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
	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 Statements Regarding Other IRS Filings and Tax Compliance	38	x	
	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 <b>1a 1</b> 2	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b 0</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c		
			000	(202

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Part V	Sta

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4(			
	filed for the calendar year ending with or within the year covered by this return	2a		-	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					x
				3a	<u> </u>	_ <u>^</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country					
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					x
	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 transa			5b	<u> </u>	_ <u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					x
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se					X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		x
	to file Form 8282?		I	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	<u> </u>	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			-		
11	Section 501(c)(12) organizations. Enter:	440	I			
	Gross income from members or shareholders	11a		-		
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	l	10-		
	•••••	1	ſ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405	I			
	organization is licensed to issue qualified health plans			-		
	Enter the amount of reserves on hand		I	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the exception (USO) of more than \$1,000,000 in remum			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		x
	excess parachute payment(s) during the year?			15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.			40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment for the section 4968 excise tax on net investment of tax on	IT INCO	rne?	16		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			Form	n <b>990</b>	(2024)
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Form 990 (	2021)
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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.

	Check if Schedule O contains a response or note to any line in this Part VI					
ec	tion A. Governing Body and Management					Т
		1.1	16		Yes	╀
та	Enter the number of voting members of the governing body at the end of the tax year	. <b>1</b> a				L
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		16			l
	Enter the number of voting members included on line 1a, above, who are independent					I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with any o	ther			ļ
	officer, director, trustee, or key employee?			2		┦
3	Did the organization delegate control over management duties customarily performed by or under					
	of officers, directors, trustees, or key employees to a management company or other person?			3		┦
	Did the organization make any significant changes to its governing documents since the prior Form			4		4
	Did the organization become aware during the year of a significant diversion of the organization's a			5		4
	Did the organization have members or stockholders?			6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders	, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	/ear by the follow	wing:			I
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Cod	e.)		_	
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such					1
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing be			11a	Х	1
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		ig the left.	Tita		1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	X	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.5		1
U	on Schedule O how this was done			12c	х	
3	Did the organization have a written whistleblower policy?			13	x	ł
	Did the organization have a written document retention and destruction policy?			14	X	┨
				14	- 23	┨
5	Did the process for determining compensation of the following persons include a review and appro	•	ndent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45	х	l
	The organization's CEO, Executive Director, or top management official			15a	X	┥
b	Other officers or key employees of the organization			15b	~	$\frac{1}{2}$
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					I
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang					l
	taxable entity during the year?			16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		pation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganization's				l
	exempt status with respect to such arrangements?		<u></u>	16b		
ec	tion C. Disclosure					_
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA					_
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (se	ection 501(c)(3)	s only	) avail	la
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (expla	in on Schedul	le 0)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inte	erest policy, an	d finar	ncial	
9						
9	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's t	books and rec	ords 🕨			
		books and rec	ords ►			
	State the name, address, and telephone number of the person who possesses the organization's t	books and rec	eords ►			-

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average			<b>(C)</b> Position				Reportable	Reportable	Estimated
	hours per	(do box	not c , unle	heck ss pe	more rson i	than of s bot	one h an	compensation	compensation	amount of
	week	offi		nd a d				from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or dir	e e			Highest compensated employee		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		) yoldr	t con /ee	_	1099-NEC)		and related organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	mplo	Former			organizations
(1) STEPHANIE PAGE	35.00		=	0	×	тə	ш			
EXECUTIVE DIRECTOR				x				82,562.	Ο.	16,231.
(2) DENISE DARRIGRAND	1.00									
DIRECTOR		x						0.	0.	0.
(3) ROBIN BOOTH	1.00									
ASSISTANT TREASURER		x		x				0.	0.	0.
(4) JENNIFER DRAGON	1.00									
DIRECTOR		x						0.	0.	0.
(5) SAMANTHA JEPSON	1.00									
DIRECTOR		x						0.	0.	Ο.
(6) GERRI LORUSSO	1.00									
DIRECTOR		X						0.	Ο.	0.
(7) ROSIBEL PEREZ TORRES	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LAURIE MATOSKY	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) JANINE DILIBERTO	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) EVA AKESE	1.00									_
ASSISTANT CLERK		х		Х				0.	0.	0.
(11) ASHLEY BRANDIN	1.00									
PRESIDENT		х		Х				0.	0.	0.
(12) SAMANTHA MCGILL	1.00								0	•
CLERK		X		X				0.	0.	0.
(13) JAYNA TURCHEK	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(14) JACQUELINE WILLIAMS	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(15) SELINA GALLO-CRUZ	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(16) CARMEN ROSADO	1.00	v						0.	0.	<u>م</u>
DIRECTOR	1.00	X						0.	υ.	0.
(17) NYDIA VELENTIN	1.00	x						0.	0.	0.
DIRECTOR 132007 12-09-21								0.	0.	Form <b>990</b> (2021)

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	990 (2021) ABBY KEL									04-20	548	411	Pa	age <b>8</b>
Fai	t VII Section A. Officers, Directors, Trus (A) Name and title	<b>(B)</b> Average hours per week	(do box	not c , unle	, and (C Posi heck ss per id a di	<b>C)</b> ition more rson i	) than is bot	one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any 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)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org ane	pensa rom the anizati d relate anizatio	e ion ed
	Subtotal Total from continuation sheets to Part V								82,562.		0.	1	6,2	<u>31.</u> 0.
	Total (add lines 1b and 1c) Total number of individuals (including but n								82,562. eceived more than \$100	),000 of reportab	<b>0.</b> le	1	6,2	31.
	compensation from the organization												Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		Х
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	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual	-		4		X
	rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>	-				-			-			5		Х
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) (B) (C) Name and business address NONE Description of services Compensation						n							
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	nite	d to	tho: (	se lis )	stec	d above) who received n	nore than				
												Form	<b>990</b> (2	2021)

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	Form 990 (20	21)	ABBY	KE.
ĺ	Part VIII	Statemer	nt of Reve	nue

ABBY KELLEY FOSTER HOUSE, INC.

		Check if Schedule O contains a response or note to any	/ line in this Part VIII			
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts			-			
ΰĘ	b		_			
Ρj,		Fundraising events 1c	_			
lar	c	Related organizations 1d				
in, s	e	Government grants (contributions)				
's s	f	All other contributions, gifts, grants, and				
free		similar amounts not included above 1f 1,943,158	3.			
ĒŌ		Noncash contributions included in lines 1a-1f				
2 D D D D			1,943,158.			
0.0	ſ	Total. Add lines 1a-1f				
				221 007		
ice	2 a			231,007.		
er S	b					
Program Service Revenue	c	PROPERTY MANAGEMENT FE 531310	) 22,943.	22,943.		
eve	c					
<u>р</u> е	e					
Å	f	All other program service revenue				
		Total. Add lines 2a-2f	296,700.			
			23077000			
	3	Investment income (including dividends, interest, and	56,755.			56 755
		other similar amounts)	► <u>50,755</u> .			56,755.
	4	Income from investment of tax-exempt bond proceeds	►			
	5	Royalties	•			
		(i) Real (ii) Persona	1			
	6 a	Gross rents 6a				
	b					
	c		_			
		Net rental income or (loss)	•			
		Gross amount from sales of (i) Securities (ii) Other	·			
	1 0		-			
		assets other than inventory <b>7a</b>	_			
	b	Less: cost or other basis				
ň		and sales expenses 7b	_			
Other Revenue	c	Gain or (loss) 7c				
۳,	c	Net gain or (loss)	•			
her	8 a	Gross income from fundraising events (not				
₹		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
	h	Less: direct expenses 8b	-			
		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				
		Net income or (loss) from sales of inventory	•			
		Business Cod	de			
sno	11 .	MISCELLANEOUS REVENUE 990009		1,849.		
Miscellaneous Revenue			,, U,	<u> </u>		
/en	b					
Be	c					
Ĕ		All other revenue	1			
	e	Total. Add lines 11a-11d	1,849.		-	
	12	Total revenue. See instructions	2,298,462.	298,549.	0.	56,755.
13200	9 12-0	9-21				Form <b>990</b> (2021)
			9			

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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 respor Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	129,593.	129,593.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	106,539.	79,904.	15,981.	10,654
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.0.4 0.0.1		24.050	<u> </u>
7 Other salaries and wages	804,201.	707,941.	34,262.	61,998
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	10 000	42 415		
9 Other employee benefits	47,873.	43,415.	991.	3,467
10 Payroll taxes	85,980.	74,558.	4,595.	6,827
11 Fees for services (nonemployees):				
a Management	2 0 2 1		2 0 2 1	
b Legal	2,831.	17 000	2,831.	
c Accounting	94,418.	17,080.	77,338.	
d Lobbying	12 600			12 600
e Professional fundraising services. See Part IV, line 17	13,680.			13,680
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	110 150	111 615	4 0.00	2 525
column (A), amount, list line 11g expenses on Sch 0.)	118,158.	111,615.	4,008.	2,535
12 Advertising and promotion	85,061.	59,341.	13,202.	12,518
13 Office expenses	05,001.	59,541.	13,202.	12,510
14 Information technology				
15 Royalties	240,435.	236,026.	1,774.	2,635
16 Occupancy	13,824.	11,990.	738.	1,096
17 Travel	13,024.	11,990.	/ 50 •	1,090
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
<b>21</b> Payments to affiliates	45,077.	45,077.		
22 Depreciation, depletion, and amortization	34,369.	31,229.	2,556.	584
23 Insurance     24 Other expenses. Itemize expenses not covered	54,505.	51,225.	2,330.	504
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	45,822.	45,822.		
b REAL ESTATE PROJECT COS	21,535.	21,535.		
c FUNDRAISING EVENTS	4,651.	21,555.		4,651
d BAD DEBTS	3,526.		3,526.	1,001
e All other expenses	1,051.	825.	80.	146
25 Total functional expenses. Add lines 1 through 24e	1,898,624.	1,615,951.	161,882.	120,791
<b>26 Joint costs</b> . Complete this line only if the organization	_,,.	_,,		
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here in the following SOP 98-2 (ASC 958-720)				
132010 12-09-21				Form <b>990</b> (202 <sup>-</sup>

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

Cash - non-interest-bearing

ABBY KELLEY FOSTER HOUSE, INC.

		•				
	2	Savings and temporary cash investments		2,319,584.	2	2,944,636
	3	Pledges and grants receivable, net		90,000.	3	88,000
	4	Accounts receivable, net		61,462.	4	23,409
	5	Loans and other receivables from 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			5	
	6	Loans and other receivables from other disqualified persons (as defined	I			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	8)		6	
ets	7	Notes and loans receivable, net		2,004,617.	7	2,053,032 32,274
Assets	8	Inventories for sale or use		45,304.	8	32,274
A	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1,781,	,521.			
	b	basis. Complete Part VI of Schedule D10a1,781Less: accumulated depreciation10b1,299	,657.	502,745.	10c	481,864
	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		1,775,183.	15	2,030,346
	16	Total assets. Add lines 1 through 15 (must equal line 33)		8,550,020.	16	9,167,621
	17	Accounts payable and accrued expenses		141,260.	17	145,416
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
ies	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35				
-iat		controlled entity or family member of any of these persons		007 000	22	207 200
-	23	Secured mortgages and notes payable to unrelated third parties		287,300.	23	287,300
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	X			
		of Schedule D		100 500	25	122 716
	26	Total liabilities. Add lines 17 through 25		428,560.	26	432,716
Se		Organizations that follow FASB ASC 958, check here <b>X</b>				
alances		and complete lines 27, 28, 32, and 33.		5 264 264		5 970 240
	27	Net assets without donor restrictions		5,364,264. 2,757,196.		5,879,249 2,855,656
Id B	28	Net assets with donor restrictions	·····	2,757,190.	28	2,000,000
Fun		Organizations that do not follow FASB ASC 958, check here				
or	~~	and complete lines 29 through 33.				
ets	29 20	Capital stock or trust principal, or current funds			29	
Ass	30 24	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund B	31	Retained earnings, endowment, accumulated income, or other funds		8,121,460.	31	8,734,905
Z	32	Total net assets or fund balances		8,550,020.	32	9,167,621
	33	Total liabilities and net assets/fund balances		0,550,040.	33	, IOI, OZI

1

(A) Beginning of year 1,751,125. **(B)** End of year

1,514,060.

2,944,636.

88,000.

Form 990 (2021)

1

Form 990 (	2021)	)	
Part X	Bal	ance	Sheet

Form	ABBY KELLEY FOSTER HOUSE, INC.	04-26	48411	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			77
	Check if Schedule O contains a response or note to any line in this Part XI			X
4	Total revenue (must equal Part VIII, column (A), line 12)	1	2 298	8,462.
1	Total expenses (must equal Part IX, column (A), line 25)	2		3,624
3	Revenue less expenses. Subtract line 2 from line 1	3		,838.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,460.
5	Net unrealized gains (losses) on investments	5	- 1	
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	213	3,607.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	8,734	.,905.
Pa	rt 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 Schedul			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			v
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	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:			
		o oudit		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci			
39	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
Ju	Act and OMB Circular A-133?	-	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
				<b>990</b> (2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e of t	the organization							identification number			
				STER HOUSE,					4-2648411			
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	See instruction	ıs.				
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).					
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in			
		section 170(b)(1)(A)(vi). (C			-			-				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or			
		university:						-				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exen										
		income and unrelated busir										
		See section 509(a)(2). (Cor				·		•				
11		An organization organized a		ively to test for public sa	fety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on			
		lines 12a through 12d that										
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving			
		the supported organization	-	-	•							
		organization. You must c		• • • •								
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving			
		control or management o	-				-		-			
		organization(s). You mus	t complete Part IV,	Sections A and C.	-							
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,			
		its supported organization						, ,				
d		Type III non-functionally						rted organi	zation(s)			
		that is not functionally int						-				
		requirement (see instruct			•		-					
е		Check this box if the orga						II, Type III				
		functionally integrated, or										
f	Ente	er the number of supported of										
g		vide the following information										
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota												

### Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2186370.	1519897.	1449301.	2732749.	1943158.	9831475.
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	2186370.	1519897.	1449301.	2732749.	1943158.	9831475.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						790,314.
	Public support. Subtract line 5 from line 4.						9041161.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018 1519897.	(c)2019 1449301.	(d) 2020 2732749.	(e)2021 1943158.	(f) Total 9831475.
	Amounts from line 4	2186370.	1213031.	1449301.	2/32/49.	1943138.	98314/5.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	201	57,145.	05 001	210 510	FC 755	117 011
_	and income from similar sources	201.	57,145.	85,221.	218,519.	56,755.	417,841.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	11,324.	15,028.	75,838.		1 9/0	104,039.
	assets (Explain in Part VI.)	11,524.	13,020.	75,050.			10353355.
	Total support. Add lines 7 through 10	ata (asa instructi					,467,929.
	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth toy			, 407 , 525 .
13	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publ		rcentage				
-	Public support percentage for 2021 (I			column (f))		14	87.33 %
	Public support percentage from 2020		•			15	87.99 %
	<b>33 1/3% support test - 2021.</b> If the c					nore, check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
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 p	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	<b>t - 2020.</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	eck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□]
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	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	ſ					
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and	ſ					
	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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14		ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here	-				-	
Sec	ction C. Computation of Pub						
-	Public support percentage for 2021 (			column (f))		15	%
16						16	%
Sec	ction D. Computation of Inve					•	
17	Investment income percentage for 20	021 (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2021.</b> If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, cho						
20	<b>Private foundation.</b> If the organization			•		•	
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- 101				15			,

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified 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) 2021

Sche	dule A	(Form 990) 2021	ABBY	KELLEY	FOSTER	HOUSE,	INC.	04-26	4841	1 <sub>Pa</sub>	age <b>5</b>
Pa	rt IV	Supporting Orga	nizations <sub>(c</sub>	continued)							
	_		·							Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?										
а	A per	son who directly or indir	rectly controls,	either alone o	or together wit	h persons des	cribed on lines 11b and				
	11c b	elow, the governing boo	dy of a support	ted organizati	on?				11a		
b	A fam	nily member of a person	described on I	line 11a above	∋?				11b		
~	A 250	A controlled optity of a	aaraan daaarib	ad an line 11	or 11b abou	Olf "Voo" to li	no 110 116 or 110 provide				

С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	de
	detail in Part VI.	

### Section B. Type I Supporting Organizations

1	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
~						

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. Ty	/pe 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		

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

17

- 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. 132025 01-04-22

Schedule A (Form 990) 2021

2a

2b

3a

3b

Yes No

11c

2

1. ...

Yes No

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Part V	Type II	Non <sup>.</sup>	-Functionally Ir	ntegrated 5	i09(a)(3) Su	pporting C	)rganizat	ions
Schedule A	(Form 990	) 2021	ABBY	КЕГГЕЛ	FOSTER	HOUSE,	INC.	

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualify	•		Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sectio	on 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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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 are	anization (soo

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

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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Part VI	Supplem Part IV, Se line 1; Part Section D, (See instru	ction A, li IV, Section lines 5, 6	nes 1, 2 on D, lin	2, 3b, 3c, 4 es 2 and 3	b, 4c, 5 ; Part I\	a, 6, 9a, 9 √, Sectior	9b, 9c, 11 1 E, lines <sup>-</sup>	a, 11b, a Ic, 2a, 2t	nd 110 5, 3a, a	; Part IV, nd 3b; Pa	Section B rt V, line 1	, lines 1  ; Part V,	and 2; Pa Section E	rt IV, Sectio 3, line 1e; F	on C, Part V,
SCHEDU	ULE A,	PART	II,	LINE	10,	EXPI	LANAT:	ION E	FOR	OTHER	INCO	OME:			
OTHER	INCOME	1													
2017 A	MOUNT :	\$	11,	324.											
2018 A	MOUNT :	\$	15,	028.											
2021 A	MOUNT :	\$	1,8	49.											
PROGRA	M SERV	ICE ]	INCO	ME											
2019 A	MOUNT :	\$	75,	838.											
132028 01-04-	22							20					Schedu	le A (Form	990) (

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047
2021
2021
Open to Public
Inspection

Name of the organization

ABBY	KELLEY	FOSTER	HOUSE,	INC.
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Employer identification number 04 - 2648411

Par	TI Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Accounts.Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cont	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified 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	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		. <u>2</u> c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the org	panization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation	easements during the year
•	► \$	is actisfy the requirements of acction 170/b/(4	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	• • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections or	f Art. Historical Treasures. or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, 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		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021
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		25	

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	edule D (Form 990) 2021 ABBY KE	LLEY FOSTE		-		or Othe				1 Page <b>2</b>	
3	Using the organization's acquisition, accessi								Geomin	ueu)	
3	collection items (check all that apply):	ion, and other record	us, crieci	k any or the	TO T	at make Si	grincarit t				
а	Public exhibition		• 🗌	l oan or excl	hange progra	am					
b	Scholarly research	e									
c	Preservation for future generations		•								
4											
5		•			•				. 7.111.		
Ŭ	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa			organizatio	in anowered	100 011	1 0111 000	, r arcrv,			
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	ssets not	included				
	on Form 990, Part X?								Yes		
h	If "Yes," explain the arrangement in Part XIII										
~			, and the second s						Amount	:	
c	Beginning balance						1c				
	Additions during the year										
f											
	Did the organization include an amount on F								Yes	No	
	<b>b</b> If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
	rt V Endowment Funds. Complete i										
		(a) Current year	-	rior year	(c) Two yea			ars back	(e) Four	years back	
1a	Beginning of year balance	-									
b	Contributions	-									
с											
d											
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1	a. column (a	a)) held as:						
а		,	%	<b>5</b> , (							
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	at are held a	nd administe	ered for th	ne organiza	ation			
	by:	Ū					0		Γ	Yes No	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on S	chedule R?							
4	Describe in Part XIII the intended uses of the								I		
Pa	rt VI   Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulated	a I	(d) Bool	k value	
		basis (invest	ment)	basis	(other)	dep	reciation		.,		
<b>1</b> a	Land			8	7,036.				8'	7,036.	
	Buildings				6,787.	1,2	39,72	22.		7,065.	
	Leasehold improvements			-			-				
	Equipment			8	7,698.		59,93	5.	2'	7,763.	
	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	0c.)				48	1,864.	

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN AG	ENCY FUND		2,001,290.
(2) PRE-DEVELOPMENT COSTS			29,056.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o 15 \	<b>&gt;</b>	2,030,346.
Part X Other Liabilities.	e 15.)		2,030,340.
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f See Form 990 Part X line 25	
	0111 0111 990, 1 att 10, 111		(b) Book value
			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25 )		
	<i></i>		

ABBY KELLEY FOSTER HOUSE, INC.

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

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 ABBY KELLEY FOSTER HOUSE,	INC.		04-	2048411	Page 4			
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	etur	า.				
	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	2,614,	,407.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a							
b	Donated services and use of facilities	2b	102,338.						
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)		213,607.						
е	Add lines 2a through 2d			2e		,945.			
3	Subtract line 2e from line 1			3	2,298,	,462.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,298,	,462 <b>.</b>					
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a								
1	Total expenses and losses per audited financial statements			1	2,000,	,962.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a	102,338.						
b	Prior year adjustments	2b							
с	Other losses								
d	Other (Describe in Part XIII.)	_ 2d							
е	Add lines 2a through 2d			2e		,338.			
3	Subtract line 2e from line 1			3	1,898,	,624.			
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 4a and 4b			4c		0.			
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	1,898,	,624.			
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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		TOGG	CONTRAT	°ENOTRO	₽∩₽	TIMOT	יד גיחסי	NT m 7 V	POSITION	ם האמשה		mupor
			CONTIN	GENCIES	FOR	UNCE	R'I'AL	N TAX	POSITION	S BASED	ON	THESI
EVALUA	FIONS	•										
PART X	I, LII	NE 2D	- OTHE	R ADJUS	<b>FMEN</b>	rs:						
CHANGE	IN FZ	AIR V.	ALUE OF	BENEFI	CIAL	INTE	REST					213,60
										Schedu	le D (F	orm 990)
132055 10-28-2	1						20			Concuu		
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 Schedule D (Form 990) 2021
 ABBY
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 HOUSE
 INC.

 Part XIII
 Supplemental Information (continued)

SCHEDU (Form 990	D)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of Internal Reven	of the Treasury nue Service			Go to www.ir	•	m 990. or the latest inforn	nation.		Open to Public Inspection			
Name of t	he organizatio		EY FOSTER	HOUSE, INC	•				Employer identification number $04-2648411$			
Part I	General In	formation on Grants a	nd Assistance									
	•	ation maintain records t ward the grants or assis		•		•	, ,	•				
2 Des		V the organization's pro										
Part II		d Other Assistance to hat received more than t	-				anization answered "א	/es" on Form 990, Par	t IV, line 21, for any			
1 (a) i		dress of organization ernment	(b) EIN	<b>(c)</b> 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 grant or assistance			
		er of section 501(c)(3) a			ne line 1 table				<u> </u>			
		er of other organization			<u></u>							
LHA Fo	r Paperwork	<b>Reduction Act Notice</b>	, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021			

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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.

(a) Type of grant or assistance	(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
ENTAL SUBSIDIES	24	0.	111,627.	FMV	AND THE ACTUAL RATES THE
					VALUE OF GIFT CARDS, CLOTHING
					AND FOOD PROVIDED TO PROGRAM
IRECT CLIENT ASSISTANCE	402	0.	17,966.	FMV	PARTICIPANTS

31

**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)

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### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2021

Department of the Treasury
Internal Revenue Service

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

Department of the Treasury         Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.								lic
Nam	e of the organization				Employer	, identificati	on nu	mber
	ABBY KELLEY	FOSTER	HOUSE, 1	INC.	0	4-2648	411	
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d)</b> d of determir ontribution a	0	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		228,846.	THRIFT S	HOP VA	LUE	i
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	L 2,649.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ► ( GIFT CARDS )	x	 		CASH VAL	דוס		
25	/			=	CASH VAL FMV	UE		
26	,		· · · ·	) 0.	r M v			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization completed Form 82							
	for which the organization completed Form 828	os, Part V, L	Jonee Acknowled	gement			<b>V</b>	N1-
20-	During the year did the exceptediation reaction to	v		ported in Dort L lines of the	ab 00 that "t		Yes	No
<b>30a</b>	During the year, did the organization receive by							
	must hold for at least three years from the date					20-		x
<b>F</b>	exempt purposes for the entire holding period?	۰				<u>30a</u>		<u> </u>
ы 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	nolicy that r	equires the review	of any nonstandard contribu	itions?	31	x	
01	a see the organization have a girl acceptance			, or any nonotanuara continut				1

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.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

Schedule M (Form 990) 2021

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132141 11-17-21

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.

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		34			
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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) 202113221111-11-21

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2021.03041 ABBY KELLEY FOSTER HOUSE, I ABB84111

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
ABBY KELLEY FOSTER HOUSE, INC.	04-2648411
LARGEST PROVIDER OF AFFORDABLE HOUSING SPECIFICALLY DESIG	NED TO MEET
THE NEEDS OF WOMEN AND CHILDREN. WE MEET THE NEEDS OF WOR	KING 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:** 

132212 11-11-21

Schedule O (Form 990) 2021	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 DEDICATED132212 11-11-21Schedule O (Form 990) 2021373715390512 807818 ABB84112021.03041 ABBY KELLEY FOSTER HOUSE, I ABB84111

Schedule O (Form 990) 2021	Page <b>2</b>
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-SUFFI	CIENT.

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.

132212 11-11-21

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

213,607.

132212 11-11-21

SCH	EDULE	R

### (Form 990)

Part I

### **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.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

04-2648411

Department of the Treasury Internal Revenue Service

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

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

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

(b)	(c)	(d)	(e)	(f)
Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	foreign country)			entity
]				
1				
1				
		Primary activity Legal domicile (state or	Primary activity Legal domicile (state or Total income	Primary activity Legal domicile (state or Total income End-of-year assets

## 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)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	ection entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

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)				g)	(1	ר)	(i)	(i) (j)		(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomi (related excluded f	nant income , unrelated, rom tax under s 512-514)	Share inc	e of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-UE amount in b 20 of Sched K-1 (Form 10	ox ma	neral or inaging artner?	Percen owners	taç shi
		country	ABBY KELLEY							165				5110		
KFH RENOVATIONS LLC -	_		FOSTER HOUSE,													
5-2612753, 52 HIGH STREET,	LOW-INCOME		INC. THROUGH													
ORCESTER, MA 01069	HOUSING	MA	AKFH	RELATED			-45.		529.		x	N/A		x		.01
	_															
	_															
	_															
Part IV Identification of Related C organizations treated as a c				complete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because it h	ad one	e or m	ore rela	ted
(a)			(b)	(c)	(d)		(e)	)	(f)			(g)	(h	)	(i) Sectio	
Name, address, and of related organizat	l EIN tion	Prim	ary activity	Legal domicile (state or foreign	Direct cont entity		Type of (C corp, S or tru	S corp,	Share c inco			Share of end-of-year assets	Percer owner	ntage rship	512(b)( control entity	13) lled /?
				country)				,							Yes	No
AKFH RENOVATIONS MM LLC - 82	-3456359															
52 HIGH STREET				167								0 0 7 0				v
NORCESTER, MA 01069		LOW-INCOM	E HOUSING	MA	N/A		C CORP			-22	5.	-2,270.	50	.00%		Х
											+					
					1		l				-		1			

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### Schedule R (Form 990) 2021 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		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
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		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
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	X	
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.			

	(b) ansaction ype (a-s)	(c) Amount involved	(d) Method of determining amount involved
	D		1
(2) AKEH RENOVATIONS LUC	D	2,071,881.	NOTES AND ADVANCES RECEIVABLE
	К	84,046.	RENT PAID
(3) AKFH RENOVATIONS LLC	L	65,693.	MANAGEMENT FEE/PROGRAM SERVICES
(4) AKFH RENOVATIONS LLC	Q	104,129.	REIMBURSEMENT FOR SHARED PAYROLL
(5)			
(6)			

### Schedule R (Form 990) 2021 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) Are a partners 501(c) orgs. Yes	) ill (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>	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr <b>Yes</b>	) ral or F ging ner? <b>NO</b>	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

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

132165 11-17-21

Schedule R (Form 990) 2021

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