



CBIZ MHM, LLC

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Boston, MA 02116

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JANUARY 31, 2022

KENNEDY-DONOVAN CENTER, INC.
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

KENNEDY-DONOVAN CENTER, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 FORM 990-T

2020 MASSACHUSETTS FORM M-990T

2020 MASSACHUSETTS FORM PC

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURNS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

VERY TRULY YOURS,

A handwritten signature in dark ink, appearing to read "Charles Ciccone".

CHARLES CICCONE
SENIOR MANAGER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

KENNEDY-DONOVAN CENTER, INC.
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

PREPARED BY:

CBIZ MHM, LLC
500 BOYLSTON STREET
BOSTON, MA 02116

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021**2020**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

KENNEDY-DONOVAN CENTER, INC.**04-2519028**

Name and title of officer or person subject to tax

GLEN P. MATTERA**VICE PRESIDENT & CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>32,800,844.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize CBIZ MHM, LLC to enter my PIN 19028
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

04737791068

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CBIZ MHM, LLCDate ▶ 01/31/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**KENNEDY-DONOVAN CENTER, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

ONE COMMERCIAL STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FOXBORO, MA 02035-2530**F** Name and address of principal officer: **LISA MORGAN****SAME AS C ABOVE****D** Employer identification number**04-2519028****E** Telephone number**508-772-1233****G** Gross receipts \$ **32,928,091.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.KDC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1969** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AN ORGANIZATION THAT SUPPORTS PEOPLE WITH DEVELOPMENTAL DELAYS, DISABILITIES AND FAMILY CHALLENGES
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 12
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 686
	6	Total number of volunteers (estimate if necessary) 50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 -15,510.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 375,742.
	9	Program service revenue (Part VIII, line 2g) 38,559,046.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -57,848.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,740.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 38,868,200.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,801,938.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 394,351.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,955,855.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,757,793.
19		Revenue less expenses. Subtract line 18 from line 12 110,407.
Net Assets or Fund Balances		20
	21	Total liabilities (Part X, line 26) 14,903,572.
	22	Net assets or fund balances. Subtract line 21 from line 20 8,057,975.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	GLEN P. MATTERA, VICE PRESIDENT & CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHARLES N. CICCONE	<i>Charles N. Ciccone</i>	01/31/22	<input type="checkbox"/>	P00734640
Firm's name	Firm's EIN ▶ 26-3753134		Phone no. 617-761-0600		
	Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

032001 12-23-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

KENNEDY-DONOVAN CENTER SUPPORTS INDIVIDUALS AND FAMILIES WITH DEVELOPMENTAL DISABILITIES AND SIMILAR NEEDS TO REACH THEIR MAXIMUM POTENTIAL AND QUALITY OF LIFE THROUGH ADVOCACY AND INDIVIDUALIZED SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 14,051,918. including grants of \$ 0.) (Revenue \$ 14,018,276.)

SUPPORTED LIVING & RESIDENTIAL - PROVIDING SUPPORTED LIVING ACROSS SOUTHEASTERN MASSACHUSETTS TO ADULT INDIVIDUALS WITH DISABILITIES. THESE INCLUDE COMMUNITY SHARED LIVING AND INDIVIDUAL LIVING ASSISTANCE, SUPERVISED LIVING 24/7 RESIDENTIAL GROUP HOMES, SHARED LIVING PROVIDER TRAINING, CASE MANAGEMENT, AND ASSISTANCE TO HOST FAMILIES.

EFFECTIVE JANUARY 1, 2021, KDC ADOPTED A PLAN TO END THE CONTRACTS FOR ITS RESIDENTIAL PROGRAMS, WHICH WERE TRANSFERRED TO TWO NEW PROVIDERS.

4b (Code:) (Expenses \$ 11,402,900. including grants of \$ 0.) (Revenue \$ 11,981,145.)

EARLY CHILDHOOD INTERVENTION AND AUTISM SERVICES - EARLY INTERVENTION (EI) COORDINATES HOME VISITING AND GROUP SERVICES TO FAMILIES WITH CHILDREN BIRTH TO THREE YEARS OF AGE WHO ARE FACING DEVELOPMENTAL DELAYS, CERTAIN DIAGNOSED CONDITIONS, OR WHOSE CIRCUMSTANCES PUT THEM AT RISK FOR DEVELOPMENTAL DELAYS.

AN ARRAY OF THERAPEUTIC, EDUCATIONAL, AND SOCIAL SERVICES ARE DELIVERED IN FAMILIES' HOMES, AT OUR PROGRAMS CENTER, OR AT OTHER APPROPRIATE LOCATIONS. EI IS THE EARLIEST POSSIBLE INTERVENTION TO ADDRESS A CHILD'S DELAYED DEVELOPMENT, AND TO FOSTER THEIR HEALTHY DEVELOPMENT IN A TIMELY MANNER WITH ALL THE TOOLS AVAILABLE.

4c (Code:) (Expenses \$ 3,072,444. including grants of \$ 0.) (Revenue \$ 4,312,368.)

OTHER COMMUNITY SERVICES - IN ADDITION TO OUR SUPPORTED LIVING/RESIDENTIAL PROGRAMS AND EARLY INTERVENTION/AUTISM SERVICES, WE PROVIDE RESOURCE AND REFERRAL SOURCES THROUGH REGIONAL FAMILY SUPPORT CENTERS, HEALTHY FAMILIES YOUNG ADULT PREGNANCY PROGRAMS, FAMILY SUPPORT PROGRAMS, FOSTER CARE SERVICES, AND A DAY HABILITATION PROGRAM. THESE COMMUNITY SERVICES PROVIDE SERVICES TO MORE THAN 10,000 INDIVIDUALS AND THEIR FAMILIES EACH YEAR FROM PRENATAL THROUGH THE END OF LIFE. WE OFFER PROGRAMS AND SERVICES TO HELP THOSE WE SERVE REACH THEIR MAXIMUM POTENTIAL AND QUALITY OF LIFE.

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

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

4e Total program service expenses **28,527,262.**Form **990** (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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 similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	193
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	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 686		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a 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:		
a 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	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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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 ☒

Section A. Governing Body and Management

	1a	12	1b	12	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		12		12		
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	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					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:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

Section 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	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in 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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **GLEN MATTERA - 508-772-1200**
ONE COMMERCIAL STREET, FOXBORO, MA 02035

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NHAN TONTHAT (UNTIL 11/18/20) CHIEF EXECUTIVE OFFICER	40.00			X				203,555.	0.	120.
(2) GLEN MATTERA VICE PRESIDENT & CFO	40.00			X				158,650.	0.	223.
(3) KATE FONTANA (UNTIL 1/16/21) CHIEF OPERATING OFFICER	40.00			X				140,048.	0.	223.
(4) COURTNEY KELEHER (UNTIL 3/16/20) DIR OF CHILDREN'S SERVICES	40.00			X				100,582.	0.	4,048.
(5) AMANDA PERKINS VP OF DEVELOPMENT	40.00			X				87,935.	0.	5,018.
(6) KAYOMBO KAMAWU (UNTIL 12/11/20) VP OF ADULT SERVICES	40.00			X				74,372.	0.	593.
(7) ROBERT PANESSITI CHAIR	3.00	X		X				0.	0.	0.
(8) JEFFREY KOBBS VICE CHAIR	3.00	X		X				0.	0.	0.
(9) STEPHEN P. SANFORD TREASURER	3.00	X		X				0.	0.	0.
(10) EDWIN CARR CLERK	2.00	X		X				0.	0.	0.
(11) ANTHONY KARAMAS DIRECTOR	2.00	X						0.	0.	0.
(12) BRADFORD PINEAULT DIRECTOR	3.00	X						0.	0.	0.
(13) DAVID BOUCHER DIRECTOR	2.00	X						0.	0.	0.
(14) DEBORAH FELIX DIRECTOR	3.00	X						0.	0.	0.
(15) JEREMY LOUISE DIRECTOR	2.00	X						0.	0.	0.
(16) KELLY DIPERSIO DIRECTOR	2.00	X						0.	0.	0.
(17) TIM MULCAHY DIRECTOR	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANASTASIA BERGMAN DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								765,142.	0.	10,225.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								765,142.	0.	10,225.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BEACON ABA SERVICES, INC. 321 FORTUNE BLVD., #9, MILFORD, MA 01757	EI SPECIALITY SERVICE PROVIDER	804,385.
UKG ULTIMATE SOFTWARE, 200 PARK AVENUE S., 2ND FLOOR, NEW YORK, NY 10003	PAYROLL SERVICE	151,779.
AMEGO, INC. 33 PERRY AVENUE, ATTLEBORO, MA 02703	SPECIALITY SERVICE PROVIDER	117,143.
R.P. VALOIS & COMPANY, INC., 29 RUSSELL MILLS ROAD, S. DARTMOUTH, MA 02748	GENERAL CONTRACTOR	112,658.
REACH EDUCATIONAL SERVICES, INC. P.O. BOX 725, EAST SANDWICH, MA 02537	EI SPECIALITY SERVICE PROVIDER	111,607.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,057,962.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	448,695.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,506,657.			
Program Service Revenue	2 a	FEEES FROM GOVERNMENT	Business Code	525990	16,377,578.	16,377,578.	
	b	MEDICAID PAYMENTS		524114	6,602,315.	6,602,315.	
	c	THIRD PARTY INSURANCE		524292	6,273,234.	6,273,234.	
	d	CLIENT FEES		624100	750,980.	750,980.	
	e	MISCELLANEOUS		900099	307,682.	307,682.	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		30,311,789.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			421.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	33,262.			
b		Less: rental expenses ...	(ii) Personal	48,772.			
c		Rental income or (loss)		-15,510.			
d		Net rental income or (loss)			-15,510.		-15,510.
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other	50,140.			
c		Gain or (loss)		-50,140.			
d		Net gain or (loss)			-50,140.		-50,140.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		75,962.			
b		Less: direct expenses		28,335.			
c		Net income or (loss) from fundraising events			47,627.		47,627.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		32,800,844.	30,311,789.	-15,510.	-2,092.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	750,034.	312,574.	253,184.	184,276.
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	15,596,587.	14,106,581.	1,472,704.	17,302.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,551,005.	1,368,123.	163,756.	19,126.
10 Payroll taxes	1,754,107.	1,534,987.	197,489.	21,631.
11 Fees for services (nonemployees):				
a Management	255,116.	21,396.	213,610.	20,110.
b Legal	43,828.	1,306.	42,522.	
c Accounting	107,720.		107,720.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	6,482,327.	6,482,327.		
12 Advertising and promotion	16,087.	10,917.	900.	4,270.
13 Office expenses	58,576.	41,849.	15,094.	1,633.
14 Information technology	526,302.	136,637.	384,805.	4,860.
15 Royalties				
16 Occupancy	1,041,797.	932,163.	96,687.	12,947.
17 Travel	180,526.	172,360.	7,765.	401.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,458.	2,500.	7,013.	17,945.
20 Interest	573,927.	443,572.	105,068.	25,287.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	994,261.	875,919.	98,857.	19,485.
23 Insurance	253,988.	194,638.	56,852.	2,498.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	400,999.	344,657.	53,703.	2,639.
b SUPPLIES	379,611.	341,649.	27,927.	10,035.
c BAD DEBT	177,000.	177,000.		
d EQUIP RENTAL & MAINT	107,358.	73,220.	30,849.	3,289.
e All other expenses	1,157,785.	952,887.	178,281.	26,617.
25 Total functional expenses. Add lines 1 through 24e	32,436,399.	28,527,262.	3,514,786.	394,351.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	730,886.	1	1,769,456.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	50,000.	3	23,000.
	4 Accounts receivable, net	3,873,138.	4	3,168,503.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	178,091.	9	149,225.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,844,802.		
	b Less: accumulated depreciation	10b 8,091,738.	10c	17,753,064.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	171,972.	12	251,520.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	177,344.	15	97,355.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,961,547.	16	23,212,123.	
Liabilities	17 Accounts payable and accrued expenses	3,253,115.	17	2,917,679.
	18 Grants payable		18	
	19 Deferred revenue	81,621.	19	0.
	20 Tax-exempt bond liabilities	3,982,521.	20	3,738,731.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,246,471.	23	7,820,389.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	339,844.	25	233,355.
	26 Total liabilities. Add lines 17 through 25	14,903,572.	26	14,710,154.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,954,166.	27	7,623,072.
	28 Net assets with donor restrictions	1,103,809.	28	878,897.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,057,975.	32	8,501,969.
	33 Total liabilities and net assets/fund balances	22,961,547.	33	23,212,123.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,800,844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,436,399.
3	Revenue less expenses. Subtract line 2 from line 1	3	364,445.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,057,975.
5	Net unrealized gains (losses) on investments	5	79,549.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,501,969.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	510,332.	359,442.	391,111.	375,742.	2506657.	4143284.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	35723897.	35608520.	36803278.	38559046.	30387751.	177082492
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	36234229.	35967962.	37194389.	38934788.	32894408.	181225776
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						181225776

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	36234229.	35967962.	37194389.	38934788.	32894408.	181225776
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,876.	892.	1,036.	2,540.	421.	10,765.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,876.	892.	1,036.	2,540.	421.	10,765.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	36240105.	35968854.	37195425.	38937328.	32894829.	181236541
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.01 %

- 19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information.
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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

KENNEDY-DONOVAN CENTER, INC.

04-2519028

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHEEHAN FAMILY FOUNDATION 35 ELDER AVENUE/P.O. BOX K KINGSTON, MA 02364	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BRISTOL COUNTY SAVINGS FOUNDATION 29 BROADWAY, 2ND FLOOR TAUNTON, MA 02780	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PAWTUCKET CREDIT UNION 1200 CENTRAL AVENUE PAWTUCKET, RI 02861	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WEBSTER BANK 100 FRANKLIN STREET BOSTON, MA 02110	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GREATER WORCESTER COMMUNITY FOUNDATION 370 MAIN STREET, SUITE 650 WORCESTER, MA 01608-1738	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TJX COMPANIES, INC. 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KENNEDY-DONOVAN CENTER, INC.

04-2519028

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMELIA PEABODY CHARITABLE FUND 185 DEVONSHIRE STREET, SUITE 600 BOSTON, MA 02110	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SOUTHCOAST COMMUNITY FOUNDATION 128 UNION STREET, SUITE 403 NEW BEDFORD, MA 02740	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CAPE COD FOUNDATION 261 WHITE PATH, UNIT 2 SOUTH YARMOUTH, MA 02664	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CLEMENTINE MACRINA 49 KESWICK ROAD BROCKTON, MA 02302	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HUB INTERNATIONAL OF NEW ENGLAND 300 BALLARDVALE STREET, LOBBY 2 WILMINGTON, MA 01887	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE MCKAY FAMILY CHARITY FUND 3 LOEFFLER LANE MEDFIELD, MA 02052	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KENNEDY-DONOVAN CENTER, INC.	04-2519028

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE PALMER AND JANE D. DAVENPORT 20 NORTH MAIN STREET SOUTH YARMOUTH, MA 02664	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE PETER AND ELIZABETH C. TOWER 2351 NORTH FOREST ROAD GETZIVILLE, NY 14068	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	USHERWOOD OFFICE TECHNOLOGY 1005 W. FAYETTE STREET SYRACUSE, NY 13204	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	BAYCOAST BANK 23 ELM STREET NEW BEDFORD, MA 02740	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 1,172,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KENNEDY-DONOVAN CENTER, INC.**04-2519028****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2020**Open to Public
Inspection****Name of the organization****KENNEDY-DONOVAN CENTER, INC.****Employer identification number****04-2519028****Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,140,231.		3,140,231.
b Buildings		16,331,711.	5,191,721.	11,139,990.
c Leasehold improvements		4,919,763.	1,794,120.	3,125,643.
d Equipment		842,802.	641,143.	201,659.
e Other		610,295.	464,754.	145,541.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,753,064.

Schedule D (Form 990) 2020

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)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) FUNDS HELD IN TRUST	97,355.
(3) LEASE INCENTIVE OBLIGATION	136,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	233,355.

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 ... ☒

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	32,908,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	79,549.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	28,335.
e	Add lines 2a through 2d	2e	107,884.
3	Subtract line 2e from line 1	3	32,800,844.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	32,800,844.

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

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

1	Total expenses and losses per audited financial statements	1	32,464,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	28,335.
e	Add lines 2a through 2d	2e	28,335.
3	Subtract line 2e from line 1	3	32,436,399.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	32,436,399.

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:

KDC ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A

"MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS

BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER

SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR

POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE

UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY

ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN

TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS

INCOME TAX EXPENSE.

KDC HAS IDENTIFIED ITS STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY

Part XIII Supplemental Information *(continued)*

SIGNIFICANT TAX POSITION; HOWEVER, KDC HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. KDC IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THE THREE YEARS FOLLOWING THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 28,335.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 28,335.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALK-A-THON		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	75,962.			75,962.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	75,962.			75,962.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,335.			28,335.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				28,335.
	11 Net income summary. Subtract line 10 from line 3, column (d)				47,627.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed 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 | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NHAN TONTHAT (UNTIL 11/18/20) CHIEF EXECUTIVE OFFICER	(i)	203,555.	0.	0.	0.	120.	203,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GLEN MATTERA VICE PRESIDENT & CFO	(i)	158,650.	0.	0.	0.	223.	158,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

KATE FONTANA, CHIEF OPERATING OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE
AMOUNT OF \$90,000 IN JANUARY, 2021.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number
04-2519028

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

[illegible]

Part II	Proceeds
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
20	100
21	100
22	100
23	100
24	100
25	100
26	100
27	100
28	100
29	100
30	100
31	100
32	100
33	100
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81	100
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83	100
84	100
85	100
86	100
87	100
88	100
89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	5,500,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	161,666.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,338,334.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

(F) DESCRIPTION OF PURPOSE:

REFINANCE EXISTING REAL ESTATE AND NEW CONSTRUCTION

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/31/2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

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

TO PURSUE THEIR PERSONAL POTENTIAL AND SUCCESS IN THE COMMUNITY. WE
PROVIDE A WIDE RANGE OF EFFECTIVE SUPPORTS TO INDIVIDUALS AND FAMILIES
THROUGH PREVENTION, ADVOCACY AND INTERVENTION SERVICES THAT ARE
PERSON-CENTERED, INNOVATIVE, AND COMPASSIONATE.

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

KDC ALSO PROVIDES RESOURCES AND SUPPORT FOR AUTISM SERVICES. OUR
AUTISM SERVICES PROGRAM SUPPORTS INDIVIDUALS OF ALL AGES AND THEIR
FAMILIES AFFECTED BY THE AUTISM SPECTRUM DISORDER.

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

A DRAFT OF THE COMPLETED FORM 990 INCLUDING ALL SCHEDULES AND ATTACHMENTS
IS PRESENTED TO THE ORGANIZATION'S FINANCE COMMITTEE. ANY CHANGES REQUIRED
BASED ON THE FINANCE COMMITTEE'S REVIEW ARE MADE, AND A REVISED DRAFT IS
DISTRIBUTED FOR APPROVAL. UPON APPROVAL BY THE FINANCE COMMITTEE, THE FORM
990 IS PROVIDED TO THE FULL BOARD FOR REVIEW. THE PRESIDENT OF THE
ORGANIZATION IS THEN AUTHORIZED TO SIGN AND FILE FORM 990.

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

ON AN ANNUAL BASIS, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED
TO COMPLETE A DISCLOSURE STATEMENT THAT INCLUDES THE AGENCY'S CONFLICT OF
INTEREST POLICY. THE STATEMENT REQUIRES BOARD MEMBERS TO DISCLOSE ANY
DIRECT OR INDIRECT DEALINGS WITH THE AGENCY. THE FORMS ARE REVIEWED BY THE
PRESIDENT & CEO. IF A POTENTIAL CONFLICT IS FOUND TO EXIST, THE PRESIDENT &
CEO REVIEWS THE CONFLICT WITH THAT INDIVIDUAL AND THE INDIVIDUAL IS

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

PROHIBITED FROM TAKING PART IN THE DELIBERATIONS OR DECISIONS REGARDING THE
CONFLICTING MATTER.

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

THE COMPENSATION OF THE CEO/PRESIDENT AND OTHER OFFICERS IS DETERMINED BY
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE CONSIDERS
COMPARATIVE DATA OF SIMILAR POSITIONS IN COMPARABLY SIZED AGENCIES IN THE
REGION. THE MINUTES OF THE MEETINGS OF THE EXECUTIVE COMMITTEE REFLECT THE
DECISION.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE
CEO/PRESIDENT'S COMPENSATION WITH THE HELP OF TSNE MISSIONWORKS WHO
PERFORMS AN ANNUAL NON-PROFIT WORKFORCE COMPENSATION AND BENEFITS REPORT
FOLLOWING KDC'S EXECUTIVE COMPENSATION POLICY.

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

THE AGENCY MAINTAINS A ROBUST WEBSITE WHICH PROVIDES INTERESTED PARTIES
ACCESS TO THE AGENCY FINANCIAL STATEMENTS AND FORM 990. THE AGENCY ALSO
SUBMITS FINANCIAL AND GOVERNANCE INFORMATION TO CLEARINGHOUSE ORGANIZATIONS
WHICH ARE READILY AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

EARLY CHILDHOOD INTERVENTION SPECIALTY SERVICE PROVIDERS:

PROGRAM SERVICE EXPENSES	6,482,327.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	6,482,327.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,482,327.
--	------------

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

KENNEDY-DONOVAN CENTER, INC.
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

PREPARED BY:

CBIZ MHM, LLC
500 BOYLSTON STREET
BOSTON, MA 02116

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021**2020**▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

KENNEDY-DONOVAN CENTER, INC.**04-2519028**

Name and title of officer or person subject to tax

GLEN P. MATTERA**VICE PRESIDENT & CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **CBIZ MHM, LLC** to enter my PIN **19028**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

04737791068

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **CBIZ MHM, LLC**Date ▶ **01/31/22**

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

EXTENDED TO MAY 16, 2022

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020For calendar year 2020 or other tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service**A** ☐ Check box if
address changed.**B** Exempt under section☒ 501(c)(3))
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529SPrint
or
TypeName of organization (☐ Check box if name changed and see instructions.)**KENNEDY-DONOVAN CENTER, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

ONE COMMERCIAL STREET

City or town, state or province, country, and ZIP or foreign postal code

FOXBORO, MA 02035-2530**D** Employer identification number**04-2519028****E** Group exemption number
(see instructions)**F** ☐ Check box if
an amended return.**C** Book value of all assets at end of year **23,212,123.****G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity**H** Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐**J** Enter the number of attached Schedules A (Form 990-T) **1****K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶**L** The books are in care of ▶ **GLEN MATTERA** Telephone number ▶ **508-772-1200****Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-746.
2	Reserved	2	
3	Add lines 1 and 2	3	-746.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-746.
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-746.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.Form **990-T** (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

STATEMENT 1

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHARLES N. CICCONE	<i>Charles N. Ciccone</i>	01/31/22		P00734640
	Firm's name	Firm's EIN			
	Firm's address			Phone no.	
	CBIZ MHM, LLC	26-3753134	617-761-0600		
	500 BOYLSTON STREET BOSTON, MA 02116				

Form 990-T (2020)

PART, V - SECTION 1.263 (A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

KENNEDY-DONOVAN CENTER, INC.

ONE COMMERCIAL STREET

FOXBORO, MA 02035-2530

EMPLOYER IDENTIFICATION NUMBER: 04-2519028

FOR THE YEAR ENDING JUNE 30, 2021

KENNEDY-DONOVAN CENTER, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION
UNDER REG. SEC. 1.263(A)-1(F).

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization KENNEDY-DONOVAN CENTER, INC.	B Employer identification number 04-2519028
C Unrelated business activity code (see instructions) ▶ 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **COMMERCIAL BUILDING RENTAL**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7 1,600.	2,346.	-746.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 1,600.	2,346.	-746.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-746.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-746.

LHA For Paperwork Reduction Act Notice, see instructions.



Schedule A (Form 990-T) 2020

Part III Cost of Goods SoldEnter method of inventory valuation 

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No




Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)	
A <input type="checkbox"/>	
B <input type="checkbox"/>	
C <input type="checkbox"/>	
D <input type="checkbox"/>	

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)	
A <input type="checkbox"/>	COMMERCIAL BUILDING ONE COMMERCIAL STREET, FOXBORO, MA 02035-253
B <input type="checkbox"/>	
C <input type="checkbox"/>	
D <input type="checkbox"/>	

	A	B	C	D
2 Gross income from or allocable to debt-financed property	33,262.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 3	12,111.			
b Other deductions (attach statement) STMT 4	36,661.			
c Total deductions (add lines 3a and 3b, columns A through D)	48,772.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 5	12,791.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 2	265,847.			
6 Divide line 4 by line 5	4.81%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...	1,600.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 	1,600.			
9 Allocable deductions. Multiply line 3c by line 6	2,346.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 	2,346.			
11 Total dividends-received deductions included in line 10 	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2020

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
COMMERCIAL BUILDING	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		269,946.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		261,748.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		265,847.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		12,111.	
- SUBTOTAL -	1		12,111.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			12,111.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		6,863.	
TAXES		10,727.	
REPAIRS AND MAINTENANCE		5,365.	
SUPPLIES		3,056.	
OCCUPANCY		2,656.	
TELEPHONE		1,453.	
SALARIES AND WAGES		6,541.	
- SUBTOTAL -	1		36,661.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			36,661.

FORM 990-T (A)	AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT 5
----------------	---	-------------

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUIRED DEBT		12,791.	
- SUBTOTAL -	1		12,791.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			12,791.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. KENNEDY-DONOVAN CENTER, INC.	Taxpayer identification number (TIN) 04-2519028
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE COMMERCIAL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FOXBORO, MA 02035-2530	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GLEN MATTERA

- The books are in the care of ► **ONE COMMERCIAL STREET - FOXBORO, MA 02035**
 Telephone No. ► **508-772-1200** Fax No. ► **508-543-9488**

- If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☐ calendar year or
 ► ☒ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

KENNEDY-DONOVAN CENTER, INC.
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

PREPARED BY:

CBIZ MHM, LLC
500 BOYLSTON STREET
BOSTON, MA 02116

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

MASS. DEPARTMENT OF REVENUE
P.O. BOX 7067
BOSTON, MA 02204

RETURN MUST BE MAILED ON OR BEFORE:

JUNE 15, 2022

SPECIAL INSTRUCTIONS:



Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return

2020

For calendar year 2020 or taxable year beginning **JULY 1, 2020** and ending **JUNE 30, 2021**

Most corporate excise taxpayers, including tax-exempt corporations and trusts, are subject to the electronic filing requirements. See Technical Information Release 16-9.

Name **KENNEDY-DONOVAN CENTER, INC.** Federal Identification number **04-2519028**

Mailing address
ONE COMMERCIAL STREET

City/Town **FOXBORO** State **MA** ZIP **02035-2530** Phone number **508-772-1233**

Name of treasurer **STEPHEN P. SANFORD** Fill in if a Taxpayer Disclosure Statement is enclosed ☐

Fill in if
☐ Amended return (see instructions) ☐ Federal amendment ☐ Federal audit ☐ Final return ☐ Enclosing Schedule FCI

Fill in if
☒ 501 ☐ 408(e) ☐ 408A ☐ 529(a) ☐ 220(e) ☐ 530(a)

Fill in if
☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other

Excise calculation. Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990-T, Schedule A, Part II, line 18) See instructions	▶ 1	-746.
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 2	
3	Section 168(k) "bonus" depreciation adjustment	▶ 3	
4	Section 31I and 31K intangible expense add back adjustment	▶ 4	
5	Federal NOL add back adjustment (from U.S. Form 990-T, Schedule A, Part II, line 17) See instructions	▶ 5	
6	Section 31J and 31K interest expense add back adjustment	▶ 6	
7	Reserved for future use	▶ 7	
8	Abandoned Building Renovation deduction Total cost <input type="text"/> x .10 =	▶ 8	
9	Other adjustments, including research and development expenses (enclose explanation)	▶ 9	
10	Income subject to apportionment. See instructions	▶ 10	-746.
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 11	1.000000
12	Multiply line 10 by line 11	▶ 12	-746.
13	Income not subject to apportionment	▶ 13	
14	Add lines 12 and 13	▶ 14	-746.
15	Certified Massachusetts solar or wind power deduction	▶ 15	
16	Taxable income before net operating loss deduction	▶ 16	-746.

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions) Date Phone **508-772-1200**

Signature of paid preparer *Cal C* Date **01/31/22** Employer Identification number **26-3753134** Address **BOSTON, MA 02116**

If you are signing as an authorized delegate of the appropriate corporate officer, check here ☐ and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of company
KENNEDY-DONOVAN CENTER, INC.

Federal Identification number
04-2519028

Excise calculation (cont'd.)

17 Loss carryover deduction (from Schedule NOL) ▶ 17

18 Taxable income. Subtract line 17 from line 16 ▶ 18

19 Multiply line 18 by .08 19

20 Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales. See instructions ▶ 20

21 Excise due before credits. Add lines 19 and 20 21

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

22 Total credits. Enclose Schedule CMS ▶ 22

Excise after credits

23 Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0" 23

24 Voluntary contribution for endangered wildlife conservation ▶ 24

25 Total excise plus voluntary contribution. Add lines 23 and 24 ▶ 25

Payments

26 2019 overpayment applied to 2020 estimated tax ▶ 26

27 2020 Massachusetts estimated tax payments (do not include amount in line 26) ▶ 27

28 Payment made with extension ▶ 28

29 Payment with original return. Use only if amending a return ▶ 29

30 Pass-through entity withholding Payer Identification number ▶ ▶ 30

31 Total refundable credits. Enclose Schedule CMS ▶ 31

32 Total payments. Add lines 26 through 31 32

Refund or balance due

33 Amount overpaid. Subtract line 25 from line 32 33

34 Amount overpaid to be credited to 2021 estimated tax ▶ 34

35 Amount overpaid to be refunded. Subtract line 34 from line 33 ▶ 35

36 Balance due. Subtract line 32 from line 25 ▶ 36

37a M-2220 penalty ▶ 37a

37b Other penalties ▶ 37b

37 Total penalty. Add lines 37a and 37b 37

38 Interest on unpaid balance ▶ 38

39 Total payment due at time of filing ▶ 39

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S		Print or Type KENNEDY-DONOVAN CENTER, INC. Number, street, and room or suite no. If a P.O. box, see instructions. ONE COMMERCIAL STREET City or town, state or province, country, and ZIP or foreign postal code FOXBORO, MA 02035-2530		E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.	
		C Book value of all assets at end of year 23,212,123.			
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity					
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439					
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>					
J Enter the number of attached Schedules A (Form 990-T) 1					
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶					
L The books are in care of ▶ GLEN MATTERA Telephone number ▶ 508-772-1200					

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-746.
2	Reserved	2	
3	Add lines 1 and 2	3	-746.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-746.
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-746.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

STATEMENT 1

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHARLES N. CICCONE		01/31/22		P00734640
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶			26-3753134
	Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116	Phone no. 617-761-0600			

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

Form 990-T (2020)

FORM 990-T

PART V - SUPPLEMENTAL INFORMATION

STATEMENT 1

PART, V - SECTION 1.263 (A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

KENNEDY-DONOVAN CENTER, INC.

ONE COMMERCIAL STREET

FOXBORO, MA 02035-2530

EMPLOYER IDENTIFICATION NUMBER: 04-2519028

FOR THE YEAR ENDING JUNE 30, 2021

KENNEDY-DONOVAN CENTER, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION
UNDER REG. SEC. 1.263(A)-1(F).

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization KENNEDY-DONOVAN CENTER, INC.	B Employer identification number 04-2519028
C Unrelated business activity code (see instructions) ▶ 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **COMMERCIAL BUILDING RENTAL**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7 1,600.	2,346.	-746.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 1,600.	2,346.	-746.

Part II **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-746.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-746.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>	COMMERCIAL BUILDING	ONE COMMERCIAL STREET, FOXBORO, MA	02035-253	
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) STMT 3	12,111.			
b	Other deductions (attach statement) STMT 4	36,661.			
c	Total deductions (add lines 3a and 3b, columns A through D)	48,772.			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 5	12,791.			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 2	265,847.			
6	Divide line 4 by line 5	4.81%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	1,600.			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	1,600.			
9	Allocable deductions. Multiply line 3c by line 6	2,346.			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	2,346.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2020

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
COMMERCIAL BUILDING	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		269,946.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		261,748.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		265,847.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		12,111.	
- SUBTOTAL -	1		12,111.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			12,111.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		6,863.	
TAXES		10,727.	
REPAIRS AND MAINTENANCE		5,365.	
SUPPLIES		3,056.	
OCCUPANCY		2,656.	
TELEPHONE		1,453.	
SALARIES AND WAGES		6,541.	
- SUBTOTAL -	1		36,661.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			36,661.

FORM 990-T (A)

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUIRED DEBT		12,791.	
- SUBTOTAL -	1		12,791.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			12,791.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. KENNEDY-DONOVAN CENTER, INC.	Taxpayer identification number (TIN) 04-2519028
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE COMMERCIAL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FOXBORO, MA 02035-2530	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	7
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GLEN MATTERA

- The books are in the care of ► **ONE COMMERCIAL STREET - FOXBORO, MA 02035**
Telephone No. ► **508-772-1200** Fax No. ► **508-543-9488**

- If the organization does not have an office or place of business in the United States, check this box ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

KENNEDY-DONOVAN CENTER, INC.
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

PREPARED BY:

CBIZ MHM, LLC
500 BOYLSTON STREET
BOSTON, MA 02116

AMOUNT OF TAX:

BALANCE DUE OF \$1,000

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

NON-PROFIT ORG/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

RETURN MUST BE MAILED ON OR BEFORE:

MAY 16, 2022

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:

[HTTPS://WWW.PAYBILL.COM/MAAGOCHARITIES](https://www.paybill.com/maagocharities)

YOU WILL RECEIVE A REAL-TIME CONFIRMATION NUMBER ON THE RECEIPT. AN E-MAIL CONFIRMATION NUMBER WILL ALSO BE SENT TO THE EMAIL ADDRESS PROVIDED DURING THE PROCESS. PLEASE SEND US A COPY FOR OUR RECORDS.

A PRINTOUT OF THE RECEIPT OR THE E-MAIL CONFIRMATION MUST BE INCLUDED WITH THE FORM PC THAT YOU MAIL IN ORDER TO VERIFY YOUR PAYMENT.

WRITE IN THE ELECTRONIC PAYMENT CONFIRMATION NUMBER IN THE APPROPRIATE SPACE ON THE FIRST PAGE OF THE FORM PC. INCLUDE A COPY OF EITHER THE PAYMENT RECEIPT FROM THE ONLINE PAYMENT PROCESS OR THE E-MAIL CONFIRMATION WITH FORM PC BEFORE FILING.

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

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

Form PC

Report for the Fiscal Period: 07/01/20 to 06/30/21AG Account #: 004919 Federal ID #: 04-2519028

Electronic Payment Confirmation #: _____

Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

When did the organization first engage in
charitable work in Massachusetts? 01/04/1969Has the organization applied for or been granted
IRS tax exempt status?☒ Yes ☐ NoIf yes, date of application **OR** date of determination letter:09/18/1974

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?☒ Yes ☐ No**Organization Data**Name: KENNEDY-DONOVAN CENTER, INC.Mailing Address: ONE COMMERCIAL STREETCity: FOXBORO State: MA ZIP: 02035-2530Phone Number: 508-772-1233 Fax Number: 508-543-9488Email: GMATTERA@KDC.ORG Website: WWW.KDC.ORG

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

Category	Code	Category	Code
County (Table 1)	<u>11</u>	Organization Purpose Code 1	<u>48</u>
Type of Organization (Table 2)	<u>16</u>	Organization Purpose Code 2	<u>5</u>

Please check box if final return prior to dissolution: ☐**Check all items attached**

(if applicable)

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

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

1. On what date was the organization created? 01/04/1969

2. Where was the organization created? MASSACHUSETTS

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

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

Other (please describe): _____

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

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	2,506,657.
B.	Gross support and revenue	32,850,984.
C.	Program services and similar amounts paid out	28,527,262.
D.	Fundraising expenses	394,351.
E.	Management and general expenses	3,514,786.
F.	Payments to affiliates	0.
G.	Total expenses	32,436,399.
H.	Net assets or fund balances at the end of the year	8,501,969.

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

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	NHAN TONTHAT (UNTIL 11/18/20) CHIEF EXECUTIVE OFFICER	40.00	203,555.	120.	0.
2.	GLEN MATTERA VICE PRESIDENT & CFO	40.00	158,650.	223.	0.
3.	KATE FONTANA (UNTIL 1/16/21) CHIEF EXECUTIVE OFFICER	40.00	140,048.	223.	0.
4.	COURTNEY KELEHER (UNTIL 3/16/21) DIRECTOR OF CHILDREN'S SERVICES	40.00	100,582.	4,048.	0.
5.	STEVEN WHALEN CONTROLLER	40.00	96,085.	13,378.	0.

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

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	BEACON ABA SERVICES, INC.	804,385.	EI SPECIALITY SERVICE PROVIDER
2.	UKG ULTIMATE SOFTWARE	151,779.	PAYROLL SERVICE
3.	AMEGO, INC.	117,143.	SPECIALITY SERVICE PROVIDER
4.	R.P. VALOIS & COMPANY, INC.	112,658.	GENERAL CONTRACTOR
5.	REACH EDUCATIONAL SERVICES, INC.	111,607.	EI SPECIALITY SERVICE PROVIDER

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

Bank	Address	Phone Number
WEBSTER BANK	P.O. BOX 30, WATERBURY, CT 06720	617-717-6800
MANSFIELD BANK	80 NORTH MAIN STREET, MANSFIELD, MA 02048	508-851-3600

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

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

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: GLEN MATTERA

Street Address: ONE COMMERCIAL STREET

City: FOXBORO State: MA ZIP Code: 02035

Phone Number: 508-772-1200

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

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

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

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

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

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

STATEMENT 1

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

STATEMENT 2

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

STATEMENT 3

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

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

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT 1
---------	---------------------------------------	-------------

NAME AND ADDRESS	PHONE NUMBER
EARLY INTERVENTION 25 FOREST STREET ATTLEBORO, MA 02703	508-226-6035
ADULT SERVICES 30 ANSEL HALLET ROAD WEST YARMOUTH, MA 02673	508-385-6019
MAIN OFFICE - ADMINISTRATION ONE COMMERCIAL STREET FOXBORO, MA 02035	508-772-1200
ADULT SERVICES S. VALLEY & N CEN 1 MAPLE STREET MILFORD, MA 01757	508-473-5700
766 SCHOOL 19 HAWTHORN STREET NEW BEDFORD, MA 02740	508-992-4756
EARLY INTERVENTION 389 COUNTY STREET NEW BEDFORD, MA 02740	508-997-1570
EARLY INTERVENTION & HEALTHY FAM 32 CRESCENT STREET KINGSTON, MA 02364	508-747-2012
EARLY INTERVENTION 486 WORCHESTER STREET SOUTHBRIDGE, MA 01550	508-765-0292
ADULT SERVICES 385 COUNTY STREET NEW BEDFORD, MA 02740	508-997-5875
GROUP HOME 188 SMITH STREET NORTH ATTLEBORO, MA 02760	508-772-1200
GROUP HOME 537 DEPOT STREET DENNISPORT, MA 02639	508-772-1200

GROUP HOME 72 KAREN ROAD FRAMINGHAM, MA 01701	508-772-1200
GROUP HOME 19 PLEASANT STREET HOPKINTON, MA 01748	508-772-1200
GROUP HOME 8 YARD ARM DRIVE MASHPEE, MA 02649	508-772-1200
GROUP HOME 25 NANTUCKET TRAIL SANDWICH, MA 02563	508-772-1200
GROUP HOME 28-30 CURTIS AVE ATTLEBORO, MA 02703	508-772-1200
GROUP HOME 23 LAMBETH CIRCLE SANDWICH, MA 02563	508-772-1200
GROUP HOME 327 SEA STREET DENNISPORT, MA 02639	508-772-1200
GROUP HOME 44 HARVARD DRIVE MILFORD, MA 01757	508-772-1200
TRANSITIONAL HOUSING 158 HATHAWAY STREET NEW BEDFORD, MA 02746	508-772-1200
TRANSITIONAL HOUSING 290 COLLETTE STREET NEW BEDFORD, MA 02746	508-772-1200
GROUP HOME 157 AUSTIN STREET NEW BEDFORD, MA 02743	508-772-1200
GROUP HOME 294 QUAKER MEETING HOUSE ROA SANDWICH, MA 02563	508-772-1200

OFFICE
1167-77 ASHLEY BLVD.
NEW BEDFORD, MA 02745

774-206-1272

FOSTER CARE
385 COUNTY STREET
NEW BEDFORD, MA 02740

508-997-5875

HEALTHY FAMILIES
385 COUNTY STREET
NEW BEDFORD, MA 02740

774-506-8810

GROUP HOME
25 FOXWOODS LANE
UXBRIDGE, MA 01569

508-772-1200

GROUP HOME
15/17 VICKI LANE
MILFORD, MA 01757

508-772-1200

FORM PC

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 2

NAME AND ADDRESSTITLE

NHAN TONTHAT (UNTIL 11/18/20)
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

CHIEF EXECUTIVE OFFICER

GLEN MATTERA
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

VICE PRESIDENT & CFO

KATE FONTANA (UNTIL 1/16/21)
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

CHIEF OPERATING OFFICER

COURTNEY KELEHER (UNTIL 3/16/2021)
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIR OF CHILDREN'S SERVICES

AMANDA PERKINS
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

VP OF DEVELOPMENT

KAYOMBO KAMAWU (UNTIL 12/11/20)
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

VP OF ADULT SERVICES

ROBERT PANESSITI
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

CHAIR

JEFFREY KOBBS
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

VICE CHAIR

STEPHEN P. SANFORD
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

TREASURER

EDWIN CARR
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

CLERK

ANTHONY KARAMAS
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

BRADFORD PINEAULT
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

DAVID BOUCHER
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

DEBORAH FELIX
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

JEREMY LOUISE
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

KELLY DIPERSIO
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

TIM MULCAHY
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

ANASTASIA BERGMAN
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

GLEN MATTERA
ONE COMMERCIAL STREET
FOXBORO, MA 02035

RESPONSIBLE FOR CUSTODY OF FUNDS

GLEN MATTERA
ONE COMMERCIAL STREET
FOXBORO, MA 02035

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

AMANDA PERKINS
ONE COMMERCIAL STREET
FOXBORO, MA 02035

RESPONSIBLE FOR FUNDRAISING

GLEN MATTERA
ONE COMMERCIAL STREET
FOXBORO, MA 02035

CUSTODY OF FINANCIAL RECORDS

GLEN MATTERA
ONE COMMERCIAL STREET
FOXBORO, MA 02035

AUTHORIZED TO SIGN CHECKS

STEVEN WHALEN
ONE COMMERCIAL STREET
FOXBORO, MA 02035

AUTHORIZED TO SIGN CHECKS

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

If yes, please attach an explanation.

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

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

If yes, please attach an explanation.

☐ Yes ☒ No

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

If yes, please attach an explanation.

☐ Yes ☒ No

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

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

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

STATEMENT 4

FORM PC

PAGE 5, LINE 23

STATEMENT 4

INDIVIDUAL INVOLVED

AMT OF PAYMENT

KATE FONTANA, COO

90,000.

TERMS OF AGREEMENT

RECEIVED A SEVERANCE PAYMENT IN JANUARY, 2021.

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

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

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

STATEMENT 5

FORM PC

PAGE 6, LINE 24

STATEMENT 5

NAME AND ADDRESS

SEE FORM 990, PART VII

NATURE OF TRANSACTION

AMOUNT INVOLVED

OFFICER'S COMPENSATION

PROCEDURE FOLLOWED

BOARD APPROVAL

Signature Required

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

Signature: _____ Date: _____

Printed Name: GLEN P. MATTERA

Title: VICE PRESIDENT & CFO

Name of Preparer: CBIZ MHM, LLC

Address 500 BOYLSTON STREET

City BOSTON State MA ZIP Code 02116

Phone Number 617-761-0600

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

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

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

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

☐ Other (specify): _____

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

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

GLEN MATTERA

Name and Title: **VICE PRESIDENT & CFO**

Address **ONE COMMERCIAL STREET**

City **FOXBORO**

State **MA**

ZIP Code **02035**

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

GLEN MATTERA

Name and Title: **VICE PRESIDENT & CFO**

Address **ONE COMMERCIAL STREET**

City **FOXBORO**

State **MA**

ZIP Code **02035**

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

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

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

☐ Other (specify): _____

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

GLEN MATTERA

Name and Title: VICE PRESIDENT & CFO

Address ONE COMMERCIAL STREET

City FOXBORO

State MA

ZIP Code 02035

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

GLEN MATTERA

Name and Title: VICE PRESIDENT & CFO

Address ONE COMMERCIAL STREET

City FOXBORO

State MA

ZIP Code 02035

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Certification by Organization

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

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

Signature: _____ Date: _____

Printed Name: GLEN P. MATTERA

Title: VICE PRESIDENT & CFO

Signature: _____ Date: _____

Printed Name: LISA MORGAN

Title: CEO

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**KENNEDY-DONOVAN CENTER, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

ONE COMMERCIAL STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FOXBORO, MA 02035-2530**F** Name and address of principal officer: **LISA MORGAN****SAME AS C ABOVE****D** Employer identification number**04-2519028****E** Telephone number**508-772-1233****G** Gross receipts \$ **32,928,091.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.KDC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1969** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AN ORGANIZATION THAT SUPPORTS PEOPLE WITH DEVELOPMENTAL DELAYS, DISABILITIES AND FAMILY CHALLENGES
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 12
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 686
	6	Total number of volunteers (estimate if necessary) 50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 -15,510.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 375,742.
	9	Program service revenue (Part VIII, line 2g) 38,559,046.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -57,848.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,740.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 38,868,200.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,800,844.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,801,938.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 394,351.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,955,855.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,757,793.
19	Revenue less expenses. Subtract line 18 from line 12 110,407.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 22,961,547.
	21	Total liabilities (Part X, line 26) 14,903,572.
	22	Net assets or fund balances. Subtract line 21 from line 20 8,057,975.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	GLEN P. MATTERA, VICE PRESIDENT & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHARLES N. CICCONE		01/31/22		P00734640
Paid Preparer Use Only	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 26-3753134			
	Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116	Phone no. 617-761-0600			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

032001 12-23-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

KENNEDY-DONOVAN CENTER SUPPORTS INDIVIDUALS AND FAMILIES WITH DEVELOPMENTAL DISABILITIES AND SIMILAR NEEDS TO REACH THEIR MAXIMUM POTENTIAL AND QUALITY OF LIFE THROUGH ADVOCACY AND INDIVIDUALIZED SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 14,051,918. including grants of \$ 0.) (Revenue \$ 14,018,276.)

SUPPORTED LIVING & RESIDENTIAL - PROVIDING SUPPORTED LIVING ACROSS SOUTHEASTERN MASSACHUSETTS TO ADULT INDIVIDUALS WITH DISABILITIES. THESE INCLUDE COMMUNITY SHARED LIVING AND INDIVIDUAL LIVING ASSISTANCE, SUPERVISED LIVING 24/7 RESIDENTIAL GROUP HOMES, SHARED LIVING PROVIDER TRAINING, CASE MANAGEMENT, AND ASSISTANCE TO HOST FAMILIES.

EFFECTIVE JANUARY 1, 2021, KDC ADOPTED A PLAN TO END THE CONTRACTS FOR ITS RESIDENTIAL PROGRAMS, WHICH WERE TRANSFERRED TO TWO NEW PROVIDERS.

4b (Code:) (Expenses \$ 11,402,900. including grants of \$ 0.) (Revenue \$ 11,981,145.)

EARLY CHILDHOOD INTERVENTION AND AUTISM SERVICES - EARLY INTERVENTION (EI) COORDINATES HOME VISITING AND GROUP SERVICES TO FAMILIES WITH CHILDREN BIRTH TO THREE YEARS OF AGE WHO ARE FACING DEVELOPMENTAL DELAYS, CERTAIN DIAGNOSED CONDITIONS, OR WHOSE CIRCUMSTANCES PUT THEM AT RISK FOR DEVELOPMENTAL DELAYS.

AN ARRAY OF THERAPEUTIC, EDUCATIONAL, AND SOCIAL SERVICES ARE DELIVERED IN FAMILIES' HOMES, AT OUR PROGRAMS CENTER, OR AT OTHER APPROPRIATE LOCATIONS. EI IS THE EARLIEST POSSIBLE INTERVENTION TO ADDRESS A CHILD'S DELAYED DEVELOPMENT, AND TO FOSTER THEIR HEALTHY DEVELOPMENT IN A TIMELY MANNER WITH ALL THE TOOLS AVAILABLE.

4c (Code:) (Expenses \$ 3,072,444. including grants of \$ 0.) (Revenue \$ 4,312,368.)

OTHER COMMUNITY SERVICES - IN ADDITION TO OUR SUPPORTED LIVING/RESIDENTIAL PROGRAMS AND EARLY INTERVENTION/AUTISM SERVICES, WE PROVIDE RESOURCE AND REFERRAL SOURCES THROUGH REGIONAL FAMILY SUPPORT CENTERS, HEALTHY FAMILIES YOUNG ADULT PREGNANCY PROGRAMS, FAMILY SUPPORT PROGRAMS, FOSTER CARE SERVICES, AND A DAY HABILITATION PROGRAM. THESE COMMUNITY SERVICES PROVIDE SERVICES TO MORE THAN 10,000 INDIVIDUALS AND THEIR FAMILIES EACH YEAR FROM PRENATAL THROUGH THE END OF LIFE. WE OFFER PROGRAMS AND SERVICES TO HELP THOSE WE SERVE REACH THEIR MAXIMUM POTENTIAL AND QUALITY OF LIFE.

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

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

4e Total program service expenses **28,527,262.**Form **990** (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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 similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	193
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	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 686		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a 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:		
a 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	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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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

Section A. Governing Body and Management

	1a	12	1b	12	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		12		12		
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	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					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:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

Section 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	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in 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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **GLEN MATTERA - 508-772-1200**
ONE COMMERCIAL STREET, FOXBORO, MA 02035

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NHAN TONTHAT (UNTIL 11/18/20) CHIEF EXECUTIVE OFFICER	40.00			X				203,555.	0.	120.
(2) GLEN MATTERA VICE PRESIDENT & CFO	40.00			X				158,650.	0.	223.
(3) KATE FONTANA (UNTIL 1/16/21) CHIEF OPERATING OFFICER	40.00			X				140,048.	0.	223.
(4) COURTNEY KELEHER (UNTIL 3/16/20) DIR OF CHILDREN'S SERVICES	40.00			X				100,582.	0.	4,048.
(5) AMANDA PERKINS VP OF DEVELOPMENT	40.00			X				87,935.	0.	5,018.
(6) KAYOMBO KAMAWU (UNTIL 12/11/20) VP OF ADULT SERVICES	40.00			X				74,372.	0.	593.
(7) ROBERT PANESSITI CHAIR	3.00	X		X				0.	0.	0.
(8) JEFFREY KOBBS VICE CHAIR	3.00	X		X				0.	0.	0.
(9) STEPHEN P. SANFORD TREASURER	3.00	X		X				0.	0.	0.
(10) EDWIN CARR CLERK	2.00	X		X				0.	0.	0.
(11) ANTHONY KARAMAS DIRECTOR	2.00	X						0.	0.	0.
(12) BRADFORD PINEAULT DIRECTOR	3.00	X						0.	0.	0.
(13) DAVID BOUCHER DIRECTOR	2.00	X						0.	0.	0.
(14) DEBORAH FELIX DIRECTOR	3.00	X						0.	0.	0.
(15) JEREMY LOUISE DIRECTOR	2.00	X						0.	0.	0.
(16) KELLY DIPERSIO DIRECTOR	2.00	X						0.	0.	0.
(17) TIM MULCAHY DIRECTOR	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANASTASIA BERGMAN DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								765,142.	0.	10,225.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								765,142.	0.	10,225.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BEACON ABA SERVICES, INC. 321 FORTUNE BLVD., #9, MILFORD, MA 01757	EI SPECIALITY SERVICE PROVIDER	804,385.
UKG ULTIMATE SOFTWARE, 200 PARK AVENUE S., 2ND FLOOR, NEW YORK, NY 10003	PAYROLL SERVICE	151,779.
AMEGO, INC. 33 PERRY AVENUE, ATTLEBORO, MA 02703	SPECIALITY SERVICE PROVIDER	117,143.
R.P. VALOIS & COMPANY, INC., 29 RUSSELL MILLS ROAD, S. DARTMOUTH, MA 02748	GENERAL CONTRACTOR	112,658.
REACH EDUCATIONAL SERVICES, INC. P.O. BOX 725, EAST SANDWICH, MA 02537	EI SPECIALITY SERVICE PROVIDER	111,607.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,057,962.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	448,695.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,506,657.			
Program Service Revenue	2 a	FEEES FROM GOVERNMENT	Business Code	525990	16,377,578.	16,377,578.	
	b	MEDICAID PAYMENTS		524114	6,602,315.	6,602,315.	
	c	THIRD PARTY INSURANCE		524292	6,273,234.	6,273,234.	
	d	CLIENT FEES		624100	750,980.	750,980.	
	e	MISCELLANEOUS		900099	307,682.	307,682.	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		30,311,789.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		421.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	33,262.			
b		Less: rental expenses ...	(ii) Personal	48,772.			
c		Rental income or (loss)		-15,510.			
d		Net rental income or (loss)		-15,510.		-15,510.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other	50,140.			
c		Gain or (loss)		-50,140.			
d		Net gain or (loss)		-50,140.			-50,140.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		75,962.			
b		Less: direct expenses		28,335.			
c		Net income or (loss) from fundraising events		47,627.			47,627.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		32,800,844.	30,311,789.	-15,510.	-2,092.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	750,034.	312,574.	253,184.	184,276.
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	15,596,587.	14,106,581.	1,472,704.	17,302.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,551,005.	1,368,123.	163,756.	19,126.
10 Payroll taxes	1,754,107.	1,534,987.	197,489.	21,631.
11 Fees for services (nonemployees):				
a Management	255,116.	21,396.	213,610.	20,110.
b Legal	43,828.	1,306.	42,522.	
c Accounting	107,720.		107,720.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	6,482,327.	6,482,327.		
12 Advertising and promotion	16,087.	10,917.	900.	4,270.
13 Office expenses	58,576.	41,849.	15,094.	1,633.
14 Information technology	526,302.	136,637.	384,805.	4,860.
15 Royalties				
16 Occupancy	1,041,797.	932,163.	96,687.	12,947.
17 Travel	180,526.	172,360.	7,765.	401.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,458.	2,500.	7,013.	17,945.
20 Interest	573,927.	443,572.	105,068.	25,287.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	994,261.	875,919.	98,857.	19,485.
23 Insurance	253,988.	194,638.	56,852.	2,498.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	400,999.	344,657.	53,703.	2,639.
b SUPPLIES	379,611.	341,649.	27,927.	10,035.
c BAD DEBT	177,000.	177,000.		
d EQUIP RENTAL & MAINT	107,358.	73,220.	30,849.	3,289.
e All other expenses	1,157,785.	952,887.	178,281.	26,617.
25 Total functional expenses. Add lines 1 through 24e	32,436,399.	28,527,262.	3,514,786.	394,351.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	730,886.	1	1,769,456.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	50,000.	3	23,000.
	4 Accounts receivable, net	3,873,138.	4	3,168,503.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	178,091.	9	149,225.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,844,802.		
	b Less: accumulated depreciation	10b 8,091,738.	10c	17,753,064.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	171,972.	12	251,520.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	177,344.	15	97,355.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,961,547.	16	23,212,123.	
Liabilities	17 Accounts payable and accrued expenses	3,253,115.	17	2,917,679.
	18 Grants payable		18	
	19 Deferred revenue	81,621.	19	0.
	20 Tax-exempt bond liabilities	3,982,521.	20	3,738,731.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,246,471.	23	7,820,389.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	339,844.	25	233,355.
	26 Total liabilities. Add lines 17 through 25	14,903,572.	26	14,710,154.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,954,166.	27	7,623,072.
	28 Net assets with donor restrictions	1,103,809.	28	878,897.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,057,975.	32	8,501,969.
	33 Total liabilities and net assets/fund balances	22,961,547.	33	23,212,123.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,800,844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,436,399.
3	Revenue less expenses. Subtract line 2 from line 1	3	364,445.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,057,975.
5	Net unrealized gains (losses) on investments	5	79,549.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,501,969.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	510,332.	359,442.	391,111.	375,742.	2506657.	4143284.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	35723897.	35608520.	36803278.	38559046.	30387751.	177082492
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	36234229.	35967962.	37194389.	38934788.	32894408.	181225776
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						181225776

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	36234229.	35967962.	37194389.	38934788.	32894408.	181225776
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,876.	892.	1,036.	2,540.	421.	10,765.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,876.	892.	1,036.	2,540.	421.	10,765.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	36240105.	35968854.	37195425.	38937328.	32894829.	181236541
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.01 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization☒**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

2020**Open to Public
Inspection****Name of the organization****KENNEDY-DONOVAN CENTER, INC.****Employer identification number****04-2519028****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Schedule D (Form 990) 2020

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,140,231.		3,140,231.
b Buildings		16,331,711.	5,191,721.	11,139,990.
c Leasehold improvements		4,919,763.	1,794,120.	3,125,643.
d Equipment		842,802.	641,143.	201,659.
e Other		610,295.	464,754.	145,541.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,753,064.

Schedule D (Form 990) 2020

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)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) FUNDS HELD IN TRUST	97,355.
(3) LEASE INCENTIVE OBLIGATION	136,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	233,355.

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 ... ☒

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	32,908,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	79,549.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	28,335.
e	Add lines 2a through 2d	2e	107,884.
3	Subtract line 2e from line 1	3	32,800,844.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	32,800,844.

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

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

1	Total expenses and losses per audited financial statements	1	32,464,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	28,335.
e	Add lines 2a through 2d	2e	28,335.
3	Subtract line 2e from line 1	3	32,436,399.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	32,436,399.

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:

KDC ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A

"MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS

BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER

SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR

POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE

UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY

ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN

TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS

INCOME TAX EXPENSE.

KDC HAS IDENTIFIED ITS STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY

Part XIII Supplemental Information *(continued)*

SIGNIFICANT TAX POSITION; HOWEVER, KDC HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. KDC IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THE THREE YEARS FOLLOWING THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 28,335.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 28,335.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALK-A-THON		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	75,962.			75,962.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	75,962.			75,962.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,335.			28,335.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				28,335.
	11 Net income summary. Subtract line 10 from line 3, column (d)				47,627.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed 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 | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NHAN TONTHAT (UNTIL 11/18/20) CHIEF EXECUTIVE OFFICER	(i)	203,555.	0.	0.	0.	120.	203,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GLEN MATTERA VICE PRESIDENT & CFO	(i)	158,650.	0.	0.	0.	223.	158,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

KATE FONTANA, CHIEF OPERATING OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE
AMOUNT OF \$90,000 IN JANUARY, 2021.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number
04-2519028

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
MASSACHUSETTS A DEVELOPMENT FINANCE AGEN		04-3431814	000000000	01/26/10	5,500,000.	REFINANCE EXISTING REAL EST		X		X		X
B												
C												
D												

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	5,500,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	161,666.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,338,334.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

(F) DESCRIPTION OF PURPOSE:

REFINANCE EXISTING REAL ESTATE AND NEW CONSTRUCTION

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/31/2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

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

TO PURSUE THEIR PERSONAL POTENTIAL AND SUCCESS IN THE COMMUNITY. WE

PROVIDE A WIDE RANGE OF EFFECTIVE SUPPORTS TO INDIVIDUALS AND FAMILIES

THROUGH PREVENTION, ADVOCACY AND INTERVENTION SERVICES THAT ARE

PERSON-CENTERED, INNOVATIVE, AND COMPASSIONATE.

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

KDC ALSO PROVIDES RESOURCES AND SUPPORT FOR AUTISM SERVICES. OUR

AUTISM SERVICES PROGRAM SUPPORTS INDIVIDUALS OF ALL AGES AND THEIR

FAMILIES AFFECTED BY THE AUTISM SPECTRUM DISORDER.

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

A DRAFT OF THE COMPLETED FORM 990 INCLUDING ALL SCHEDULES AND ATTACHMENTS

IS PRESENTED TO THE ORGANIZATION'S FINANCE COMMITTEE. ANY CHANGES REQUIRED

BASED ON THE FINANCE COMMITTEE'S REVIEW ARE MADE, AND A REVISED DRAFT IS

DISTRIBUTED FOR APPROVAL. UPON APPROVAL BY THE FINANCE COMMITTEE, THE FORM

990 IS PROVIDED TO THE FULL BOARD FOR REVIEW. THE PRESIDENT OF THE

ORGANIZATION IS THEN AUTHORIZED TO SIGN AND FILE FORM 990.

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

ON AN ANNUAL BASIS, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED

TO COMPLETE A DISCLOSURE STATEMENT THAT INCLUDES THE AGENCY'S CONFLICT OF

INTEREST POLICY. THE STATEMENT REQUIRES BOARD MEMBERS TO DISCLOSE ANY

DIRECT OR INDIRECT DEALINGS WITH THE AGENCY. THE FORMS ARE REVIEWED BY THE

PRESIDENT & CEO. IF A POTENTIAL CONFLICT IS FOUND TO EXIST, THE PRESIDENT &

CEO REVIEWS THE CONFLICT WITH THAT INDIVIDUAL AND THE INDIVIDUAL IS

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

KENNEDY-DONOVAN CENTER, INC.

Employer identification number

04-2519028

PROHIBITED FROM TAKING PART IN THE DELIBERATIONS OR DECISIONS REGARDING THE
CONFLICTING MATTER.

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

THE COMPENSATION OF THE CEO/PRESIDENT AND OTHER OFFICERS IS DETERMINED BY
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE CONSIDERS
COMPARATIVE DATA OF SIMILAR POSITIONS IN COMPARABLY SIZED AGENCIES IN THE
REGION. THE MINUTES OF THE MEETINGS OF THE EXECUTIVE COMMITTEE REFLECT THE
DECISION.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE
CEO/PRESIDENT'S COMPENSATION WITH THE HELP OF TSNE MISSIONWORKS WHO
PERFORMS AN ANNUAL NON-PROFIT WORKFORCE COMPENSATION AND BENEFITS REPORT
FOLLOWING KDC'S EXECUTIVE COMPENSATION POLICY.

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

THE AGENCY MAINTAINS A ROBUST WEBSITE WHICH PROVIDES INTERESTED PARTIES
ACCESS TO THE AGENCY FINANCIAL STATEMENTS AND FORM 990. THE AGENCY ALSO
SUBMITS FINANCIAL AND GOVERNANCE INFORMATION TO CLEARINGHOUSE ORGANIZATIONS
WHICH ARE READILY AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

EARLY CHILDHOOD INTERVENTION SPECIALTY SERVICE PROVIDERS:

PROGRAM SERVICE EXPENSES 6,482,327.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,482,327.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 6,482,327.



Financial Statements
Kennedy-Donovan Center, Inc.
June 30, 2021 and 2020



KENNEDY-DONOVAN CENTER, INC.

Financial Statements

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Mayer Hoffman McCann P.C.
500 Boylston Street ■ Boston, MA 02116
Main: 617.761.0600 ■ Fax: 617.761.0601
www.cbiz.com/newengland

Independent Auditors' Report

The Board of Directors
Kennedy-Donovan Center, Inc.
Foxboro, Massachusetts

We have audited the accompanying financial statements of Kennedy-Donovan Center, Inc. ("KDC"), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kennedy-Donovan Center, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Mayer Hoffman McCann P.C.

November 12, 2021
Boston, Massachusetts

KENNEDY-DONOVAN CENTER, INC.

Statements of Financial Position

	June 30,	
	2021	2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,769,456	\$ 730,886
Accounts receivable - contracts, net	1,206,525	2,007,469
Accounts receivable - third party insurance, net	1,961,978	1,865,669
Contributions and grants receivable, net	23,000	50,000
Funds of individuals served held in trust	97,355	169,844
Prepaid expenses and other assets	149,225	178,091
Total current assets	5,207,539	5,001,959
Investments	251,520	171,972
Security deposits	-	7,500
Property and equipment, net	17,753,064	17,780,116
Total assets	\$ 23,212,123	\$ 22,961,547
Liabilities and Net Assets		
Current liabilities:		
Note payable - line of credit	\$ 397,759	\$ 186,279
Current portion of obligations under capital lease	49,678	14,151
Lease incentive obligation	34,000	17,000
Current portion of long-term debt	205,066	250,080
Current portion of bonds payable, net	194,746	206,937
Accounts payable	541,750	699,383
Accrued expenses	2,375,929	2,553,732
Funds of individuals served held in trust	97,355	169,844
Deferred revenue	-	81,621
Total current liabilities	3,896,283	4,179,027
Obligations under capital lease, net of current portion	2,396,753	1,240,302
Lease incentive obligation, net of current portion	102,000	153,000
Long-term debt, net of current portion	4,771,133	5,555,659
Bonds payable, net of current portion	3,543,985	3,775,584
Total liabilities	14,710,154	14,903,572
Net assets:		
Without donor restrictions	7,623,072	6,954,166
With donor restrictions	878,897	1,103,809
Total net assets	8,501,969	8,057,975
Total liabilities and net assets	\$ 23,212,123	\$ 22,961,547

See accompanying notes to financial statements.

KENNEDY-DONOVAN CENTER, INC.

Statements of Activities

	Year Ended June 30, 2021			Year Ended June 30, 2020		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Operating revenues and support:						
Contract revenue	\$ 16,377,578	\$ -	\$ 16,377,578	\$ 22,745,924	\$ -	\$ 22,745,924
Third party insurance	6,602,315	-	6,602,315	7,211,723	-	7,211,723
Medicaid revenue	6,273,234	-	6,273,234	7,561,305	-	7,561,305
Client fees	750,980	-	750,980	987,234	-	987,234
Grants and contributions	2,254,869	132,750	2,387,619	100,232	184,510	284,742
Other income	307,682	-	307,682	52,860	-	52,860
Release from restrictions	327,492	(327,492)	-	238,300	(238,300)	-
Total operating revenues and support	32,894,150	(194,742)	32,699,408	38,897,578	(53,790)	38,843,788
Operating expenses:						
Program services expenses:						
Early Childhood Intervention	11,402,900	-	11,402,900	13,123,093	-	13,123,093
Adult Services & Shared Living	9,317,868	-	9,317,868	10,425,266	-	10,425,266
Foster Care & Healthy Families	3,072,444	-	3,072,444	2,801,869	-	2,801,869
Discontinued Contracts	4,734,050	-	4,734,050	8,427,750	-	8,427,750
Total program services expenses	28,527,262	-	28,527,262	34,777,978	-	34,777,978
Supporting services expenses:						
General and administrative	3,514,786	-	3,514,786	3,517,907	-	3,517,907
Fundraising	422,686	-	422,686	461,908	-	461,908
Total supporting services expenses	3,937,472	-	3,937,472	3,979,815	-	3,979,815
Total operating expenses	32,464,734	-	32,464,734	38,757,793	-	38,757,793
Changes in net assets from operations	429,416	(194,742)	234,674	139,785	(53,790)	85,995
Non-operating activities:						
Contributions and grants for capital acquisitions	-	195,000	195,000	-	91,000	91,000
Net investment return	79,970	-	79,970	(828)	-	(828)
Net rental property expense	(15,510)	-	(15,510)	(8,740)	-	(8,740)
Net loss on the disposal or sale of assets	(50,140)	-	(50,140)	(60,388)	-	(60,388)
Realized gain on interest rate swap agreement	-	-	-	33,558	-	33,558
Release from restrictions	225,170	(225,170)	-	-	-	-
Total non-operating activities	239,490	(30,170)	209,320	(36,398)	91,000	54,602
Changes in net assets	668,906	(224,912)	443,994	103,387	37,210	140,597
Net assets, beginning of year	6,954,166	1,103,809	8,057,975	6,850,779	1,066,599	7,917,378
Net assets, end of year	\$ 7,623,072	\$ 878,897	\$ 8,501,969	\$ 6,954,166	\$ 1,103,809	\$ 8,057,975

KENNEDY-DONOVAN CENTER, INC.

Statements of Functional Expenses

Year Ended June 30, 2021

	Program Services					Supporting Services		
	Early Childhood Intervention	Adult Services & Shared Living	Foster Care & Healthy Families	Discontinued Contracts	Total Program Services	General and Administrative	Fundraising	Total
Personnel and related:								
Salaries and wages	\$ 7,392,530	\$ 2,650,426	\$ 1,578,874	\$ 2,797,325	\$ 14,419,155	\$ 1,725,888	\$ 201,578	\$ 16,346,621
Payroll taxes	780,982	284,409	169,423	300,173	1,534,987	197,489	21,631	1,754,107
Fringe benefits	701,421	251,479	149,807	265,416	1,368,123	163,756	19,126	1,551,005
	<u>8,874,933</u>	<u>3,186,314</u>	<u>1,898,104</u>	<u>3,362,914</u>	<u>17,322,265</u>	<u>2,087,133</u>	<u>242,335</u>	<u>19,651,733</u>
Care providers and consultants	1,288,169	4,468,476	602,564	123,118	6,482,327	-	5,000	6,487,327
Other direct care	93,733	739,925	115,444	161,276	1,110,378	4,030	(2,929)	1,111,479
Occupancy	627,048	460,086	223,201	597,247	1,907,582	257,049	50,481	2,215,112
Transportation	37,899	119,623	40,742	72,637	270,901	30,402	401	301,704
Management and other	122,141	125,157	64,031	69,561	380,890	1,032,412	60,912	1,474,214
Bad debt and nonreimbursable administrative expenses	177,000	-	-	-	177,000	4,903	-	181,903
Fundraising	-	-	-	-	-	-	47,001	47,001
	<u>11,220,923</u>	<u>9,099,581</u>	<u>2,944,086</u>	<u>4,386,753</u>	<u>27,651,343</u>	<u>3,415,929</u>	<u>403,201</u>	<u>31,470,473</u>
Depreciation and amortization	<u>181,977</u>	<u>218,287</u>	<u>128,358</u>	<u>347,297</u>	<u>875,919</u>	<u>98,857</u>	<u>19,485</u>	<u>994,261</u>
Total expenses	\$ <u>11,402,900</u>	\$ <u>9,317,868</u>	\$ <u>3,072,444</u>	\$ <u>4,734,050</u>	\$ <u>28,527,262</u>	\$ <u>3,514,786</u>	\$ <u>422,686</u>	\$ <u>32,464,734</u>

Year Ended June 30, 2020

	Program Services					Supporting Services		
	Early Childhood Intervention	Adult Services & Shared Living	Foster Care & Healthy Families	Discontinued Contracts	Total Program Services	General and Administrative	Fundraising	Total
Personnel and related:								
Salaries and wages	\$ 8,484,613	\$ 3,074,041	\$ 1,437,494	\$ 5,474,905	\$ 18,471,053	\$ 1,904,081	\$ 231,400	\$ 20,606,534
Payroll taxes	978,689	339,675	162,859	631,211	2,112,434	230,514	28,570	2,371,518
Fringe benefits	748,934	272,942	126,809	485,477	1,634,162	166,826	22,898	1,823,886
	<u>10,212,236</u>	<u>3,686,658</u>	<u>1,727,162</u>	<u>6,591,593</u>	<u>22,217,649</u>	<u>2,301,421</u>	<u>282,868</u>	<u>24,801,938</u>
Care providers and consultants	1,577,801	5,002,106	584,872	142,916	7,307,695	-	-	7,307,695
Other direct care	56,153	799,469	63,848	272,292	1,191,762	-	-	1,191,762
Occupancy	516,900	492,698	180,581	665,294	1,855,473	218,706	56,924	2,131,103
Transportation	279,680	124,834	70,173	247,175	721,862	40,100	1,524	763,486
Management and other	225,598	159,611	62,266	72,197	519,672	861,417	51,754	1,432,843
Bad debt and nonreimbursable administrative expenses	120,000	1,097	1,233	-	122,330	1,642	-	123,972
Fundraising	-	-	-	-	-	-	46,356	46,356
	<u>12,988,368</u>	<u>10,266,473</u>	<u>2,690,135</u>	<u>7,991,467</u>	<u>33,936,443</u>	<u>3,423,286</u>	<u>439,426</u>	<u>37,799,155</u>
Depreciation and amortization	<u>134,725</u>	<u>158,793</u>	<u>111,734</u>	<u>436,283</u>	<u>841,535</u>	<u>94,621</u>	<u>22,482</u>	<u>958,638</u>
Total expenses	\$ <u>13,123,093</u>	\$ <u>10,425,266</u>	\$ <u>2,801,869</u>	\$ <u>8,427,750</u>	\$ <u>34,777,978</u>	\$ <u>3,517,907</u>	\$ <u>461,908</u>	\$ <u>38,757,793</u>

KENNEDY-DONOVAN CENTER, INC.

Statements of Cash Flows

	Years Ended June 30,	
	2021	2020
Cash flows from operating activities:		
Changes in net assets	\$ 443,994	\$ 140,597
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Depreciation and amortization	994,261	958,638
Realized and unrealized (gain) loss on investments	(79,548)	3,368
Realized and unrealized gain on interest rate swap agreement	-	(33,558)
Loss on the disposal or sale of assets	50,140	60,388
Contributions and grants for capital acquisitions	(195,000)	(91,000)
Changes in operating assets and liabilities:		
Accounts receivable - contracts, net	800,944	(75,479)
Accounts receivable - third party insurance, net	(96,309)	(59,111)
Contributions and grants receivable, net	27,000	47,925
Prepaid expenses and other assets	28,866	101,648
Security deposits	7,500	-
Lease incentive obligation	(34,000)	170,000
Accounts payable	(157,633)	(491,871)
Accrued expenses	(177,803)	1,052,160
Deferred revenue	(81,621)	(68,965)
Net cash provided by operating activities	1,530,791	1,714,740
Cash flows from investing activities:		
Purchases of property and equipment	(631,807)	(752,072)
Proceeds from the disposal or sale of property and equipment	819,267	-
Net cash provided by (used in) investing activities	187,460	(752,072)
Cash flows from financing activities:		
Net borrowing on line of credit	211,480	110,370
Payments of obligations under capital lease	(43,001)	(19,271)
Payments on long-term debt	(829,540)	(366,694)
Payments on bonds payable	(243,790)	(199,430)
Contributions and grants for capital acquisitions	225,170	-
Net cash used in financing activities	(679,681)	(475,025)
Net increase in cash and cash equivalents	1,038,570	487,643
Cash and cash equivalents, beginning of year	730,886	243,243
Cash and cash equivalents, end of year	\$ 1,769,456	\$ 730,886

See accompanying notes to financial statements.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 1 - Operations, Nonprofit Status and Significant Accounting Policies

Operations

Kennedy-Donovan Center, Inc. ("KDC") is a nonprofit human service organization dedicated to enabling and empowering individuals with disabilities and unique challenges to lead their lives as independently as possible within their families and communities. KDC provides these services to individuals located throughout Southeastern Massachusetts.

KDC's programs are supported by the Massachusetts Departments of Developmental Services, Children and Families, and Public Health, local school systems, public and private insurance companies, private grants and individual donors.

Financial Statement Presentation

Under generally accepted accounting principles, KDC reports information regarding its financial position and activities based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for general use and not subject to donor restrictions. KDC's policy is to designate unrestricted donor gifts at the discretion of the Board of Directors. Net assets without donor restrictions also include the investment in property and equipment, net of accumulated depreciation and related debt, funds for facilities and undesignated funds.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature that may or will be met, either by the passage of time or the events specified by the donor. There are no donor-imposed restrictions that are perpetual in nature.

Fair Value Measurements

KDC reports required types of financial instruments in accordance with the fair value standards of accounting. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Recurring fair value measures include investment accounts. Non-recurring measures include pledges receivable. These standards require an entity to maximize the use of observable inputs (such as quoted prices in active markets) and minimize the use of unobservable inputs (such as appraisals or valuation techniques) to determine fair value.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 1 - Operations, Nonprofit Status and Significant Accounting Policies (Continued)

Fair Value Measurements (Continued)

The fair value standards require that for each item carried at fair value that such be disclosed in accordance with the valuation methods used which fall into three categories as follows:

Level 1 – inputs are quoted prices in active markets for identical assets or liabilities that KDC has the ability to access at measurement date.

Level 2 – inputs are other than quoted prices included in Level 1 that are either directly or indirectly observable.

Level 3 – inputs are derived from valuation methodologies, including pricing models, discounted cash flow models and similar techniques, and are not based on market, exchange, dealer, or broker-traded transactions. In addition, Level 3 valuations incorporate assumptions and projections that are not observable in the market and significant professional judgment is required in determining the fair value assigned to such assets or liabilities.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level of input that is significant to the fair value measurement in its entirety.

Market price is affected by several factors, including the type of instrument and the characteristics specific to the instrument, as well as the effects of market, interest and credit risk. Instruments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and less judgment used in measuring fair value. It is reasonably possible that change in values of these instruments will occur in the near term and that such changes could materially affect amounts reported in these financial statements.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and assumptions.

Cash and Cash Equivalents

KDC considers cash on hand, demand deposits, and highly liquid investments with original maturity dates of three months or less to be cash and cash equivalents. Such accounts are carried at cost plus accrued interest. KDC maintains its cash in financial institutions, which, at times, may exceed federally insured limits. KDC monitors its exposure associated with cash and cash equivalents and has not experienced any losses in such accounts.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 1 - Operations, Nonprofit Status and Significant Accounting Policies (Continued)

Accounts Receivable

Accounts receivable are stated net of an allowance for doubtful accounts as of June 30, 2021 and 2020 of approximately \$237,000 and \$268,000, respectively. The allowance is established via a provision for bad debts charged to operations. Management evaluates its accounts receivable and establishes or adjusts its allowance to an amount that it believes will be adequate to absorb possible losses on accounts that may become uncollectible, based on evaluations of the collectability of individual accounts, KDC's history of prior loss experience and on current economic conditions. Accounts are written off and charged against the allowance when management believes that the collectability of the specific account is unlikely.

Contributions and Grants Receivable

Unconditional promises to give that are expected to be received in less than one year are recorded at net realizable value. Unconditional promises to give that will not be received within one year are recorded at present value of future cash flows utilizing a risk adjusted discount rate. The initially recorded fair value is developed with Level 2 fair value inputs. Unconditional promises to give are periodically reviewed to estimate an allowance for doubtful collections.

Funds of Individuals Served Held in Trust

KDC acts as a representative-payee for social security benefits of several individuals served. The assets and corresponding liabilities related to these funds managed on behalf of the individuals are included in funds of individuals served held in trust in the accompanying statements of financial position.

Investments

KDC reports its investments in mutual funds at fair market value consistent with the fair value policies described elsewhere in these policies. Investments are reflected as long-term assets in accordance with KDC's intent to hold investments for long-term growth.

Net investment returns (losses) are reported in the statements of activities and consists of interest and dividend income, realized and unrealized capital gains and losses, less external investment expenses.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 1 - Operations, Nonprofit Status and Significant Accounting Policies (Continued)

Property and Equipment, Net of Accumulated Depreciation

KDC's policy is to capitalize assets with a useful life of greater than one year and a value of \$2,500 or more at cost. Property and equipment are recorded at cost if purchased or at fair market value at the time of donation. Fair value of donated fixed assets is effectively recorded using Level 3 fair value inputs. Expenditures for maintenance and repairs are charged to expense as incurred, whereas major betterments are capitalized as additions to property and equipment. Depreciation is computed using the straight-line method over the following estimated useful lives:

<i>Description</i>	<i>Years</i>
Buildings	33-40
Leasehold and building improvements	Lesser of term of lease or 5-20
Furniture and equipment	3-10
Vehicles	5

Deferred Revenue

Deferred revenue is recorded for funding for which services have not yet been provided. KDC records deferred revenue when it receives consideration from a customer or grantor before achieving certain criteria that must be met for revenue to be recognized in conformity with accounting principles generally accepted in the United States of America.

Lease Incentive Obligations

Lease incentive obligations include the unamortized tenant improvement allowances associated with operating leases relating to residential space. Tenant improvement allowances are capitalized when the related improvements are put in place and amortized over the lesser of the remaining term of the lease or the useful life of the related improvement.

Capital Grants

KDC received certain grants through the Federal Home Loan Bank of Boston Affordable Housing Program (AHP) for the purchase and improvement to some of its residential properties. These grants include a provision requiring that the properties purchased and improved with the grant proceeds remain in use as affordable housing for a period of fifteen (15) years. No interest is owed on these amounts. A mortgage is in place to ensure repayment in the event of non-compliance. Non-compliance would result in forfeiture of the grant proceeds in full.

There were no capital grants received during the years ended June 30, 2021 and 2020. These grants are recorded as net assets with donor restrictions and will be recognized as income ratably over the fifteen-year retention period. (See Note 13).

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 1 - Operations, Nonprofit Status and Significant Accounting Policies (Continued)

Revenue Recognition and Operations

Revenues are reported as increases in net assets without donor restrictions unless use of the related asset is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Realized and unrealized gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of donor-imposed restrictions on net assets, such as the donor stipulated purpose has been fulfilled and/or the stipulated time period has elapsed, are reported as "net assets released from restrictions" between the classes of net assets.

Earned Revenue

Earned revenue measurement is driven via a principles-based process that requires KDC: 1) identify the contract with the customer; 2) identify the performance obligations in the contract; 3) determine the transaction price; 4) allocate the transaction price to the performance obligations; and 5) recognize revenue when (or as) performance obligations are satisfied. A summary of each of the earned revenue flows are as follows:

Third-party insurance and Medicaid revenue is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and is recorded when performance obligations are satisfied which is generally as services are rendered. Management does not consider there to be significant judgement involved in the timing of satisfaction of performance obligations as those are linked to the service performed.

Client fees consist of room and board amounts collected from individuals served in KDC's residential programs. Revenue is recorded associated with the period of performance to which the payment relates. Payments received in advance are deferred until earned.

Contributed Support

Contract and grant revenue consist of cost-reimbursement and unit rate contracts with federal, state and local agencies that are considered conditional contributions in that a barrier to entitlement must be met prior to KDC having a right to the related resources. KDC recognizes revenue when it has met the barrier to entitlement such as meeting a service delivery requirement, matching provision or incurring specified qualifying expenses in accordance with a framework of allowable costs or other barriers as stipulated in the grants and contracts such as performance requirements and/or the incurrence of allowable qualifying expenses. KDC bills funding sources primarily on a monthly basis following the month in which expenses have incurred or services rendered to client subject to the limits provided for in those grants and contracts. Non-contribution revenue received in advance of being earned is recorded as deferred revenue. All other revenue is recorded when earned.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 1 - Operations, Nonprofit Status and Significant Accounting Policies (Continued)

Contributed Support (Continued)

Contributions, including unconditional promises to give, are recognized as revenues as either without or with donor restrictions in the period verifiably committed by the donor. Contributions of assets other than cash are recorded at their estimated fair value and per the fair value policies described elsewhere in these policies. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the estimated future cash flows using a risk adjusted discount rate depending on the time period involved.

Amortization of the discount is included in contribution revenue in accordance with the donor-imposed restrictions, if any, on the contributions. Contributions with donor-imposed restrictions that can be met through the passage of time or upon the incurring of expenses consistent with the purposes are recorded as net assets with donor restrictions and reclassified to net assets without donor restrictions when such time or purposes restriction has been satisfied. Contributed services meeting the criteria for recognition are recorded as contributions and as expenses based on the value of the services provided.

Donated Goods and Services

Goods and services are contributed to KDC in support of fundraising initiatives. Contributions of assets other than cash are recorded at their estimated value using Level 3 fair value inputs. These goods and services are included in grants and contributions in the accompanying financial statements.

Functional Allocation of Expenses

The costs of providing the various programs and activities and supporting services have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Depreciation of plant assets and interest expense is allocated to functional classifications that benefited from the use of the assets or proceeds of the debt.

Tax Status

KDC is recognized by the Internal Revenue Service as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and is generally exempt from Federal and state income taxes on mission related income. Donors may deduct contributions made to KDC within the Internal Revenue Code requirements. Given the limited taxable activities of KDC, management has concluded that disclosures related to tax provisions are not necessary.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 1 - Operations, Nonprofit Status and Significant Accounting Policies (Continued)

Uncertain Tax Positions

KDC accounts for the effect of any uncertain tax positions based on a “more likely than not” threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a “cumulative probability assessment” that aggregates the estimated tax liability for all uncertain tax positions. Interest and penalties assessed, if any, are accrued as income tax expense.

KDC has identified its status as a tax-exempt entity as its only significant tax position; however, KDC has determined that such tax position does not result in an uncertainty requiring recognition. KDC is not currently under examination by any taxing jurisdiction. Its federal and state income tax returns are generally open for examination for the three years following the date filed.

Contingency

While providing services, KDC is subject to legal claims. Management believes that the ultimate resolution of such legal claims will not have a material effect on the financial statements of KDC.

Management is currently unable to accurately forecast the future financial impact on KDC resulting from the Coronavirus (COVID-19) pandemic, which, among other things, could impact the quantity of clients on a forward looking basis. The effects of the pandemic could impact the future results of operations. At this time, management does not expect COVID-19 to have a materially adverse effect on KDC’s operations.

Accounting Pronouncements Effective in Future Years

In February 2016, the FASB issued Accounting Standards Update (“ASU”) No. 2016-02, *Leases*, which requires a lessee to recognize a right-of-use asset and a lease liability for all leases, initially measured at the present value of the lease payments, in its statement of financial position. The standard also requires a lessee to recognize a single lease cost, calculated so that the cost of the lease is allocated over the lease term, on a generally straight-line basis. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal year ending June 30, 2023 for KDC. KDC is evaluating the impact this will have on the financial statements.

Management believes that other pending accounting standards would have limited impact on KDC and, accordingly, has not outlined those standards here.

Subsequent Events

KDC has evaluated subsequent events through November 12, 2021, the date the financial statements were issued.

Reclassifications

Certain reclassifications have been made to the 2020 financial statements to conform to the presentation used in 2021. These reclassifications had no effect on the reported change in net assets.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 2 - Liquidity and Availability

KDC regularly monitors liquidity to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. KDC has various sources of liquidity at its disposal, including cash and cash equivalents, investments and an operating line of credit.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, KDC considers all expenditures related to its ongoing activities of its programs as well as the conduct of services undertaken to support those activities to be general expenditures.

In addition to the financial assets available to meet general expenditures over the next 12 months, KDC manages its operations with an annual budget and anticipates collecting enough revenue to cover general expenditures not covered by donor-restricted resources. Refer to the statement of cash flows which identifies the sources and uses of KDC's cash and shows positive cash generated by operations for the years ended June 30, 2021 and 2020.

The following tables show the total financial assets held by KDC and the amounts of those financial assets available within one year of the balance sheet date to meet general expenditures for 2021 and 2020:

	Financial Assets	Available to Meet General Expenditures
Financial assets at June 30, 2021:		
Cash and cash equivalents	\$ 1,769,456	\$ 1,769,456
Accounts receivable, net	3,168,503	3,168,503
Contributions and grants receivable, net	23,000	-
	\$ 4,960,959	\$ 4,937,959
	Financial Assets	Available to Meet General Expenditures
Financial assets at June 30, 2020:		
Cash and cash equivalents	\$ 730,886	\$ 730,886
Accounts receivable, net	3,873,138	3,873,138
Contributions and grants receivable, net	50,000	-
	\$ 4,654,024	\$ 4,604,024

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 3 - Funding and Concentrations

KDC receives significant funding under contracts from the Commonwealth of Massachusetts. This funding is subject to audit by various governmental agencies. In the opinion of management, the results of such audits, if any, will not have a material effect on the financial position of KDC as of June 30, 2021 and 2020, or on the changes in its net assets for the years then ended.

KDC received approximately 75% and 78% of its total operating support and revenue directly and indirectly from the Commonwealth of Massachusetts and other local governments during each of the years ended June 30, 2021 and 2020, respectively. Accounts receivable as of June 30, 2021 and 2020 include approximately 70% and 61%, respectively, of amounts due from the Commonwealth of Massachusetts and other local governments.

Note 4 - Contributions and Grants Receivable

Contributions receivable represent unconditional promises to give to KDC. Contributions expected to be collected after June 30, 2021 are recorded at their present value using risk adjusted interest rates for securities of similar duration. While the risk adjusted rate is theoretically applicable to each pledge, management has determined that an overall rate of 4% is reasonable to use across the spectrum of accounts given the relative similarity of risks present in the pool. Contributions receivable of \$23,000 and \$50,000 at June 30, 2021 and 2020, respectively, are expected to be collected within one year and there is no allowance needed.

Note 5 - Property and Equipment

Property and equipment consist of the following as of June 30:

	2021	2020
Land	\$ 3,140,231	\$ 3,279,529
Buildings	16,331,711	15,621,498
Leasehold and building improvements	4,919,763	4,534,518
Furniture and equipment	995,616	982,705
Vehicles	436,788	1,450,665
Construction in progress	<u>20,693</u>	<u>24,585</u>
	25,844,802	25,893,500
Less accumulated depreciation	<u>(8,091,738)</u>	<u>(8,113,384)</u>
Property and equipment, net	\$ <u>17,753,064</u>	\$ <u>17,780,116</u>

Included in property and equipment are assets purchased with funds from the Commonwealth of Massachusetts. These assets are depreciated over their estimated useful lives and the Commonwealth of Massachusetts retains a reversionary interest in these assets.

During the year ended June 30, 2021, KDC sold and disposed of fixed assets with a cost of \$1,885,314 and accumulated depreciation of \$1,015,907, and received proceeds of \$819,267. See Note 16 for discontinued contracts.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 5 - Property and Equipment (Continued)

During the year ended June 30, 2020, KDC disposed of fixed assets with a cost of \$86,519 and accumulated depreciation of \$26,131.

Note 6 - Note Payable - Line of Credit

KDC maintains a \$3.0 million revolving line of credit agreement with a bank, expiring on December 31, 2021. Borrowings under the agreement are due on demand and interest is payable monthly at the bank's Eurodollar rate plus 3%, and at no time less than 4%. The effective rate at June 30, 2021 and 2020 was 4%. The line of credit is collateralized by substantially all KDC's assets, other than real estate. KDC must comply with certain financial ratio's covenants as specified in the agreement. KDC is currently in negotiations with the bank to extend the maturity date of the \$3.0 million revolving line of credit agreement to December 2022.

Outstanding checks are included in the line of credit balance. The line of credit balance at June 30, 2021 and 2020 only consisted of the outstanding checks of \$397,759 and \$186,279, respectively.

Note 7 - Long-Term Debt

Long-term debt consists of the following at June 30:

	2021	2020
Note payable to a bank. Monthly payments of \$1,925 include interest at 5.50% as of June 30, 2021 and 2020. The note matures in March 2030, at which time all unpaid principal is due. This note is collateralized by land and a building.	\$ 159,752	\$ 173,523
Notes payable to finance companies and banks, due in monthly interest and principal installments ranging from \$876 to \$1439, with interest rates ranging from 4.00% - 5.50%. Four notes were paid off at various dates through 2021. These notes are collateralized by vehicles. One note with monthly interest and principal installments of \$876 and interest rate of 5.50% matures in October 2021.	3,462	49,545
Note payable to a bank. Monthly payments of \$1,278 include interest at 4.25% and 5.75% as of June 30, 2021 and 2020, respectively. The note matures in March 2036, at which time all unpaid principal is due. This note is collateralized by land and a building.	169,896	177,784
Note payable to a bank. Monthly payments of \$1,516 include interest at 5.34%. The note matures in April 2032, at which time all unpaid principal is due. This note is collateralized by land and a building.	148,618	158,466
Subtotal	481,728	559,318

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 7 - Long-Term Debt (Continued)

	2021	2020
Balance Forward	\$ 481,728	\$ 559,318
Note payable to a bank. Monthly payments of \$1,650 include interest at 5.00% as of June 30, 2021 and 2020. The note matures in December 2033, at which time all unpaid principal is due. This note is collateralized by land and a building.	183,756	194,085
Note payable to a bank. Monthly payments of \$1,660 include interest at 5.00% as of June 30, 2021 and 2020. The note matures in June 2034, at which time all unpaid principal is due. This note is collateralized by land and a building.	190,166	200,154
Note payable to a bank. Monthly payments of \$1,472 include interest at 6.25% as of June 30, 2021 and 2020. The note matures in February 2035, at which time all unpaid principal is due. This note is collateralized by land and a building.	161,212	168,413
Note payable to a bank. Monthly payments of \$2,740 include interest at 5.76% as of June 30, 2021 and 2020. The note matures in February 2036, at which time all unpaid principal is due. The note is collateralized by the real estate improved with the proceeds.	325,134	338,857
Note payable to a bank. Monthly payments of \$10,908 include interest at 4.00% as of June 30, 2021 and 2020. Interest rate is fixed for the first five years and adjusts annually thereafter. The loan matures in June 2036. This note is collateralized by land and a building.	1,474,653	1,545,023
Note payable to a bank. Monthly payments of \$4,402 included interest at 6.65%. The note is collateralized by the real estate improved with the proceeds. The note was fully repaid in FY21 upon the sale of the collateralized real estate.	-	588,342
Note payable to a bank. Monthly payments of \$14,850 include interest at 6.68%. The note matures in December 2030, when a balloon payment of \$1,400,000 shall be due and payable. The note is collateralized by the real estate improved with the proceeds.	1,952,108	1,994,579
Note payable to a bank. Monthly payments of \$1,515 to \$1,595 include interest at 4.75% and 4.00% as of June 30, 2021 and 2020, respectively. The note matures in September 2036. The note is collateralized by the real estate improved with the proceeds.	<u>207,442</u>	<u>216,968</u>
Total long-term debt	4,976,199	5,805,739
Less current portion	<u>(205,066)</u>	<u>(250,080)</u>
Long-term debt, net of current portion	\$ <u>4,771,133</u>	\$ <u>5,555,659</u>

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 7 - Long-Term Debt (Continued)

Aggregate maturities of long-term debt over the next five years and thereafter are as follows for the years ending June 30:

2022	\$ 205,066
2023	212,290
2024	223,239
2025	235,485
2026	248,068
Thereafter	<u>3,852,051</u>
	<u><u>\$ 4,976,199</u></u>

Note 8 - Bonds Payable

Bonds Payable

KDC has a bond financing in the amount of \$5,750,000 from Massachusetts Development Finance Agency privately placed with Webster Bank. The issuance consists of a \$5,500,000 Series A Bond and a \$250,000 Series B Bond, collectively the "Bonds". The Bonds mature on July 2, 2035 and are collateralized by certain land and buildings of KDC. The proceeds from the Bonds were used to refinance previous real estate acquisition debt, to purchase or construct various buildings used by KDC for administrative and program services and to pay certain bond issuance costs. The Series A Bond bears interest based on 65.5% of a formula of 3% applied to the one-month LIBOR rate. The Series B Bond bears interest at a fixed rate of 7.70% and requires monthly principal payments of \$1,898 plus interest through August 3, 2020, at which point the interest rate is based on a formula of 3% applied to the one-month LIBOR rate.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 8 - Bonds Payable (Continued)

Bonds Payable (Continued)

The aggregate principal payments required on the bonds payable over the remaining life of the Bonds are as follows for the years ending June 30:

2022	\$	202,611
2023		210,819
2024		220,888
2025		231,439
2026		242,494
Thereafter		<u>2,743,689</u>
Total bonds payable		3,851,940
Less current portion		<u>(202,611)</u>
Total long-term bonds payable, net of current portion		3,649,329
Less long-term portion of bond issuance costs		<u>(105,344)</u>
Long-term bonds payable, net of current portion and long-term portion of bond issuance costs	\$	<u>3,543,985</u>
Total current bonds payable	\$	202,611
Less current portion of bond issuance costs		<u>(7,865)</u>
Current portion of bonds payable, net of current portion of bond	\$	<u>194,746</u>

Bond Issuance Costs

Bond issuance costs totaling \$202,610 consist of costs associated with acquiring financing and are reported net of accumulated amortization of \$89,401 and \$81,536 at June 30, 2021 and 2020, respectively. Costs associated are being amortized over the life of the financing agreements (25 years) on the straight-line method. Amortization expense for each of the fiscal years ended June 30, 2021 and 2020 was \$7,865.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 9 - Obligations Under Capital Leases

KDC leases buildings and land under capital leases. The assets and liabilities under capital leases have been recorded at the present value of the minimum lease payments which is equivalent to the fair value of the asset. The assets are amortized over their estimated lives.

Leased property under the capital lease was as follows at June 30:

	2021	2020
Land	\$ 537,739	\$ 304,438
Building	1,963,933	1,030,727
Vehicle	68,472	-
Less accumulated depreciation	<u>(221,641)</u>	<u>(145,752)</u>
	<u>\$ 2,348,503</u>	<u>\$ 1,189,413</u>

Amortization of capital lease assets is included in depreciation expense. Depreciation expense relating to assets under capital lease was \$75,889 and \$34,447 for the years ended June 30, 2021 and 2020, respectively.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 9 - Obligations Under Capital Leases (Continued)

Obligations under capital lease consists of the following at June 30:

	2021	2020
During the year ended June 30, 2015, a building and land were acquired under capital lease, as it is the intention of both parties involved that the property will be purchased at a bargain price at the expiration of the lease. The property was capitalized, and the related liability under the capital lease was recorded in 2015 at the present value of the future minimum payments due under the lease, as determined using a 6.00% discount rate. The capital lease requires monthly installments of \$4,921, including interest through September 2044. Under the terms of the lease, KDC is also responsible for various operating expenses of the property including, but not limited to, property taxes, insurance and maintenance, which have not been capitalized. Amortization of the lease property is included in depreciation expense.	\$ 1,377,950	\$ 1,437,005
During the year ended June 30, 2019, a building and land were acquired under capital lease, as it is the intention of both parties involved that the property will be purchased at a bargain price at the expiration of the lease. The property was capitalized, and the related liability under the capital lease was recorded in 2019 at the present value of the future minimum payments due under the lease, as determined using a 6.50% discount rate. The capital lease requires monthly installments of \$3,219, including interest through September 2048. Under the terms of the lease, KDC is also responsible for various operating expenses of the property including, but not limited to, property taxes, insurance and maintenance, which have not been capitalized. Amortization of the lease property is included in depreciation expense.	\$1,053,477	1,094,576
During the year ended June 30, 2021, a building and land were acquired under capital lease, as it is the intention of both parties involved that the property will be purchased at a bargain price at the expiration of the lease. The property was capitalized, and the related liability under the capital lease was recorded in 2021 at the present value of the future minimum payments due under the lease, as determined using a 6.50% discount rate. The capital lease requires monthly installments of \$7,373, including interest through June 2050. Under the terms of the lease, KDC is also responsible for various operating expenses of the property including, but not limited to, property taxes, insurance and maintenance, which have not been capitalized. Amortization of the lease property is included in depreciation expense.	2,558,472	-
Subtotal	4,989,899	2,531,581

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 9 - Obligations Under Capital Leases (Continued)

	2021	2020
Balance forward	\$ 4,989,899	\$ 2,531,581
During the year ended June 30, 2021, three vehicles were acquired under capital lease, as it is the intention of both parties involved that the property will be purchased at a bargain price at the expiration of the lease. The vehicles were capitalized, and the related liability under the capital lease was recorded in 2021 at the present value of the future minimum payments due under the lease, as determined using a 3.25% discount rate. The capital lease requires monthly installments of \$1,238, including interest through September 2025. Amortization of the lease vehicles are included in depreciation expense.		
	65,580	-
Total obligations under capital lease	5,055,479	2,531,581
Less amount representing interest	(2,609,048)	(1,277,128)
Present value on net minimum capital lease payments	2,446,431	1,254,453
Less current portion	(49,678)	(14,151)
Total long-term obligations under capital lease	\$ 2,396,753	\$ 1,240,302

The following is a schedule by years of the future minimum lease payments, under the capital leases together with the present value of the net minimum lease payments as of June 30, 2021:

2022	\$ 201,021
2023	201,021
2024	201,021
2025	201,021
2026	189,876
Thereafter	4,061,519
Total minimum lease payments	5,055,479
Less amount representing interest	(2,609,048)
Present value on net minimum capital lease payments	2,446,431
Less current portion	(49,678)
Total long-term capital lease payments	\$ 2,396,753

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 10 - Fair Value Measurements

The valuation of KDC's financial instruments using the fair value hierarchy consisted of Level 1 mutual fund investments of \$251,520 and \$171,972 at June 30, 2021 and 2020, respectively.

Note 11 - Retirement Plans

KDC has a tax deferred annuity plan as described in IRS Code Section 403(b) covering all eligible employees beginning upon their first full month of services. The plan allows for discretionary matching contributions. Employee contributions vest immediately, and employer discretionary contributions vest as defined in the plan document. There were no employer contributions made during the years ended June 30, 2021 and 2020.

KDC also maintains a nonqualified deferred compensation plan under Section 457(b) of the Internal Revenue Code ("IRC") that permits eligible managerial staff as defined in the plan to accumulate additional tax-deferred retirement savings. The plan is limited to employer contributions as approved by the Board of Directors. During the years ended June 30, 2021 and 2020, payments to the plan amounted to \$20,000 and \$10,000, respectively.

Note 12 - Cash Flow Information

KDC purchased fixed assets under loan agreements and capital leases in the amount of \$1,234,979 and \$0 for the years ended June 30, 2021 and 2020, respectively.

Cash paid for interest was \$572,926 and \$591,703 for the years ended June 30, 2021 and 2020, respectively.

Note 13 - Net Assets

Net assets without donor restrictions are comprised of the following at June 30:

	2021	2020
Operating - undesignated	\$ 1,902,266	\$ 1,224,698
Net investment in property and equipment	<u>5,720,806</u>	<u>5,729,468</u>
Total net assets without donor restrictions	<u>\$ 7,623,072</u>	<u>\$ 6,954,166</u>

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 13 - Net Assets (Continued)

Net assets with donor restrictions are comprised of the following at June 30:

Time restricted - Amounts received with donor restrictions which have not yet been expended for their designated time.

Purpose restricted - Amounts received with donor restrictions which have not yet been expended for their designated purposes.

	Original Grant Amount	Release Period	Accumulated Amounts Released	Donor Restricted June 30, 2021
Restricted as to time:				
Federal Home Loan Bank - Dennisport	\$ 135,000	15 yrs	\$ 117,000	\$ 18,000
Federal Home Loan Bank - Combined Locations	75,000	15 yrs	65,000	10,000
Federal Home Loan Bank - Sandwich	125,000	15 yrs	74,997	50,003
Federal Home Loan Bank - Hopkinton	90,000	15 yrs	54,000	36,000
Federal Home Loan Bank - New Bedford I	229,000	15 yrs	115,500	113,500
Federal Home Loan Bank - New Bedford II	229,000	15 yrs	106,869	122,131
Federal Home Loan Bank - Sea Street	180,400	15 yrs	84,429	95,971
Federal Home Loan Bank - Austin/Curtis	357,150	15 yrs	142,860	214,290
Community Development Block Grant - New Bedford	125,000	15 yrs	49,998	75,002
				<u>734,897</u>
Restricted as to purpose:				
Program Support				<u>144,000</u>
Total net assets with donor restrictions at June 30, 2021				\$ <u>878,897</u>

	Original Grant Amount	Release Period	Accumulated Amounts Released	Donor Restricted June 30, 2020
Restricted as to time:				
Federal Home Loan Bank - Dennisport	\$ 135,000	15 yrs	\$ 108,000	\$ 27,000
Federal Home Loan Bank - Combined Locations	75,000	15 yrs	60,000	15,000
Federal Home Loan Bank - Sandwich	125,000	15 yrs	66,664	58,336
Federal Home Loan Bank - Hopkinton	90,000	15 yrs	48,000	42,000
Federal Home Loan Bank - New Bedford I	229,000	15 yrs	100,233	128,767
Federal Home Loan Bank - New Bedford II	229,000	15 yrs	91,602	137,398
Federal Home Loan Bank - Sea Street	180,400	15 yrs	72,402	107,998
Federal Home Loan Bank - Austin/Curtis	357,150	15 yrs	119,050	238,100
Community Development Block Grant - New Bedford	125,000	15 yrs	41,665	83,335
				<u>837,934</u>
Restricted as to purpose:				
Program Support				<u>265,875</u>
Total net assets with donor restrictions at June 30, 2020				\$ <u>1,103,809</u>

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 13 - Net Assets (Continued)

Net assets were released from net assets with donor restrictions by satisfying the restricted purposes or by the occurrence of events specified by the donors. During the years ended June 30, 2021 and 2020, the satisfaction of donor restrictions was as follows:

	2021	2020
Restrictions satisfied as to:		
Program operations	\$ 327,492	\$ 238,300
Capital acquisitions and improvement	<u>225,170</u>	<u>-</u>
	<u>\$ 552,662</u>	<u>\$ 238,300</u>

Note 14 - Lease Commitments

Rental Income

KDC leases two residential properties and a portion of two commercial properties to third parties, with expirations at various dates through 2025. Rental income for the years ended June 30, 2021 and 2020 was approximately \$262,000 and \$75,000, respectively.

The approximate minimum revenues from future rentals to be received for each of the next four years as of June 30, 2021 are as follows:

2022	\$ 283,000
2023	28,000
2024	26,000
2025	<u>17,000</u>
	<u>\$ 354,000</u>

Rent Expense

KDC rents various facilities and equipment under operating lease agreements and as tenants-at-will. The operating lease agreements expire at dates through December 2030. Total rent expense under all leases for the years ended June 30, 2021 and 2020 was approximately \$254,000 and \$295,000, respectively.

KENNEDY-DONOVAN CENTER, INC.

Notes to Financial Statements

Note 14 - Lease Commitments (Continued)

Rent Expense (Continued)

A summary of the future minimum lease payments required under non-cancellable lease agreements is as follows for the years ending June 30:

2022	\$	163,400
2023		163,400
2024		165,700
2025		158,800
2026		105,000
Thereafter		<u>465,000</u>
	\$	<u><u>1,221,300</u></u>

Note 15 - Lease Incentive Obligations

Tenant improvement allowance obligations are capitalized and amortized over the lesser of the life of the lease or the useful life of the leasehold improvement. Future amortization of lease incentive obligations for the years ending June 30 are as follows:

2022	\$	34,000
2023		34,000
2024		34,000
2025		<u>34,000</u>
	\$	<u><u>136,000</u></u>

Note 16 - Discontinued Contracts

Effective January 1, 2021, KDC adopted a plan to end the contracts for its Department of Developmental Disabilities (the "Department") residential programs. KDC had operated 12 residential homes and coordinated with the Department to transfer the residential programs to two new providers on January 1, 2021. The residential programs represented approximately 14% of KDC's revenue and had an operating deficit of \$511,000 for the fiscal year ended June 30, 2021. As of June 30, 2021, the residential homes represented approximately \$4.8 million of KDC's fixed assets and \$3.4 million of its debt. KDC has entered into short-term leases with the new providers on January 1, 2021 to continue operating the programs in their current facilities through March 31, 2022, with an option to further extend the lease term. By the conclusion of the lease period, KDC anticipates it will either sell the existing facilities to the new providers or look for an alternate not-for-profit entity to purchase the facilities. Otherwise, the facilities will be repurposed for KDC's own internal use.