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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning and en	nding					
Bca	heck if	C Name of organization		D Employer identifi	cation number			
	Addres	KEENE DAY CARE CENTER, INC.						
	Name change	Doing business as		02-0301063				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone numbe	r			
L_	Final return/	86 WOOD ST.		603-	352-2129			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,025,744.			
<u> </u>	Amend	KEENE, NH U3431		H(a) Is this a group re				
<u>L</u> _	Application pendin	Finame and address of principal officer	,1	for subordinates	? Yes X No			
		86 WOOD ST, KEENE, NH U3431		H(b) Are all subordinates in	ncluded? Yes No			
		mpt status X 501(c)(3) 501(c) ()	527	If "No," attach a	list (see instructions)			
		e: ► WWW.KEENEDAYCARECENTER.ORG		H(c) Group exemptio				
		organization X Corporation Trust Association Other	L Year o	of formation 1973 N	State of legal domicile: NI			
Pa		Summary						
Activities & Governance		Briefly describe the organization's mission or most significant activities $\ \ { t TO} \ \ { t VRC}$	OVIDE	DAY CARE S	ERVICES TO			
naı		Check this box if the organization discontinued its operations or disposed	d\of more	than 25% of its net as	ssets			
ķ	_	· · · · · · · · · · · · · · · · · · ·	10	3				
B	4 1	Number of voting members of the governing body (Part VI, line 1a)	ပ္က	4	<u>8</u>			
8	5	Number of independent voting members of the governing back (Patrix) ine to	(<u>%)</u>	5	32			
ĕ.			\\\\\\	6				
tiv	7	Total uprolated business reveals from Bort VIII. columns 1	顶	7a	0.			
¥	/a	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, columnate, line 12 Net unrelated business taxable income from Form 990-1771 at 34		7a 7b	0.			
	ים	Net unrelated business revenue from Part VIII, columnia, line 12 Net unrelated business taxable income from Form 990. The 34 OGUEN UT		Prior Year	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)	<u> </u>	43,674.	52,749.			
že		Program service revenue (Part VIII, line 2g)	<u> </u>	947,634.	965,074.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		437.	322.			
8			-	2,709.	2,874.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	994,454.	1,021,019			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
**		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		747,815.	785,290.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
Эeп			o. —					
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	- -	226,901.	225,861.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		974,716.	1,011,151.			
		Revenue less expenses. Subtract line 18 from line 12		19,738.	9,868.			
ts or I	,,,,	nevertide least expenses odditaet inte 10 monthine 12	Red	ginning of Current Year	End of Year			
ets	20	otal assets (Part X, line 16)	100	543,476.	553,808.			
Ass 1 Ba		Total liabilities (Part X, line 26)		71,146.	71,608.			
E SE		Net assets or fund balances Subtract line 21 from line 20		472,330.	482,200.			
Pa	ırt II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules ar	ınd statemi	ents, and to the best of m	y knowledge and belief, it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of which			,			
		KCante.	<u> </u>	1/15/	18			
Sigr Here	,	Signature of officer		Date				
Her	e	Board of Directors President						
•	_	Type or print name and title						
:		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Paid	}	THOMAS S. BATES, CPA Things & Pales CI	PA 1	1/09/18 self-employ	P00505643			
Prep	arer	Firm's name THOMAS S. BATES, CPA, P.C.		Firm's EIN	02-0476102			
Use	- 1	Firm's address 9 CHURCH ST., SUITE 200						
	-	KEENE, NH 03431		Phone no. 60	33575756			
 Mav	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			
	01 11-28		s.		Form 990 (2017)			
7 9201	31 11-20	211/1 1 of 1 aportion (treadotton Not notice) and allowed and are not		-				

Form 990 (2017)

Form	990	(2017)
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Form 990 (2017) KEENE DAY CARE CENTER, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3_	ļ	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	}		ł
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			1
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X	<u> </u>
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			₹.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	₹.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			₹.
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ــــــــــــــــــــــــــــــــــــ		•
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		<u> X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
^	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	_19_		

Form 990 (2017) KEENE DAY CARE CENTER, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
_	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
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)	.		37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
p	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_30_		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Ţ	
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		F	000 a	ハハイブ

Form 990 (2017) KEENE DAY CARE CENTER, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
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 32			
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?	3 <u>a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	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)	-		
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X
С	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]		ĺ
	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).		1	<u> </u>
а	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_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		7.
	to file Form 8282?	7c		_ <u>X</u> _
	If "Yes," indicate the number of Forms 8282 filed during the year Delth and a second of the second	<u>-</u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		-
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		^
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-0.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter		-	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		٠	
	amounts due or received from them)		}	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			<u> </u>
а	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			ı
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u>		_X_
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		F	CHILLY.	ハハイブリ

Form 990 (2017) KEENE DAY CARE CENTER, INC. 02-0301063 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	to line da, bb, or rob below, describe the circumstances, processes, or changes in defredule of dec instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	s		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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 in Schedule 0.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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			v
4	of officers, directors, or 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?	<u>4</u> 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
	-			Λ
<i>i</i> a	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?	70		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		Λ_
Ü	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		Λ
	The governing body?	8a	X	
	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	00		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		I	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	<u>X</u>	
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		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u> </u>
	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		:	37
	taxable entity during the year?	16a		<u>X</u>
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	466	1	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16 <u>b</u>		
	List the states with which a copy of this Form 990 is required to be filed ►NH			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	e	
.0	for public inspection. Indicate how you made these available. Check all that apply	· anau		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	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			
	SUELAINE M. POLING - 603-352-2129			
	86 WOOD ST., KEENE, NH 03431			

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Form	990	(2017)	

KEENE DAY CARE CENTER, INC.

02-0301063

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average		not c	Position not check more than one				Reportable	Reportable	Estimated	
	hours per week	box	c, unle	ss pe	rson Irecto	ış bot or/trus	h an tee)	compensation from	compensation from related	amount of other	
	(list any	ğ						the	organizations	compensation	
	hours for	die			ľ		l	organization	(W·2/1099·MISC)	from the	
	related	tee o	ustee			ensat		(W 2/1099 MISC)		organization	
	organizations	al tru	Dua!		Joyee	S 8				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JAMES HILL	1.00	=	┼╧╌	-		X 0					
PRESIDENT		X		X				0.	0.	0.	
(2) SARAH MOSHER	1.00		1							-	
BOARD MEMBER		X				l		0.	0.	0.	
(3) DAWN MARTIN	1.00										
BOARD MEMBER		Х	<u> </u>			_		0.	0.	0.	
(4) KRISTEN NOONAN	1.00]	İ								
BOARD MEMBER		X	ļ					0.	0.	0.	
(5) LOUISE CARIGNAN	1.00]						_	_	_	
TREASURER		X	<u> </u>	X					0.	0,	
(6) KENDRA CARTER	1.00]								_	
VICE PRES./SECRETARY		X		X	<u> </u>	<u> </u>	-	0.	0.	0.	
(7) JAY PUNT	1.00					ł		1			
BOARD MEMBER		X	├	_				0.	0.	0.	
(8) ADAM BEAUDRY	1.00	∤				}					
BOARD MEMBER	40.00	X	-		<u> </u>	├-		0.	0.	0.	
(9) SUELAINE M. POLING	40.00	┨		,,				64 012	_	_	
EXECUTIVE DIRECTOR		ļ —	├-	X		┢		64,813.	0.	0.	
	<u> </u>	┨]						
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, वा	T VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A)	(B)			Pos	C)	,		(D)	(E)			(F)	
	Name and title	Average hours per			heck	more	than		Reportable	Reportable			stimate	
		week					is bot or/trus		compensation from	compensation from related			nount other	Oi
		(list any	ē						the	organizations			pensa	tion
		hours for	or director	93			ated		organization	(W·2/1099-MISC	;)		rom th	
		related organizations	ᆲ	Institutional trustee		, s	Highest compensated employee		(W-2/1099-MISC)		ĺ	•	anızat	
		below	halt	tonal		Key employee	st con						d relat anızatı	
		line)	Individual	Inste	Officer	Key en	He H	Former				orge	zi iizati	0113
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		····		·										
											T			
1b	Sub-total							ightharpoons	64,813.		0.			0.
С	Total from continuation sheets to Part Vi	I, Section A							0.		0.			_0 .
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	64,813.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	oove	e) wł	no re	eceived more than \$100	,000 of reportable				
—	compensation from the organization								<u> </u>					(
_											Г		Yes	No
3	Did the organization list any former officer,		iste	э, ке	y er	npio	yee.	or	nignest compensated e	mpioyee on				v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		0.00		onco	tion		1 0+	nor compensation from	the erganization	-	_3_		<u>X</u>
-	and related organizations greater than \$150	•							•	ine organization		4		x
5	Did any person listed on line 1a receive or a									dual for services	ı	-		
_	rendered to the organization? If "Yes," com											5	. 1	Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensa	ition f	rom	
	the organization Report compensation for	the calendar y	ear e	endi	ng w	vith :	or w	ithir	the organization's tax	rear				
	(A)			_	_				(B)		٥.	(C		_
	Name and business	address	N	NI	<u> </u>			-	Description of s	ervices		- nper	nsatio	n ——
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2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organic	zation ►				()							

02-0301063 Page 9 Form 990 (2017) KEENE DAY CARE CENTER, INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (C) (B) Related or Unrelated Total revenue exempt function business revenue revenue 41,328. 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 11,421 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 52,749. h Total. Add lines 1a-1f Business Code 965,074. 624410 965,074. 2 a DAY CARE FEES Program Service f All other program service revenue 965,074. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 322. 322. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See <u>7,</u>599 Part IV, line 18 b Less direct expenses 2,874. 2,874. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19

b Less direct expenses

and allowances

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

965,396.

021,019.

b

Form 990 (2017) KEENE DAY CARE CENTER, INC.
Part IX Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oti	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respor		this Part IX		
	not include amounts reported on lines 6b, 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				
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	785,290.	698,908.	86,382.	
8	Pension plan accruals and contributions (include	703,230.	0,0,,,00.	00,302.	
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
'' a				·	
b			-		
c		2,090.		2,090.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g			_		
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	358.		358.	
13	Office expenses				
14	Information technology	· <u> </u>			
15	Royalties				
16	Occupancy	63,748.	56,736.	7,012.	
17	Travel	2,460.	2,460.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0.40	014		
20	Interest	240.	214.	26.	
21	Payments to affiliates	20,258.	18,030.	2,228.	<u>.</u>
22	Depreciation, depletion, and amortization	26,266.	14,972.	11,294.	
23	Insurance Other expenses Itemize expenses not covered	20,200.	14,312.	11,294.	
24	above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	PROGRAM SUPPLIES	76,868.	76,868.	· · · · · · · · · · · · · · · · · · ·	
	STAFF TRAINING	10,865.	10,865.		·
c	BAD DEBTS	8,085.	8,085.		
d		6,145.	6,145.		
	All other expenses	8,478.	000 000	8,478.	
25	Total functional expenses Add lines 1 through 24e	1,011,151.	893,283.	117,868.	0.
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)				
	Unicon trate P I fallowing SOP 98-2 (ASC 958-720)		l l		

21

02-0301063 KEENE DAY CARE CENTER. INC Form 990 (2017) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 107,853. 56,096. Cash - non-interest-bearing 1 250,070. 311,747. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 28,582. 44.570. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under

		section 4958(f)(1)), persons described in section	1 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	1(c)(9) voluntary	_			
ţ		employees' beneficiary organizations (see instr)	Comp	olete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				_8_	
	9	Prepaid expenses and deferred charges			12,910.	9	13,593.
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	798,409.			
	ь	Less accumulated depreciation	10b	670,607.	144,061.	10c	127,802.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities See Part IV, line			12		
	13	Investments · program-related See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	543,476.	16	553,808.
	17	Accounts payable and accrued expenses			11,678.	17	11,716.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax exempt bond liabilities			20		

	26	Total liabilities. Add lines 17 through 25	71,146.	26	71,608.
		Schedule D	40,295.	25	41,219.
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
	25	Other liabilities (including federal income tax, payables to related third			
	24	Unsecured notes and loans payable to unrelated third parties		24	
	23	Secured mortgages and notes payable to unrelated third parties	19,173.	23	18,673.
3		Complete Part II of Schedule L		22	40 650
		key employees, highest compensated employees, and disqualified persons			
3	22	Loans and other payables to current and former officers, directors, trustees,			

Escrow or custodial account liability Complete Part IV of Schedule D

Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 472,330 482,200. Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

472,330 482,200. 33 Total net assets or fund balances 553,808. 543,476 34 Total liabilities and net assets/fund balances

Form 990 (2017)

33

21

Liabilities

Net Assets or Fund Balances

	990 (2017) KEENE DAY CARE CENTER, INC.	02-0	301063	Pag	ge 12
_{Pa}	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,021	_	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,011		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>68.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	472	<u>2,3</u>	<u>30.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			2.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	}			
	column (B))	10	482	<u>2,2</u>	<u>00.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·		X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			ĺ
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			į
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			ł
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt	:		ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990 ((2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization 02-0301063 KEENE DAY CARE CENTER, Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

<u>ch</u>	edule A (Form 990 or 990 EZ) 2017 K	EENE DAY	CARE CENT	CER, INC.		02-0301	063 Page 2	
Pa	art II Support Schedule for							
_	(Complete only if you checked fails to qualify under the tests			=	n failed to qualify i	under Part III If the	organization	
e)	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·	
ale	indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Gifts, grants, contributions, and						·	
	membership fees received (Do not					/		
	include any "unusual grants ")	ĺ				/		
2	Tax revenues levied for the organ-					/		
_	ization's benefit and either paid to					/		
	or expended on its behalf	ĺ						
2	The value of services or facilities			· -		/		
	furnished by a governmental unit to					/		
-	the organization without charge				,			
	•							
	Total. Add lines 1 through 3			1				
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)				_/			
	Public support. Subtract line 5 from line 4 ction B. Total Support				/			
ale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4		1					
8	Gross income from interest,				-			
	dividends, payments received on			/		ı		
	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			/				
ın	Other income Do not include gain							
. •	or loss from the sale of capital			1./				
	assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10			d l				
	Gross receipts from related activities,	etc. (see instruction	ons)	<u></u>		12		
	First five years. If the Form 990 is for	· ·	·	rd fourth or fifth ta	x vear as a sectio			
	organization, check this box and stop	_	,		your do d oodiio	., 55 . (5)(5)	ightharpoons	
e	ction C. Computation of Publi		rcentage/					
4	Public support percentage for 2017 (li	ne 6. column (f) d	vided by line 11.	column (f))		14	%	
	Public support percentage from 2016		- /			15	%	
	33 1/3% support test - 2017. If the o			on line 13, and line 1	14 is 33 1/3% or n	nore, check this box	and	
	stop here. The organization qualifies					,	▶□	
h					line 15 is 33 1/3%	or more, check the		
~	and stop here. The organization qualifies as a publicly supported organization							
17^	•		· y ·		13, 16a, or 16b	and line 14 is 10% o	or more.	
110		10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstanges" test, check this box and stop here. Explain in Part VI how the organization						
	_	4	1				▶□	
4.	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
D							070 OI	
	more, and if the organization meets the							
	organization meets the "facts-and-circ	2						
8	Private foundation. If the organization	Tula not check a	oox on line 13, 16	a, 100, 1/a, 01 1/0				
		/			Sche	dule A (Form 990 d	JI 330-EL) 2017	

Schedule A (Form 990 or 990 EZ) 2017 KEENE DAY CARE CENTER, INC. [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")	62,266.	58,863.	66,910.	51,251.	71,747.	311,037.	
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	907,431.	878,461.	935,381.	947,634.		<i>"</i>	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513			<u>-</u>	-	· · · · · · · · · · · · · · · · · · ·	-	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge					;		
6	Total. Add lines 1 through 5	969,697.	937,324.	1002291.	998,885.	1036821.	4945018.	
7 <i>a</i>	Amounts included on lines 1, 2, and		•					
	3 received from disqualified persons						0.	
t	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)						4945018.	
	ction B. Total Support			-				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6	969,697.	937,324.	1002291.	998,885.	1036821.	4945018.	
10a	Gross income from interest,			-				
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	693.	632.	498.	437.	322.	2,582.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	: Add lines 10a and 10b	693.	632.	498.	437.	322.	<u>2,582.</u>	
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)	970,390.	937,956.	1002789.	999,322.	1037143.	<u>4947600.</u>	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here							
Sec	ction C. Computation of Publ	ic Support Per	rcentage	· · · · · · · · · · · · · · · · · · ·				
15	Public support percentage for 2017 (I	ıne 8, column (f) dı	vided by line 13, c	olumn (f))		15	99.95 %	
	16 Public support percentage from 2016 Schedule A, Part III, line 15							
Sec	ction D. Computation of Inves	stment Income	e Percentage		· 			
17	, , , , , , , , , , , , , , , , , , , ,							
18								
19a	33 1/3% support tests - 2017. If the							
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the						▶ X	
-	line 18 is not more than 33 1/3%, che						ightharpoons	
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
	1	
2		<u> </u>
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		<u> </u>
_5c		
6		
7		
8		
9a		
9b		
	-	_
9c		 ,
- 10a	ı	
 10b		

che	edute A (Form 990 or 990 EZ) 2017 KEENE DAY CARE CENTER, INC. 02-03	<u>0106</u>	3 Pa	ige <u>5</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ı ı		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u></u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ec.	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	 -		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	 -		ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	 -		
	controlled the organization's activities. If the organization had more than one supported organization,	 -		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ا۔	-	
	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	, •		ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			-
	supervised, or controlled the supporting organization	2	L !	1
sec	tion C. Type II Supporting Organizations		Yes	No
_	Mars a majority of the argenization's directors or triptops during the tax year also a majority of the directors		res	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	,		
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		l '	
	Ton Divinity of the Control of the C		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	<u> </u>		ĺ
	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		1
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	ter retreen	-1	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insi	ructions	Yes	No
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	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			1
	that these activities constituted substantially all of its activities	2a	- ~	-
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		•	l
	reasons for the organization's position that its supported organization(s) would have engaged in these		_	_
	activities but for the organization's involvement	_2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			[
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		ĺ

Sche	edute A (Form 990 or 990 EZ) 2017 KEENE DAY CARE CENTER,	INC.	(02-0301063 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	other Type III non functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	_	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Mınimum 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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			71
	factors (explain in detail in Part VI)			<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount		٠,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990 or 990-EZ) 2017

emergency temporary reduction (see instructions)

instructions)

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Part V	Type III Non-Function	nally Inte	grate	d 509(a)	(3) Supporti	ng Organiza	ations (continued)	
Schedule A	(Form 990 or 990-EZ) 2017	KEENE	DAY	CARE	CENTER,	INC.	02-0301063	Page
	1						,	7

Га	v Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)					
Sec	ion D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish ex	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
_5	Qualified set-aside amounts (prior IRS approval required)		···					
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which	the organization is responsive	e					
	(provide details in Part VI) See instructions							
_9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2017							

Section E - Distribution Alloc	eations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1 Distributable amount for	2017 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
Underdistributions, if any	y, for years prior to 2017 (reason-			
able cause required exp	lain in Part VI) See instructions			
3 Excess distributions car	yover, if any, to 2017			
a		<u> </u>		
<u>b</u> From 2013				
<u>c</u> From 2014				
d From 2015				
<u>e</u> From 2016		- <u></u> -		
f Total of lines 3a through	e	<u> </u>		
g Applied to underdistribu	tions of prior years			
h Applied to 2017 distribut	able amount	<u>, , , , , , , , , , , , , , , , , , , </u>		
i Carryover from 2012 not	applied (see instructions)			
j Remainder Subtract line	s 3g, 3h, and 3i from 3f			
4 Distributions for 2017 fro	m Section D,			
line 7				
a Applied to underdistribute	tions of prior years			
b Applied to 2017 distribute	able amount			
c Remainder Subtract line	s 4a and 4b from 4			
5 Remaining underdistribu	tions for years prior to 2017, if			
any Subtract lines 3g ar	nd 4a from line 2 For result greater			
than zero, explain in Par	t VI. See instructions	···-		
6 Remaining underdistribu	tions for 2017 Subtract lines 3h			
and 4b from line 1. For re	esult greater than zero, explain in	•		
Part VI See instructions				
7 Excess distributions ca	rryover to 2018. Add lines 3j			,
and 4c		<u> </u>		
8 Breakdown of line 7		<u></u>		1
a Excess from 2013				
b Excess from 2014			-	
c Excess from 2015		· · · · · · · · · · · · · · · · · · ·		1
d Excess from 2016				
e Excess from 2017	<u> </u>		<u> </u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 KEENE			<u>2-0301063_Page8</u>
Part VI	line 1, Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Part	4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, a 3, Part IV. Section E. lines 1c, 2a, 2	y Part II, line 10, Part II, line 17a or 17t and 11c, Part IV, Section B, lines 1 and b, 3a, and 3b, Part V, line 1, Part V, Se complete this part for any additional i	d 2, Part IV, Section C, ection B, line 1e, Part V,
	(See instructions)			
			-	
	<u> </u>			
		· · · · · · · · · · · · · · ·		
 ,				<u></u>
				

SCHEDULE D

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.

Inspection

Name of the organization

KEENE DAY CARE CENTER, INC.

Employer identification number

02-0301063 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 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., 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 Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

conservation easements 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 SFAS 116 (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

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

- b If the organization elected, as permitted under SFAS 116 (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

and section 170(h)(4)(B)(ii)?

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 SFAS 116 (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.

Sche		AY CARE CE						01063 Page 2
.Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or C	ther Sim	ilar Asse	ts(continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following that are	a significai	nt use of its	collection items
	(check all that apply)							
а	Public exhibition		<u>ا</u> ا	Loan or exc	hange programs			
b	Scholarly research	•	e	Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organization's	exempt pu	rpose in Par	t XIII
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other si	milar assets	·	
	to be sold to raise funds rather than to be m		•					Yes No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes	on Form 9	990, Part IV,	line 9, or
	reported an amount on Form 990, Pa	rt X, line 21						
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other assets	not include	ed	
	on Form 990, Part X?							」Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table				
							_	Amount
С	Beginning balance					10	;	
d	Additions during the year					10	<u> </u>	
е	Distributions during the year					1e		
f	Ending balance					1f		<u> </u>
2a	Did the organization include an amount on F					· -	L	」Yes No
	If "Yes," explain the arrangement in Part XIII						•	
Pa	t V Endowment Funds. Complete	f the organization ai			1			
		(a) Current year	(b) P	rior year	(c) Two years bad	ck (d) Thre	e years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses		ļ .					
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	L			L			
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as		1	
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho				,			
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administered t	for the orga	nızatıon	(
	by							Yes No
	(i) unrelated organizations							3a(ı)
	(ii) related organizations		_					3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	·						3b
4	Describe in Part XIII the intended uses of the		<u>owment</u>	funds	 			
Pa	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	- 1						(
	Description of property	(a) Cost or o		, , <i>,</i>	· '	c) Accumula	i i	(d) Book value
	-, ,	basis (invest		Dasis	(other)	depreciati		30 000
	Land		000.			E11	400	30,000.
	Buildings	596,	005.	-		511,	400.	85,265.
С	Leasehold improvements	1 171	744	<u>.</u>		150	207	10 525
d	Equipment	171,	/44.			159,	401.	12,537.
	Other			(5)	10-1			107 000
<u>Tota</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line_1	iuc)			<u> 127,802.</u>

► 127,802. Schedule D (Form 990) 2017

	KEENE	DAY	CARE	CENTER,	INC
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Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co	ost 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" of	on Form 990, Part IV, line	11c See Form 990, Part X, line	13
(a) Description of investment	(b) Book value		ost 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" of		11d See Form 990, Part X, line	
(a) D	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" of	on Form 990, Part IV, line		X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		44 010	
(2) ACCRUED EXPENSES		41,219.	
(3)			
(4)			
(5)			•
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line	051	41,219.	

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

	dulè D (Form 990) 2017 KEENE DAY CARE CENTER, INC	•	02-0301063 Pa	age 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	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 1,025,7	<u>44.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII)	2d 4,725.		
е	Add lines 2a through 2d		2e 4,73	<u>25.</u>
3	Subtract line 2e from line 1		3 1,021,03	<u> 19.</u>
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	1 1	
- c	Add lines 4a and 4b	•	4c	<u>0.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 1,021,03	<u>19.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents 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 1,015,8	<u> 76.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	<u> </u>	
b	Prior year adjustments	_2b]	
С	Other losses	2c	1	
d	Other (Describe in Part XIII)	2d 4,725.		
е	Add lines 2a through 2d		2e 4,72	
3	Subtract line 2e from line 1		3 1,011,15	<u>51.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	4b	4.	_
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 1,011,15	<u>51.</u>
	t XIII Supplemental Information.		·	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		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 add	itional information		
D 3 F	NW 17 T TATE O			
PAL	RT X, LINE 2:			
MITT	TALLED BENEVIOLET CONTRACTOR INCLUDE & D	OOMNOME MUAM MAN	TACEMENTS TO NO	ОШ
TMI	E AUDITED FINANCIAL STATEMENTS INCLUDE A F	COTNOTE THAT MAIN	AGEMENT 15 IN	<u> Jr</u>
7. 7.7 7	DE OF ANY INTOFRMATAI MAY DOCIMIONS			
AWA	ARE OF ANY UNCERTAIN TAX POSITIONS.			
				
Dλτ	OM VI IING 2D _ OMUGD ADTICOMENOC.			
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:			
ETT.	IDDATCING EVDENCEC		17	25
ror	IDRAISING EXPENSES			<u> </u>
DAF	m vit iine in omuee kniidamaenma.			
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:			
rin.	IDDATCING PYDENCES		A 77'	25
<u>r U1</u>	DRAISING EXPENSES		4,72	<u> </u>
				

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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Part XIII Supplemental In	KEENE DAY	CARE CENTER,	INC.	02-0301063 Page 5
Part Alli Supplemental In	formation (continued)	<u> </u>		
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SCHEDULE J (Form 990)

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.

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

02-0301063 KEENE DAY CARE CENTER, INC **Questions Regarding Compensation** Part I Yes No 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 Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account 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 1h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing 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 Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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 Receive a severance payment or change-of-control payment? 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 X 5a The organization? X 5b 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 6a The organization? Х 6b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2017

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

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(O)-(i)(a)	reported as deferred on prior Form 990
(0)							
	0)						
(B)))						
(1)							
0							
<u>n</u>	0						
<u>s</u>							
8							
(ii)	0						
<u>s</u> ;							
	0						
<u> </u>							
1)	0						
(ii)	ij						
(9)	(
9	0						
	(6)						
9							
(i)	0						
(0)	0						
(i	0						
3							
0	i)						
(C)	(1)						
D	i)						
(3)	10						
<u>)) </u>	100						

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization 02-0301063 KEENE DAY CARE CENTER, INC. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 IS REVIEWED WITH THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANY POTENTIAL CONFLICT OF INTEREST MATTERS ARE BROUGHT BEFORE THE FULL BOARD FOR RESOLUTION AND VOTE BY THE BOARD AS TO DISPOSITION OF THE MATTER. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE DURING THE NORMAL BUSINESS HOURS WITH A REQUEST TO THE EXECUTIVE DIRECTOR. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 2. ROUNDING FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.