EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| B Check Contributions D Employer identification number | Α | or the | e 2022 calendar year, or tax year beginning and | ending | | | | | | | | |
|--|------------|-----------------------|--|---|-----------------------------|--|--|--|--|--|--|--|
| During business as | В | Check if applicabl | C Name of organization | | D Employer identific | cation number | | | | | | |
| Number and street of PL.0.box if mall is not delivered to street address) Room/Sulle E Telephone number Sole | | | | |] | | | | | | | |
| S2 HIGH STREET 508-756-5486 Green receives 2,598,394. | | chang | Doing business as | | 04-26484 | <u>11 </u> | | | | | | |
| City or town, state or province, country, and 2IP or foreign postal code WORCESTER, MA 01609 City or town, state or province, country, and 2IP or foreign postal code City or town, state or province, country, and 2IP or foreign postal code City or town, state or province, country, and 2IP or foreign postal code City or town, state or province, country, and 2IP or foreign postal code City or town, state or province, country, and 2IP or foreign postal code City or town, state or province, country, and 2IP or foreign postal code City or town, state or province, country, and 2IP or foreign postal code City or town and state state, and state of legal domicile; MA Part Summary | | Final | | Room/suite | | | | | | | | |
| MORCESTER, MA 01609 Following provided Follow | | termin | | | | | | | | | | |
| Same and address of principal officer: STEPHANTE PAGE No SAME AS C ABOVE SAME | | Amend | | | | | | | | | | |
| SAME AS C ABOVE Tara-exampts status | F | Applic | | | | | | | | | | |
| Taxeoxompt status: Xi. 501(c)(x) 501(c)(x) (insert no.) 4947(a)(1) or 527 Website: WW - ABBYSHOUSE. ORG High Group exemption number High Group exemption number Corporation: Xi. Corporation Trust Association Other Corporation Corporation | | tion pendir | G CAME AC C AROVE | | 1 | | | | | | | |
| Website: WWW.ABBYSHOUSE.ORG Htc) Group exemption number K form of organization: LX Groroston Irust Association Other L Year of formation: 1976 M State of legal domicile: MA Part Summary | _ | T = | | 05 507 | 7 | | | | | | | |
| Part Summary | | | | 01 527 | ┥, | | | | | | | |
| Part Summary | | | | I. Veer | | | | | | | | |
| Briefly describe the organization's mission or most significant activities: TO PROVIDE SHELTER AND APFORDABLE HOUSTNG, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO | | | | L Year | or formation: 1970 N | State of legal domicile; MA | | | | | | |
| AFFORDABLE HOUSING, AS WELL AS ADVOCACY AND SUPPORT SERVICES, TO 2 Check this box | | | | DOTTE | אג מיוח די אוי | <u> </u> | | | | | | |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a) | e | 1 | Briefly describe the organization's mission or most significant activities: 10 F | VALD GI | PDODE CEDIT. | | | | | | | |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a) | ā | 1 | | | | | | | | | | |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a) | ēr | I - | | sed of more | 1 1 | | | | | | | |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a) | Š | | | | | | | | | | | |
| Total number of volunteers (estimate if necessary) 6 200 7a Total number of volunteers (estimate if necessary) 7a 7a 7a 7a 7a 7a 7a 7 | ۵ | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | ies | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | Ĭ | | | | | | | | | | | |
| Recomplete Rec | Act | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | | | | | | | |
| 9 | enne | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 8 | Contributions and grants (Part VIII, line 1h) | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1 | 0 | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3e | | | | | | | | | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 129,593. 129,066. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,044,593. 1,254,982. 16a Professional fundraising fees (Part IX, column (A), line 11e) 13,680. 63,444. 13,680. 63,444. 17 Cother expenses (Part IX, column (D), line 25) 189,727. 17 Other expenses (Part IX, column (D), line 25) 189,727. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,898,624. 2,179,739. 1,898,624. 2,179,73 | - | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . | | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 13,680. 63,444. b Total fundraising expenses (Part IX, column (D), line 25) 189,727. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 710,758. 732,247. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,898,624. 2,179,739. 19 Revenue less expenses. Subtract line 18 from line 12 399,838. 418,655. 20 Total assets (Part X, line 16) 9,167,621. 9,928,210. 21 Total liabilities (Part X, line 26) 432,716. 1,076,883. 22 Net assets or fund balances. Subtract line 21 from line 20 8,734,905. 8,851,327. Part II Signature Block Signature Block Signature of officer Signature of officer Date STEPHANIE PAGE, EXECUTIVE DIRECTOR Type or print name and title Printy perparer's name Preparer's signature SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA 06/06/23 silt-employed P01614103 Preparer Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-1985162 Use Only Firm's drives SONDROUGH, MA 01581 Phone no. (508) 871-7178 | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | |
| Total expenses (Part X, column (A), lines 11a-11d, 117-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer STEPHANIE PAGE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA SANDRA M. BROWN, P.C. Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's rame SMITH, SULLIVAN & BROWN, P.C. Firm's saddress 80 FLANDERS ROAD - SUITE #302 WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 | es | 15 | | | | | | | | | | |
| Total expenses (Part X, column (A), lines 11a-11d, 117-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer STEPHANIE PAGE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA SANDRA M. BROWN, P.C. Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's rame SMITH, SULLIVAN & BROWN, P.C. Firm's saddress 80 FLANDERS ROAD - SUITE #302 WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 | ŠUŠ | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 13,680. | 63,444. | | | | | | |
| Total expenses (Part X, column (A), lines 11a-11d, 117-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer STEPHANIE PAGE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA SANDRA M. BROWN, P.C. Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's rame SMITH, SULLIVAN & BROWN, P.C. Firm's saddress 80 FLANDERS ROAD - SUITE #302 WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 | ğ | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> 27. </u> | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 399,838. 418,655. | Ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | | | | | | |
| Beginning of Current Year End of Year 9,167,621. 9,928,210. | | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | | | | | | | |
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| Sign Here STEPHANIE PAGE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA O6/06/23 of Self-employed P01614103 Preparer Use Only Firm's address 80 FLANDERS ROAD - SUITE #302 WESTBOROUGH, MA 01581 Date Only PTIN PTIN PTIN PTIN PTIN PTIN PTIN PTIN | Und | ler pena | lties of perjury, I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of my | y knowledge and belief, it is | | | | | | |
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| Type or print name and title Print/Type preparer's name Print/Type preparer's name SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA Preparer Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's address 80 FLANDERS ROAD - SUITE #302 WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 | Sig | n | Signature of officer | | Date | | | | | | | |
| Print/Type preparer's name SANDRA M. BROWN, CPA Self-employed P01614103 Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-1985162 WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 | He | re | • | | | | | | | | | |
| Paid SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA 06/06/23 Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-1985162 | | | Type or print name and title | | | | | | | | | |
| Preparer Use Only Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-1985162 Use Only Firm's address 80 FLANDERS ROAD - SUITE #302 Phone no. (508) 871-7178 | | | Print/Type preparer's name Preparer's signature | | OHOOK _ | | | | | | | |
| Preparer Use Only Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-1985162 Use Only Firm's address 80 FLANDERS ROAD - SUITE #302 Phone no. (508) 871-7178 | Pai | d | | ANDRA M. BROWN, CPA SANDRA M. BROWN, CPA 06/06/23 self-employed P01614103 | | | | | | | | |
| Use Only Firm's address 80 FLANDERS ROAD - SUITE #302 WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 | Pre | parer | Firm's name SMITH, SULLIVAN & BROWN, P.C. | <u> </u> | Firm's EIN 4 | 3-1985162 | | | | | | |
| WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 | Use | Only | | | | | | | | | | |
| | | | | | Phone no. (5 | 08) 871-7178 | | | | | | |
| | Ма | y the IF | | | | | | | | | | |

Page 2

| Form | n 990 (2022) ABBY KELLEY FOSTER HOUSE, INC. 04-2648411 Pa | age 2 |
|-----------|--|--------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| • | TO PROVIDE SHELTER AND AFFORDABLE HOUSING, AS WELL AS ADVOCACY AND | |
| | SUPPORT SERVICES, TO 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. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ |
| | prior Form 990 or 990-EZ? | No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | No |
| Ū | If "Yes," describe these changes on Schedule O. | |
| | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$1 , 798 , 245 • including grants of \$\$ 129 , 066 •) (Revenue \$\$ 301 , 67 | 8.) |
| | PROGRAM SUMMARY: | |
| | | |
| | OUR OVERNIGHT SHELTER, SUPPORTIVE HOUSING AND ADVOCACY PROGRAMS OPERA | TE |
| | YEAR-ROUND, SEVEN DAYS PER WEEK/24 HOURS PER DAY. WE HAVE AN ON-CALL | |
| | CRISIS RESPONSE TEAM TO ADDRESS ANY ISSUES THAT MAY ARISE DURING | |
| | NON-TRADITIONAL OFFICE HOURS. | |
| | NON-TRADITIONAL OFFICE HOURS. | |
| | | |
| | *REFER TO SCHEDULE O FOR A DETAILED DESCRIPTION OF OUR PROGRAMS. | |
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| 41: | | |
| 4b | (Code:) (Expenses \$ | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | ١ |
| -10 | (Code:) (Expenses a | — <i>'</i> |
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| 4d | Other program services (Describe on Schedule O.) | |
| | | |
| A - | 1 500 045 | |
| <u>4e</u> | Total program service expenses 1, 798, 245. | |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------------|----------|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | <u> </u> | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | ا ۔۔ |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | ,, |
| | 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 | _ | | \ _{3,7} |
| _ | 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| _ | Schedule D, Part III | 8 | | |
| 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 | 40 | | x |
| 44 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| _ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | 0.414 | 11a | Х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | Ha | | |
| b | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| _ | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | |
| · | 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 | 110 | | |
| _ | 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 | Х | |
| 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | ,, |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | ا ـــــا | v | |
| | 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 | ا مد ا | | X |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | | X |
| 20~ | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| 20a | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | got of the original or | | | |

| | 1 990 (2022) ABBY KELLEY FOSTER HOUSE, INC. 04-264 | 8411 | . Р | age 4 |
|------------------|--|------|----------|------------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | X | |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | <u> </u> | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 00 | | x |
| 240 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | 1 22 |
| 2 4 a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | ۱ |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | \ _{3,7} |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 28a | | x |
| h | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | <u> </u> | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | ₩ |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 | х | |
| Pa | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | | 1 | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Constant Contant and Expenses of from to dry month and the transfer and the | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 | 0 | | <u> </u> |
| | | 0 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

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(gambling) winnings to prize winners?

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

| | | | | Yes | No | | | | |
|--|---|-----------------------------|------------|-----|------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 47 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns? | 2b | Х | | | | | |
| За | • | | 3a | | X | | | | |
| b | 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 a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account | account)? | 4a | | Х | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | , , | | | 37 | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5b | | X | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | = | | | v | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | ~ | a . | | | | | | |
| _ | were not tax deductible? | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | vices provided to the pover | 7. | | Х | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | 7a | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | | |
| С | to file Form 8282? | • | 7c | | Х | | | | |
| ٨ | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 70 | | - 25 | | | | |
| d e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | I | 7e | | Х | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization. | | 7f | | X | | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7g 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | | | | |
| | | , | 8 | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | |
| b | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | I | 12a | | | | | | |
| | , | 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 40 | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | |
| b | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| Ь | Enter the amount of reserves the organization is required to maintain by the states in which the | 13b | | | | | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 13c | | | | | | | |
| с 14а | | <u> </u> | 14a | | X | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | le O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | | | | |
| | excess parachute payment(s) during the year? | | 15 | | Х | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investmen | t income? | 16 | | Х | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | tivities | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

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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 | | | X | | | | | | |
|-----|---|---------|----------|------|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 17 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | | |
| 7a | | | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | | |
| 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 | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| 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 reached at the | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | |
| | on Schedule O how this was done | 12c | Х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed MA | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only |) availa | able | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finar | ncial | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | |
| | STEPHANIE PAGE, EXECUTIVE DIRECTOR - 508-756-5486 | | | | | | | | | |
| | 52 HIGH STREET, WORCESTER, MA 01609 | | | | | | | | | |

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| Check this box if neither the organization (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|--|------------------------|--------------------------------------|-----------------------|------------|--------------|------------------------------|-------|------------------|----------------------------------|-----------------------|
| Name and title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | , unles | ss pe | rson i | is bot | h an | compensation | compensation | amount of |
| | week | _ | cer an | a a a | recto | or/trus | itee) | from | from related | other |
| | (list any hours for | · director | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | 5 | stee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al trus | | yee | mper | | 1099-NEC) | , | and related |
| | below | Individual trustee | Institutional trustee | er | Key employee | Highest compensated employee | ner | · | | organizations |
| | line) | Indj | Insti | Officer | Key | High emp | Forn | | | |
| (1) STEPHANIE PAGE | 35.00 | 1 | | | | | | 4 | | |
| EXECUTIVE DIRECTOR | 1 22 | | | X | | | | 107,931. | 0. | 17,626. |
| (2) DENISE DARRIGRAND | 1.00 | ļ | | | | | | | | • |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (3) EVA AKESE | 1.00 | ۱ | | | | | | | | • |
| ASSISTANT TREASURER | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) JENNIFER DRAGON | 1.00 | ١ | | | | | | | | • |
| VICE PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) GERRI LORUSSO | 1.00 | ١,, | | | | | | | | 0 |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (6) ROSIBEL PEREZ TORRES | 1.00 | ļ ,, | | | | | | | | 0 |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (7) LAURIE MATOSKY | 1.00 | ļ ,, | | 37 | | | | | | 0 |
| PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (8) JANINE DILIBERTO | 1.00 | ٠,, | | 37 | | | | | _ | 0 |
| TREASURER | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (9) SAMANTHA JEPSON | 1.00 | Į., | | 37 | | | | | _ | 0 |
| ASSISTANT CLERK | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (10) ASHLEY BRANDIN | 1.00 | ₩ | | | | | | | 0. | 0 |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (11) SAMANTHA MCGILL | 1.00 | x | | х | | | | 0. | 0. | 0. |
| CLERK (12) JAYNA TURCHEK | 1.00 | ^ | | Λ | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JACQUELINE WILLIAMS | 1.00 | 122 | \vdash | | | | | • | • | • |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DEBORAH BIERI | 1.00 | 122 | | | | | | · · | 0. | • |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) DR. ADRIANA DIPASQUALE | 1.00 | 123 | | | | | | · · | • | • |
| DIRECTOR | 2,00 | x | | | | | | 0. | 0. | 0. |
| (16) THERESA M. DORSEY | 1.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (17) MAHRI LEONARD-FLECKMAN | 1.00 | Ħ | \vdash | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| | | <u> </u> | - | | | _ | _ | | | F 000 (0000) |

232007 12-13-22

| | 990 (2022) ABBY KELI | | | | | | <u> </u> | | | 04-26 | 484 | 111 | Pa | age 8 |
|-----|--|--|--------------------------------|-----------------------|----------------------|-------------------------|------------------------------|--------------|---|---|-----------|--------------------|--|----------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em (B) | ploy | ees | | <u>d Hi</u> C) | ghe | st C | | | | | /E\ | |
| | (A) Name and title | Average hours per week | box offic | not c , unle | Pos heck ss pe | ition more rson i | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | 1 | am | (F) timate 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) | organizations (W-2/1099-MIS(1099-NEC) | | fro orga and | pensa om the anizat d relat anizatie | e ion ed |
| | PAULA J. SASSO | 1.00 | х | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 107,931. | | 0. | 1 | 7,6 | |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | - 1 | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 107,931. | 000 of reportable | 0. | | 7,6 | ∠6. |
| 2 | Total number of individuals (including but no compensation from the organization | ot iimited to tr | iose | IISLE | eu ai | DOVE | e) Wi | 10 16 | eceived more than \$100 | ,000 of reportable | , | | | 1 |
| | , | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so | • | | • | • | • | | • | | • | | | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | her compensation from | | | 3 | | 21 |
| | and related organizations greater than \$150 | | | | | | | | | | [| 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | - | | | | - | | | - | | | | | 37 |
| Sec | rendered to the organization? If "Yes," comption B. Independent Contractors | plete Schedul | e J f | or si | ıch | pers | on . | | | | | 5 | | X |
| 1 | Complete this table for your five highest con | mpensated inc | depe | ende | nt c | ontr | acto | ors t | that received more than | \$100,000 of comp | pensa | ation f | rom | |
| | the organization. Report compensation for t | the calendar y | ear (| endi | ng v | vith | or w | ithir | | year. | | | | |
| | (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | ervices | Co | (C omper | ;) nsatio | n |
| | | | | | | | | \neg | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | \downarrow | | | | | | |
| | | | | | | | | | | | | | | |

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

| Pa | I L V | /111 | | | | 5 | | | |
|--|-------|---------------------------------|---|--|-----------------------|--|------------------------------------|-----------|------------------|
| | | | Check if Schedule O co | ntains a respon | se or note to any li | ne in this Part VIII | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt function revenue | Unrelated | Revenue excluded |
| Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts | | b c d e f g h | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contrib All other contributions, gifts, grasimilar amounts not included at Noncash contributions included in lin Total. Add lines 1a-1f RESIDENTIAL RE SUPPORTIVE SER PROPERTY MANAGE | tib 1c 1d utions) ants, and ove 1f 2 les 1a-1f 1g \$ | _ | 2,236,843. 242,338. 37,625. 21,715. | | | |
| roc | | е | | | - | | | | |
| - | | | All other program service re | | | 301,678. | | | |
| | 3 | | Income from investment of | ng dividends, int | erest, and d proceeds | 59,873. | | | 59,873. |
| | 5 | | Royalties | | | | | | |
| | 6 | b | Less: rental expenses | (i) Real | (ii) Personal | | | | |
| | 7 | d | Net rental income or (loss) Gross amount from sales of | (i) Securitie | s (ii) Other | | | | |
| Revenue | | С | Less: cost or other basis and sales expenses 7 Gain or (loss) 7 | 'b | | | | | |
| | | | Net gain or (loss) | | | | | | |
| Other | 8 | а | Gross income from fundraising including \$ contributions reported on lir Part IV, line 18 | of ne 1c). See | Ba | | | | |
| | | b | Less: direct expenses | | 3b | | | | |
| | | | Net income or (loss) from fu | _ | 3 | | | | |
| | 9 | а | Gross income from gaming | 1 | | | | | |
| | | ı. | Part IV, line 19 | | 9a 9b | - | | | |
| | | | Less: direct expenses Net income or (loss) from ga | | | | | | |
| | 10 | | Gross sales of inventory, les | т | | | | | |
| | | _ | and allowances | 1 | 0a | | | | |
| | | b | Less: cost of goods sold | | 0b | | | | |
| | | С | Net income or (loss) from sa | les of inventory | | | | | |
| SI | | | | | Business Code | | | | |
| neor ne | 11 | | | | - | | | | |
| Miscellaneous Revenue | | b | | | - | | | | |
| Re | | ç | All other reverses | | - | | | | |
| Σ | | | All other revenue | | | | | | |
| | 12 | | Total revenue. See instructions | | | 2,598,394. | 301,678. | 0. | 59,873. |
| | | | | | | , , , , , , , , , , , , , | , , , , , , , | | |

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

| <u> </u> | Check if Schedule O contains a respons | se or note to any line in (A) | this Part IX (B) | (C) | (D) |
|------------|---|-------------------------------|-----------------------------|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | 129,066. | 129,066. | | |
| 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 | 134,548. | 100,911. | 20,182. | 13,455 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 952,126. | 836,156. | 39,242. | 76,728 |
| 8 | Pension plan accruals and contributions (include | | | | - |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 76,901. | 68,469. | 2,377. | 6,055 |
| 10 | Payroll taxes | 91,407. | 78,992. | 4,855. | 7,560 |
| 11 | Fees for services (nonemployees): | - | - | | · |
| а | Management | | | | |
| b | Legal | 1,800. | 470. | 1,330. | |
| С | Accounting | 30,650. | | 30,650. | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 63,444. | | | 63,444 |
| f | Investment management fees | | | | · · · · · · · · · · · · · · · · · · · |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| • | column (A), amount, list line 11g expenses on Sch O.) | 199,063. | 130,811. | 68,252. | |
| 12 | Advertising and promotion | , | • | | |
| 13 | Office expenses | 87,071. | 56,075. | 20,009. | 10,987 |
| 14 | Information technology | , , | , , | , , , , , | . , |
| 15 | Royalties | | | | |
| 16 | Occupancy | 247,590. | 247,590. | | |
| 17 | Travel | 14,354. | 12,405. | 762. | 1,187 |
| 18 | Payments of travel or entertainment expenses | , | , | | , - |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2,767. | 771. | 1,634. | 362 |
| 20 | Interest | , | | , | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 45,385. | 45,385. | | |
| 23 | Insurance | 36,986. | 33,756. | 2,474. | 756 |
| 23 24 | Other expenses. Itemize expenses not covered | | | =,=.= | . 30 |
| - - | 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.) | 40 555 | 40 565 | | |
| а | PROGRAM SUPPLIES | 49,765. | 49,765. | | 0 100 |
| b | FUNDRAISING EVENTS | 9,193. | U CO2 | | 9,193 |
| Ç | REAL ESTATE PROJECT COS | 7,623. | 7,623. | | |
| d | All other expanses | | | | |
| е 25 | All other expenses | 2,179,739. | 1,798,245. | 191,767. | 189,727 |
| 25 26 | Joint costs. Complete this line only if the organization | 2,17,1330 | 1,100,240. | 171,1010 | 100,121 |
| 26 | · · · · · · · · · · · · · · · · · · · | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (202 |

| Pa | rt X | Balance Sheet | | | | |
|-----------------------------|------|---|------------------------|---------------------------------|--------|---------------------------|
| | | Check if Schedule O contains a response or note to a | ny line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1,514,060. | 1 | 1,739,431. |
| | 2 | Savings and temporary cash investments | | 2,944,636. | 2 | 3,101,047. |
| | 3 | Pledges and grants receivable, net | | 88,000. | 3 | 153,500. |
| | 4 | Accounts receivable, net | | 23,409. | 4 | 28,830. |
| | 5 | Loans and other receivables from any current or form | | | | |
| | | trustee, key employee, creator or founder, substantia | contributor, or 35% | | | |
| | | controlled entity or family member of any of these per | sons | | 5 | |
| | 6 | Loans and other receivables from other disqualified p | | | | |
| | | under section 4958(f)(1)), and persons described in se | ection 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | 2,053,032. | 7 | 2,102,635. |
| Assets | 8 | Inventories for sale or use | | 32,274. | 8 | |
| ₹ | 9 | | | | 9 | 19,600. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 1,810,211. | | | |
| | b | Less: accumulated depreciation 10b | 1,345,042. | 481,864. | 10c | 465,169. |
| | 11 | Investments - publicly traded securities | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 2,030,346. | 15 | 2,317,998. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | 9,167,621. | 16 | 9,928,210. |
| | 17 | Accounts payable and accrued expenses | | 145,416. | 17 | 193,978. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 19 | 2,467. | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV | / of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former of | ficer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantia | contributor, or 35% | | | |
| ja ja | | controlled entity or family member of any of these per | | 000 000 | 22 | 000 000 |
| _ | 23 | Secured mortgages and notes payable to unrelated the | | 287,300. | 23 | 287,300. |
| | 24 | Unsecured notes and loans payable to unrelated third | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable | | | | |
| | | parties, and other liabilities not included on lines 17-2 | 4). Complete Part X | 0 | | E02 120 |
| | | of Schedule D | | 0. | 25 | 593,138. |
| | 26 | Total liabilities. Add lines 17 through 25 | V | 432,716. | 26 | 1,076,883. |
| S | | Organizations that follow FASB ASC 958, check he | ere X | | | |
| nce. | | and complete lines 27, 28, 32, and 33. | | 5,879,249. | | 6 505 600 |
| ala | 27 | Net assets without donor restrictions | | 2,855,656. | 27 | 6,585,698. |
| В | 28 | Net assets with donor restrictions | | 4,000,000. | 28 | 2,265,629. |
| Ë | | Organizations that do not follow FASB ASC 958, cl | neck here | | | |
| P | | and complete lines 29 through 33. | | | | |
| sts | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| SS(| 30 | Paid-in or capital surplus, or land, building, or equipm | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income | _ | 0 724 005 | 31 | 0 051 207 |
| ž | 32 | Total net assets or fund balances | l l | 8,734,905. | 32 | 8,851,327. |
| | 33 | Total liabilities and net assets/fund balances | | 9,167,621. | 33 | 9,928,210. |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|---------|----|------|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | , 59 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | ,17 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | - | 55. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8 | ,73 | 4,9 | 05. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | -30 | 2,2 | 33. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 8 | , 85 | 1,3 | 27. |
| 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 Schedule | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis | 5, | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit | , | | | |
| | 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 Sch | nedule | Ο. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 04-2648411

| _ | | 11001 | | BIER HOODE, | | | | 1 2010111 | |
|------|--------------|--|----------------------------|--|-------------------------------------|--------------------|---------------------------------------|----------------------------|--|
| Pa | rt I | Reason for Public | Charity Status. | (All organizations must o | omplete ti | nis part.) S | See instructions. | | |
| The | organ | ization is not a private found | lation because it is: (| (For lines 1 through 12, o | heck only | one box.) | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | • | |
| 5 | | An organization operated for | or the benefit of a co | ollege or university owner | d or opera | ted by a q | overnmental unit describ | ped in | |
| | | section 170(b)(1)(A)(iv). (C | | , | · | , , | | | |
| 6 | | A federal, state, or local go | . , | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| _ | X | An organization that norma | | | | | | nublic described in | |
| • | | section 170(b)(1)(A)(vi). (C | | intial part of its support i | rom a gov | Ciriiriciitai | difficult from the general | public acsoribed in | |
| 8 | | | • | (1)(A)(vi) (Complete Ben | + II \ | | | | |
| | H | A community trust describe | | | | بنموم ما ام | nation with a land arent | collogo | |
| 9 | | An agricultural research org | - | | | - | - | - | |
| | | or university or a non-land-o | grant college of agric | culture (see instructions). | Enter the | name, cit | y, and state of the colleg | e or | |
| 40 | | university: | | | | | | | |
| 10 | | An organization that norma | | | | | | | |
| | | activities related to its exen | • | • | | | | - | |
| | | income and unrelated busing | | (less section 511 tax) fr | om busine | sses acqu | ired by the organization | after June 30, 1975. | |
| | | See section 509(a)(2). (Co | | | | | | | |
| 11 | \mathbb{H} | An organization organized a | • | | • | | | | |
| 12 | | An organization organized a | - | • | = | | · · · · · · · · · · · · · · · · · · · | | |
| | | 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 | describes the type of | of supporting organizatio | n and con | nplete line | s 12e, 12f, and 12g. | | |
| а | | | anization operated, s | supervised, or controlled | by its sup | ported or | ganization(s), typically by | giving giving | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | a majority | of the dire | ctors or trustees of the s | supporting | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b | | | anization supervised | d or controlled in connec | tion with it | s support | ed organization(s), by ha | iving | |
| | | control or management o | of the supporting org | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | ported | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | Type III functionally inte | grated. A supportin | g organization operated | in connec | tion with, | and functionally integrat | ed with, | |
| | | its supported organizatio | n(s) (see instructions | s). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| d | | Type III non-functionally | y integrated. A supp | orting organization oper | ated in co | nnection v | with its supported organi | zation(s) | |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | tisfy a dist | ribution re | quirement and an attent | iveness | |
| | | requirement (see instruct | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | V. | | |
| е | | Check this box if the orga | • | - · | | | | | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ina oraani: | zation. | , , , , , , , , , , , , , , , , , , , | | |
| f | Ente | er the number of supported o | • • | , | 0 0 | | | | |
| q | | vide the following information | | ed organization(s). | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of monetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | |
| | | | | above (see instructions)) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | al | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | | |
|------|--|-----------------------|---------------------|----------------------|---------------------|--------------------|-----------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1519897. | 1449301. | 2732749. | 1943158. | 2236843. | 9881948. | |
| 2 | Tax revenues levied for the organ- | | | | | | _ | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1519897. | 1449301. | 2732749. | 1943158. | 2236843. | 9881948. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | 543,427. | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 9338521. | |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 7 | Amounts from line 4 | 1519897. | 1449301. | 2732749. | 1943158. | 2236843. | 9881948. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 57,145. | 85,221. | 218,519. | 56,755. | 59,873. | 477,513. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | _ | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 15,028. | 75,838. | | 1,849. | | 92,715. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 10452176. | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 1 | ,277,823. | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | | |
| | organization, check this box and stop | | | | | | <u></u> | |
| | tion C. Computation of Publ | | | | | | | |
| 14 | Public support percentage for 2022 (| | | | | 14 | 89.35 % | |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 87.33 % | |
| 16a | 33 1/3% support test - 2022. If the o | • | | • | | • | | |
| | stop here. The organization qualifies | | | | | | | |
| b | 33 1/3% support test - 2021. If the c | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances tes | - | | | | | | |
| | and if the organization meets the fact | | • | - | • | VI how the organiz | ation | |
| | meets the facts-and-circumstances to | ū | • | | | | | |
| b | 10% -facts-and-circumstances tes | - | | | | | 10% or | |
| | more, and if the organization meets the | | | | - | | | |
| | organization meets the facts-and-circ | | | | | | | |
| 18 | 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | |

Schedule A (Form 990) 2022

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.)

| 1.100:0 | 41.00.0 | 1.3.0000 | (B 000 t | (.) 0000 | 10 T · · |
|--|---|---|--|---|--|
| (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
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| (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
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|) | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizati | ion, |
| the organization's f | | fourth, or fifth tax | • | () () | ion, |
| the organization's f | ercentage | , | | | , |
| the organization's f | ercentage divided by line 13, | column (f)) | | 15 | , |
| the organization's folic Support Pe | ercentage divided by line 13, t III, line 15 | column (f)) | | | , |
| the organization's f Dlic Support Pe (line 8, column (f), c 21 Schedule A, Part estment Incom | ercentage divided by line 13, t III, line 15 | column (f)) | | 15 16 | 9 |
| the organization's f blic Support Pe (line 8, column (f), o 21 Schedule A, Part estment Incom 2022 (line 10c, colu | ercentage divided by line 13, t III, line 15 ne Percentage mn (f), divided by l | column (f))ine 13, column (f)) | | 15 16 | 9 |
| the organization's folic Support Performs 8, column (f), of 21 Schedule A, Partestment Incompose 2022 (line 10c, column 2021 Schedule A, | divided by line 13, till, line 15ee Percentage mn (f), divided by line 17 | column (f)) | | 15 16 17 18 | ç ç |
| the organization's folic Support Performs (line 8, column (f), or 21 Schedule A, Partestment Incom 2022 (line 10c, column 2021 Schedule A, ne organization did not seem to the | ercentage divided by line 13, t III, line 15 ee Percentage mn (f), divided by I Part III, line 17 not check the box | column (f)) ine 13, column (f)) on line 14, and line | e 15 is more than | 15 16 17 18 33 1/3%, and line 1 | 9 |
| the organization's formula to the organization's formula to the organization's formula to the organization did recordance organization did rec | ercentage divided by line 13, t III, line 15 ee Percentage mn (f), divided by line 17 not check the box e organization qualitation theck a box or | ine 13, column (f)) on line 14, and line ifies as a publicly so line 14 or line 19a | e 15 is more than supported organiz | 15 16 17 18 33 1/3%, and line 1 | 7 is not |
| | (a) 2018 | (a) 2018 (b) 2019 | (a) 2018 (b) 2019 (c) 2020 | (a) 2018 (b) 2019 (c) 2020 (d) 2021 | (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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| 10a | | |
| 401 | | |
| 10b | | |

| Par | t IV S | upporting Organizations _(continued) | | | |
|----------|-------------|---|----------|------|----|
| | | | | Yes | No |
| 11 | Has the c | organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person | who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c belov | w, the governing body of a supported organization? | 11a | | |
| b | A family r | nember of a person described on line 11a above? | 11b | | |
| С | A 35% co | ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in F | | 11c | | |
| Sect | ion B. | Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | overning body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | | ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | d organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the o | rganization operate for the benefit of any supported organization other than the supported | | | |
| | • | ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI h | ow providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | d, or controlled the supporting organization. | 2 | | |
| Sect | ion C. | Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | najority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | es of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | _ | ement of the supporting organization was vested in the same persons that controlled or managed | | | |
| <u> </u> | | orted organization(s). | 1 | | |
| Seci | ion D. A | All Type III Supporting Organizations | | T | |
| | | | | Yes | No |
| 1 | | rganization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | • | ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | _ | | |
| • | | ion's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | _ | n of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| 3 | - | It voice in the organization's investment policies and in directing the use of the organization's | | | |
| | U | r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | d organizations played in this regard. | 3 | | |
| Sect | | Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| a | | e organization satisfied the Activities Test. Complete line 2 below. | - | | |
| b | | e organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | ns). | |
| 2 | Activities | Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did subst | tantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supp | orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those su | pported 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 | e activities constituted substantially all of its activities. | 2a | | |
| b | Did the a | ctivities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or me | ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI th | ne reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these act | ivities but for the organization's involvement. | 2b | | |
| 3 | Parent of | Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | rganization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the o | rganization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

(explain in detail in Part VI):

3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

instructions).

7 Recoveries of prior-year distributions

see instructions).

Acquisition indebtedness applicable to non-exempt-use assets

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

| Sche | edule A (Form 990) 2022 ABBY KELLEY FOSTER HOUSE | E, I | INC. | 04-2648411 Page 6 |
|------|---|---------|---------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Org | anizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | on Nov. 20, 1970 (explain | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | comple | ete Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |

| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
|-----|---|---|--|--------------|--|
| Sec | tion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | |
| 7 | 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | |

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Schedule A (Form 990) 2022

| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|------|---|-----------------------------|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| а | From 2017 | | | |
| b | From 2018 | | | |
| С | From 2019 | | | |
| d | From 2020 | | | |
| е | From 2021 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2022 distributable amount | | | |
| i | Carryover from 2017 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2022 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2022 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2018 | | | |
| b | Excess from 2019 | | | |
| С | Excess from 2020 | | | |
| d | Excess from 2021 | | | |
| е | Excess from 2022 | | | |

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 04 - 2648411

| Par | organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir | | s or Accounts. Complete if the | | | | |
|-----|--|---|--------------------------------------|--|--|--|--|
| | | | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | (4) 2 51161 4411654 141165 | (2) - 2.1.20 2.1.2 2.1.0. | | | | |
| 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 | L | sed funds | | | | |
| • | are the organization's property, subject to the organization's | _ | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | |
| • | for charitable purposes and not for the benefit of the donor of | | | | | | |
| | | | | | | | |
| Par | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | | | | | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of | f a historically important land area | | | | |
| | Protection of natural habitat | Preservation of | a certified historic structure | | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | |
| а | Total number of conservation easements | | 2a | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c | | | | |
| d | Number of conservation easements included in (c) acquired | | | | | | |
| | historic structure listed in the National Register | | | | | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | e organization during the tax | | | | |
| | year | | | | | | |
| 4 | Number of states where property subject to conservation ea | | | | | | |
| 5 | Does the organization have a written policy regarding the pe | | | | | | |
| _ | violations, and enforcement of the conservation easements in | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con- | servation easements during the year | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing concerve | ation agreements during the year | | | | |
| ′ | Amount of expenses incurred in monitoring, inspecting, hand | diling of violations, and emorcing conserva | ation easements during the year | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170 | 0(b)(4)(B)(i) | | | | |
| Ū | and section 170(h)(4)(B)(ii)? | • | | | | | |
| 9 | In Part XIII, describe how the organization reports conservat | | | | | | |
| • | balance sheet, and include, if applicable, the text of the foot | | | | | | |
| | organization's accounting for conservation easements. | | | | | | |
| Par | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or O | Other Similar Assets. | | | | |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement a | and balance sheet works | | | | |
| | of art, historical treasures, or other similar assets held for pul | blic exhibition, education, or research in fu | urtherance of public | | | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and | balance sheet works of | | | | |
| | art, historical treasures, or other similar assets held for public | e exhibition, education, or research in furth | herance of public service, | | | | |
| | provide the following amounts relating to these items: | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ <u></u> | | | | |
| | | | • | | | | |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financia | al gain, provide | | | | |
| | the following amounts required to be reported under FASB A | ASC 958 relating to these items: | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ | | | | |
| | Assets included in Form 990, Part X | | \$ | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2022 | | | | |

232051 09-01-22

| Par | t III Organizations Maintaining C | Collections of A | rt, Hist | torical Tr | easures, o | r Other | Similar As | sets(c | ontinue | d) |
|----------|---|------------------------|----------------------|------------------|-------------------|-----------------------|-------------------------|----------------|--------------|-------------|
| 3 | Using the organization's acquisition, access | ion, and other record | ls, checl | k any of the | following that | make sig | nificant use of | its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | m | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explain | n how th | ney further t | he organizatio | n's exem _l | pt purpose in I | Part XIII | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, hi | storical trea | sures, or othe | r similar a | ssets | | | |
| | to be sold to raise funds rather than to be m | aintained as part of t | he orga | nization's co | ollection? | | | Ye | s [| No_ |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the | organizatio | n answered "` | Yes" on F | orm 990, Part | IV, line | 9, or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | liary for | contribution | s or other ass | sets not in | cluded | | _ | |
| | on Form 990, Part X? | | | | | | | Ye | s | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing 1 | table: | | | | | | |
| | | | | | | | | Am | ount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for (| escrow or co | ustodial accou | unt liability | /? | Ye | es L | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | L | |
| Par | t V Endowment Funds. Complete | | | | | | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two years | s back (d |) Three years ba | .ck (e) | Four yea | ars back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | e (line 1 | g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation tha | at are held a | nd administer | ed for the |) | | 124 | |
| | organization by: | | | | | | | _ | Ye | s No |
| | (i) Unrelated organizations | | | | | | | | a(i) | |
| | (ii) Related organizations | | | | | | | | a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | · · | | | | | | <u>L</u> | Bb | |
| Bo: | Describe in Part XIII the intended uses of the t VI Land. Buildings, and Equipm | | wment | funds. | | | | | | |
| Fai | t VI Land, Buildings, and Equipm Complete if the organization answere | |) Dort IV | / lino 11a S | Coo Form 000 | Dort V lir | 20.10 | | | |
| | • | | | · | | | | / n | | |
| | Description of property | (a) Cost or o | | ` ' | or other | | umulated | (a) | Book va | alue |
| <u> </u> | Land | basis (investn | ii c iil) | | (other) 7,036. | uepre | eciation | | 27 | 036. |
| | Land | | | | 5,477. | 1 2 | 71,815. | | | 662. |
| | Buildings | | | 1,03 | J,±//• | Ι,Δ | 11,010. | | JUJ, | 004. |
| | Leasehold improvements | | | Ω | 7,698. | - | 73,227. | | 1 / | 471. |
| | Equipment | | | " | 1,090. | | 1 7 , 4 4 1 0 | | _ | 4 / L • |
| | Other | | V colum | nn (D) line 1 | (00.) | | | | 465, | 169 |
| rotal | . Add lines 1a through 1e. (Column (a) must e | quai roiiii 990, Part | ∧, colur | ıııı (b), IINE I | <i>UC.)</i> | | l | | | 103. |

Schedule D (Form 990) 2022

| Part VII | Investments - Other Securities. |
|----------|---------------------------------|

| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. |
|--|----------------------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| 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, line | 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6) (7) (8) (9)

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) BENEFICIAL INTEREST IN AGENCY FUND | 1,621,558. |
| (2) PRE-DEVELOPMENT COSTS | 112,243. |
| (3) OPERATING RIGHT-OF-USE ASSET | 584,197. |
| (4) | |
| (5) | |
| (6) | |
| <u>(7)</u> | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 2,317,998. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY | 593,138. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 593,138. |

^{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

Schedule D (Form 990) 2022

| Schedule D | (Form 990) 20 |)22 ABBY | KELLEY | FOSTER | HOUSE, | INC. | 04-26484 |
|------------|---------------|----------------|------------|--------------|-------------|-----------|---------------------|
| Part XI | Reconcili | ation of Reven | ue per Aud | lited Financ | cial Statem | ents With | Revenue per Return. |

| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
|---|---|----|------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,299,386. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 3,225. | | |
| b | Donated services and use of facilities | 2b | | | |
| | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | -302,233. | | |
| е | Add lines 2a through 2d | | | 2e | -299,008. |
| 3 | Subtract line 2e from line 1 | 3 | 2,598,394. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | 4c | 0. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,598,394. |

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.

| 7 | lotal expenses and losses per audited financial statements | 1 | 2,102,304. | | |
|---|--|----|------------|----|------------|
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 3,225. | | |
| b | Prior year adjustments | 2b | | | |
| | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 3,225. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,179,739. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 2,179,739. |

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

TAX POSITION:

THE ORGANIZATION CURRENTLY EVALUATES ALL TAX POSITIONS, AND MAKES A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD THE PRIMARY TAX POSITIONS MADE BY ABBY'S HOUSE IS THE UNDER REVIEW. 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.

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number ABBY KELLEY FOSTER HOUSE, INC. 04-2648411 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations f X Solicitation of government grants h Internet and email solicitations ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) SHARON S. MCDONALD - 39 DUCA Yes No DRIVE, MARLBOROUGH, MA 01752 Х 0 10,260 0. GRAHAM-PELTON CONSULTING INC. 39 BEECHWOOD ROAD, SUMMIT, Х 0 49,487 0. 59 747 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

| ch | ıedul | e G (Form 990) 2022 ABBY KE | LLEY FOSTER | HOUSE, INC. | 04- | 2648411 Page 2 |
|-----------------|-------------|--|----------------------------|--|--------------------|--|
| Pa | art I | Fundraising Events. Complete if the of fundraising event contributions and gro | | | | |
| | | or tartalasing event contributions and gre | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| Φ | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| ses | 5 | Noncash prizes | | | | |
| xbens | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through | | | | |
| D۶ | 11 art I | Net income summary. Subtract line 10 from li Gaming. Complete if the organization a | | n 000 Part IV line 10 or | | |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on rom | 11 330, 1 art 10, mic 13, or | reported more than | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Š | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % No | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| 9 | Ent | er the state(s) in which the organization condu | ıcts gaming activities: _ | | | |
| | | | | | | |
| | | he organization licensed to conduct gaming ac | ctivities in each of these | states? | | Yes No |

Schedule G (Form 990) 2022

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

232082 10-27-22

| Schedule G (Form 990) 2022 ABBY KELLEY FOS'I | TER HOUSE, INC. | U4-2648411 Page 3 |
|---|--|---------------------------------|
| 11 Does the organization conduct gaming activities with nonmembers | s? | Yes No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a r | | |
| to administer charitable gaming? | | Yes No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | | 13a % |
| b An outside facility | | |
| 14 Enter the name and address of the person who prepares the organ | | |
| | | |
| Name | | |
| | | |
| Address | | |
| | | |
| 15a Does the organization have a contract with a third party from whom | m the organization receives gaming revenue? | Yes No |
| | | |
| b If "Yes," enter the amount of gaming revenue received by the orga | nization \$ and the amo | ount |
| of gaming revenue retained by the third party \$ | | Same |
| c If "Yes," enter name and address of the third party: | | |
| c ii Tes, enter hame and address of the third party. | | |
| Name | | |
| | | |
| Addraga | | |
| Address | | |
| 46 Coming manager information. | | |
| 16 Gaming manager information: | | |
| N | | |
| Name | | |
| | | |
| Gaming manager compensation \$ | | |
| | | |
| Description of services provided | | |
| | | |
| | | |
| | l | |
| Director/officer Employee | Independent contractor | |
| | | |
| 17 Mandatory distributions: | | |
| a Is the organization required under state law to make charitable dist | tributions from the gaming proceeds to | |
| retain the state gaming license? | | Yes I No |
| b Enter the amount of distributions required under state law to be dis | stributed to other exempt organizations or spent i | in the |
| organization's own exempt activities during the tax year \$ | | |
| Part IV Supplemental Information. Provide the explanation | | and Part III, lines 9, 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any add | ditional information. See instructions. | |
| | | |
| SCHEDULE G, PART I, LINE 2B, LIST OF | F TEN HIGHEST PAID FUNDRA | ISERS: |
| | | |
| | | |
| | | |
| (I) NAME OF FUNDRAISER: GRAHAM-PELTO | ON CONSULTING INC. | |
| | | |
| (I) ADDRESS OF FUNDRAISER: 39 BEECHW | WOOD ROAD, SUMMIT, NJ 07 | 901 |
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| Schedule G | (Form 990) | ABBY | KELLEY | FOSTER | HOUSE, | INC. | 04-2648411 | Page 4 |
|------------|------------------------------|------------|-----------|--------|--------|------|------------|--------|
| Part IV | (Form 990) Supplemental Info | rmation (c | ontinued) | | | | | |
| _ | | | | | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|---|----------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| | | HOUSE, INC | · | | | | 04-2648411 |
| Part I General Information on Grants a | | | | | | | |
| 1 Does the organization maintain records t | | | | - | | | |
| criteria used to award the grants or assis | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to | | | | | anization answered "\ | /oc" on Form 000 Por | t IV line 21 for any |
| recipient that received more than 9 | | | | | ariizatiori ariswered | res offrom 990, Far | 1 1V, III 16 2 1, 101 arry |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations | | | | | | | |

| Schedule 1 (1 01111 990) 2022 11221 1 0 2 | | | | | Tage 2 |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed. | s. Complete if the | e organization answ | ered "Yes" on Form | 990, Part IV, line 22. | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | THE DIFFERENCE BETWEEN THE |
| | | | | | MARKET RATES THAT COULD BE |
| | | | | | CHARGED FOR THE SQUARE-FOOTAGE |
| RENTAL SUBSIDIES | 24 | 0. | . 114,654. | FMV | AND THE ACTUAL RATES THE |
| | | | | | VALUE OF GIFT CARDS, CLOTHING |
| | | | | | AND FOOD PROVIDED TO PROGRAM |
| DIRECT CLIENT ASSISTANCE | 367 | 0. | 14,412. | , FMV | PARTICIPANTS |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information red | quired in Part I, Iir | ne 2; Part III, columr | n (b); and any other a | additional information. | • |
| PART I, LINE 2: | | | | | |
| THE ORGANIZATION IS THE LARGEST PE | ROVIDER I | N WORCESTE | ER, MA OF A | AFFORDABLE | |
| HOUSING SPECIFICALLY DESIGNED TO M | MEET THE | NEEDS OF W | VOMEN AND C | CHILDREN. THE | |
| ORGANIZATION WORKS WITH WOMEN WHO | CANNOT A | FFORD MARK | KET-RATE RE | ENT AND | |
| <u> </u> | | | | | |

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

ENSURE THEY CAN LIVE SAFELY AND COMFORTABLY.

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

Schedule I (Form 990)

37

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

| | ABBY KELLEY | FOSTER | HOUSE, I | NC. | 04-2 | 648 | 411 | |
|-----|---|-------------------------------|---|---|---|---------|-----|----|
| Pai | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermir | • | ts |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | X | | 268,099. | THRIFT SHOP | VA | LUE | i |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 2 | 2,832. | FMV | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | | |
| 12 | trust interests Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| 13 | 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 | | | | | | | |
| 25 | Other (GIFT CARDS) | X | 0 | 18,447. | CASH VALUE | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation during | g the tax year for o | contributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | Oonee Acknowledg | gement 29 | | | Vaa | No |
| 30a | During the year, did the organization receive by | y contributio | on any property rep | oorted in Part I, lines 1 throu | gh 28, that it | | Yes | No |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and wh | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period | ? | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard contribu | utions? | 31 | Х | |
| 32a | Does the organization hire or use third parties | | | | | | | |
| | contributions? | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | y for which column (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | |

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

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 0.4 - 2.648411

| MDDI KEEDELI TODIEK MOODE, INC. |
|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| 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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 04-2648411

LARGEST PROVIDER OF AFFORDABLE HOUSING SPECIFICALLY DESIGNED TO MEET

THE NEEDS OF WOMEN AND CHILDREN. WE MEET THE NEEDS OF WORKING 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.

REFERRAL SERVICES:

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** ABBY KELLEY FOSTER HOUSE, INC. 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 EMPOWERS THEM TO ACCESS NEEDED RESOURCES. WE PROVIDE INFORMATION AND REFERRALS TO EXTERNAL AGENCIES THAT OFFER A RANGE OF SUPPORTS, INCLUDING BUT NOT LIMITED TO: DOMESTIC VIOLENCE SERVICES, NUTRITION AND INCOME ASSISTANCE, EDUCATION, EMPLOYMENT, FINANCIAL LITERACY, PARENTING SUPPORTS, MEDICAL SERVICES, GOVERNMENT-ASSISTED PERMANENT HOUSING, AND LEGAL ASSISTANCE. DEVELOPING AND MAINTAINING POSITIVE WORKING 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 INFORMATION ABOUT AVAILABLE SERVICES IN THE COMMUNITY TO HELP WOMEN REACH THEIR 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 DEDICATED

Schedule O (Form 990) 2022 Page **2**

Name of the organization ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 04-2648411

SUPPORTERS. VOLUNTEERS AND STAFF SORT ITEMS AND PROVIDE A SAFE,

AFFORDABLE AND COMFORTABLE PLACE FOR OUR RESIDENTS AND SHELTER GUESTS

TO SHOP. IN ADDITION TO PROVIDING CLOTHING VOUCHERS TO THE WOMEN WHO

RESIDE AT ABBY'S HOUSE, WE ARE ALSO ABLE TO OFFER CLOTHING 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 RESIDENTS OR

SHELTER GUESTS AND THEIR ADVOCATES, THE ARST FUND PROVIDES EMERGENCY

FUNDING TO COVER EXPENSES LIKE MEDICAL AND DENTAL NEEDS. THIS FUND ALSO

HELPS TO BREAK THE CYCLE OF POVERTY BY PROVIDING FINANCIAL SUPPORT TO

RESIDENTS AND SHELTER GUESTS FOR EDUCATION OR VOCATIONAL TRAINING WITH

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

ADDITIONAL GRANTS ARE MADE TO COVER THE ESCALATING COSTS OF OBTAINING

PERMANENT AND STABLE HOUSING INCLUDING FIRST, LAST AND SECURITY

PAYMENTS REQUIRED FOR MOVING INTO AN APARTMENT.

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

WITH THE EXCEPTION OF SENSITIVE DONOR INFORMATION, A COMPLETE COPY OF THE FORM 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO BEING FILED.

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

THE BOARD OF DIRECTORS REQUIRES A DECLARATION FROM ALL BOARD MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS.

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization ABBY KELLEY FOSTER HOUSE, INC. | Employer identification number 04-2648411 |
| <u> </u> | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS IS | RESPONSIBLE FOR |
| THIS REVIEW | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| UPON REQUEST AND ON THE MASSACHUSETTS ATTORNEY GENERAL'S | WEBSITE. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN BENEFICIAL INTEREST IN AGENCY FUND | -302,233. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number 04-2648411

| | Complete if the organization answered "Yes" | | | | | | | |
|---|--|---|-------------------------------|---------------------------------------|-----------|----------------|---|----|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state o foreign country) | (d) r Total inco | me End-of-year | | | (f) controlling ntity | 9 |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Part II Identification of Related Tax-Exempt O organizations during the tax year. | rganizations. Complete if the organization a | answered "Yes" on Form 990 |), Part IV, line 34, | because it had one | e or more | related tax-ex | empt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | | | (g) Section 512(b)(controlled entity? | |
| | | | | 501(c)(3)) | | | Yes | No |
| | | | | | | | | |
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Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j |) | (k) | | | |
|--|------------------|---|--|-------------------|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|--------|---------------------|---------------|---------------|---------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | entity (related, unrelated, income end- excluded from tax under as: | | ncome Share of total income income | Share of total income | Share of total income | Share of total income | Share of end-of-year assets | | ortionate tions? | amount in box | mana partr | iging ner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | | | | |
| | | | ABBY KELLEY | | | | | | | | | | | | |
| AKFH RENOVATIONS LLC - | | | FOSTER HOUSE, | | | | | | | | | | | | |
| 35-2612753, 52 HIGH STREET, | LOW-INCOME | | INC. THROUGH | | | | | | | | | | | | |
| WORCESTER, MA 01069 | HOUSING | MA | AKFH | RELATED | | | | X | N/A | X | | .01% | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (f) (g) | | Section 512(b)(13) controlled entity? | |
|--|--------------------|--|---------------------------|---|-----------------------|-----------------------------------|-------------------------|--|--------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | 512(l conti | o)(13) rolled ity? |
| | | country) | | | | assets | | Yes | No |
| AKFH RENOVATIONS MM LLC - 82-3456359 | | | | | | | | | |
| 52 HIGH STREET | | | | | | | | | |
| WORCESTER, MA 01069 | LOW-INCOME HOUSING | MA | N/A | C CORP | | | 50.00% | | Х |
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Page 3

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

| Not | ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
|---|---|------|-----|-----|----------|-----|----|
| | During the tax year, did the organization engage in any of the following transactions with one | | • | | | | |
| а | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X |
| b | b Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X |
| С | c Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| | d Loans or loan guarantees to or for related organization(s) | | | | 1d | X | |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | f Dividends from related organization(s) | | | | 1f | | X |
| | g Sale of assets to related organization(s) | | | | | | |
| h | h 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 |
| - | | | | | Ţ | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s | s) | | | 1k 1l | Х | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | X |
| | Sharing of paid employees with related organization(s) | | | | 10 | Х | |
| | 3 () | | | | | | |
| g | Reimbursement paid to related organization(s) for expenses | | | | 1p | | X |
| | q Reimbursement paid by related organization(s) for expenses | | | | 1q | Х | |
| -1 | 1 | | | | | | |
| 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 | | X |
| | If the answer to any of the above is "Yes," see the instructions for information on who must | | | | | | |
| _ | | (b) | (c) | (d) | | | |
| | (a) | (12) | (6) | (u) | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|---|
| (1) AKFH RENOVATIONS LLC | D | 2,123,589. | NOTES AND ADVANCES RECEIVABLE |
| (2) AKFH RENOVATIONS LLC | K | 92,045. | RENT PAID |
| (3) AKFH RENOVATIONS LLC | L | 59,340. | MANAGEMENT FEE/PROGRAM SERVICES |
| (4) AKFH RENOVATIONS LLC | Q | 121,212. | REIMBURSEMENT FOR SHARED PAYROLL |
| <u>(5)</u> | | | |
| <u>(6)</u> | 47 | | |

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) | (b) | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) | (f) | (g) | (ŀ | 1) | (i) | (j) | (k) |
|------------------------|------------------|----------------------------|---|-------------|--------------|-----------------------|---------|--------------|--|-------------------|---------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related unrelated | partners se | Share of | Share of | Dispr | opor- ate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General managi | or Percentage |
| of entity | | (state or foreign country) | excluded from tax under | orgs.? | total income | end-of-year assets | allocat | ions? | of Schedule K-1 | partner | ownership |
| | | Country) | Sections 5 (2-5 (4) | Yes No | income | assets | Yes | No | (F01111 1065) | Yes N | 0 |
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| Schedule R (Form 990) 2022 ABBY KELLEY FOSTER HOUSE, INC. 04-2648411 Page 5 |
|---|
| Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. |
| PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP: |
| NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: |
| AKFH RENOVATIONS LLC |
| EIN: 35-2612753 |
| 52 HIGH STREET |
| WORCESTER, MA 01069 |
| PRIMARY ACTIVITY: LOW-INCOME HOUSING |
| DIRECT CONTROLLING ENTITY: ABBY KELLEY FOSTER HOUSE, INC. THROUGH AKFH |
| RENOVATIONS MM LLC |
| |
| PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST: |
| |
| NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: |
| AKFH RENOVATIONS MM LLC |
| EIN: 82-3456359 |
| 52 HIGH STREET |
| WORCESTER, MA 01069 |
| PRIMARY ACTIVITY: LOW-INCOME HOUSING |
| DIRECT CONTROLLING ENTITY: N/A |
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