

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

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

Form PC

Report for the Fiscal Period: 07/01/2018 to 06/30/2019

Attorney General's Account #: 059559

Federal ID #: 47-1641692

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 08/18/2014

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 08/18/2014

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

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

Organization Data

Name: Steps to Success, Inc.

Mailing Address: P.O. Box 470421

City: Brookline Village State: MA Zip: 02447

Phone Number: 617-713-5310 Fax Number: _____

Email: shaque@stepstosuccessbrookline.org Website: www.stepstosuccessbrookline.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)	11	Organization Purpose Code 1	8
Type of Organization (Table 2)	2	Organization Purpose Code 2	2

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

Steps to Success, Inc.

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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? 08/18/2014

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	604,750
B.	Gross support and revenue	613,707
C.	Program services and similar amounts paid out	489,313
D.	Fundraising expenses	147,068
E.	Management and general expenses	134,055
F.	Payments to affiliates	
G.	Total expenses	770,436
H.	Net assets or fund balances at the end of the year	329,946

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.	Shoma Haque Executive Director	40.00	98,962	767	
2.	Tony Wells CSI Coordinator	40.00	60,933	1,224	
3.	Sarah Fowler Dir of Programs	40.00	48,359		
4.	Sydney Keiler Admin Asst	40.00	43,942	717	
5.	Nyell Jeudy Workforce Coord	40.00	43,331	696	

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

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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.	eCratchit	34,088	Bookkeeping
2.	Proposals Etc.	20,000	Grant Writing
3.	Nhan Paul TonThat	12,800	Interim Dir
4.	Gonzalez & Associates	8,622	Audit/Tax
5.	Mendelson, Gittleman & Associates	5,000	Strategic Plan

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

Bank	Address	Phone Number
See Statement 1		

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: **2 Clark Road**
 City: **Brookline** State: **MA** Zip Code: **02445**

12. Contact Person Name: **Shoma Hague**

Street Address: **PO Box 470421**
 City: **Brookline Village** State: **MA** Zip Code: **02447**
 Phone Number: **617-713-5310**

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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. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **None**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **See Statement 2**

18. Attach a list of name, 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. **See Statement 3**

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

If you 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.

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.

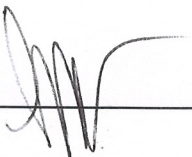
24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" 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. **See Statement 4**

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

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: 12/17/19

Printed Name: Shoma Haque

Title: Executive Director

Name of Preparer: Gonzalez and Associates, P.C.

Address 14 Page Terrace
Stoughton, MA 02072

City _____ State _____ Zip Code _____

Phone Number 781-344-1040

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 type="checkbox"/>
Entertainment event	<input 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): Direct Appeal

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:

Name and Title: **Judith Katz** **Chair**
 Address **PO Box 470421**
 City **Brookline Village** State **MA** Zip Code **02447**

Name and Title: **Leslie Reid** **Treasurer**
 Address **PO Box 470421**
 City **Brookline Village** State **MA** Zip Code **02447**

Name and Title: **Shoma Haque** **Executive Director**
 Address **PO Box 470421**
 City **Brookline Village** State **MA** Zip Code **02447**

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

Name and Title: **Judith Katz** **Chair**
 Address **PO Box 470421**
 City **Brookline Village** State **MA** Zip Code **02447**

Name and Title: **Leslie Reid** **Treasurer**
 Address **PO Box 470421**
 City **Brookline Village** State **MA** Zip Code **02447**

Name and Title: **Shoma Haque** **Executive Director**
 Address **PO Box 470421**
 City **Brookline Village** State **MA** Zip Code **02447**

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 type="checkbox"/>
Entertainment event	<input 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): Direct Appeal

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:

Name and Title: Judith Katz Chair

Address PO Box 470421

City Brookline Village State MA Zip Code 02447

Name and Title: Leslie Reid Treasurer

Address PO Box 470421

City Brookline Village State MA Zip Code 02447

Name and Title: Shoma Hague Executive Director

Address PO Box 470421

City Brookline Village State MA Zip Code 02447

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

Name and Title: Judith Katz Chair

Address PO Box 470421

City Brookline Village State MA Zip Code 02447

Name and Title: Leslie Reid Treasurer

Address PO Box 470421

City Brookline Village State MA Zip Code 02447

Name and Title: Shoma Hague Executive Director

Address PO Box 470421

City Brookline Village State MA Zip Code 02447

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: [Handwritten Signature] Date: 12/17/19

Printed Name: Shoma Haque

Title: Executive Director

Signature: [Handwritten Signature] Date: 12/18/19

Printed Name: Leslie Reid

Title: Treasurer

Name and Title: _____

Address: _____

City: _____

Name and Title: _____

Address: _____

City: _____

Name and Title: _____

Address: _____

City: _____

Massachusetts Statements

Statement 1 - Form PC, Page 3, Line 9 - Banks in Which The Organization's Funds Are Deposited

Bank Name	Address Line 1	City	State	Zip	Phone Number
Rockland Trust	288 Union Street	Rockland	MA	02370	781-878-6100
Eastern Bank	Post Office 391	Lynn	MA	01903	781-599-2100
Fidelity	PO Box 770001	Cincinnati	OH	45277	800-529-2164
Stifel	18 Columbia Turnpike	Florham Park	NJ	07932	800-342-2325

Statement 2 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives

Name	Title	Address	City	State	Zip Code
Patrick Dober	Director	PO Box 470421	Brookline Village	MA	02447
Judith Katz	President	PO Box 470421	Brookline Village	MA	02447
Rachel Goodman	Clerk	PO Box 470421	Brookline Village	MA	02447
Jason Harris	Director	PO Box 470421	Brookline Village	MA	02447
Julie Burkley	Director	PO Box 470421	Brookline Village	MA	02447
Britt Lee	Director	PO Box 470421	Brookline Village	MA	02447
Leslie Reid	Treasurer	PO Box 470421	Brookline Village	MA	02447
Livia Schacter	Director	PO Box 470421	Brookline Village	MA	02447

Massachusetts Statements

Statement 2 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives (continued)

Name	Title	Address	City	State	Zip Code
Erin Swedish	Director	PO Box 470421	Brookline Village	MA	02447
Kenny Weill	Director	PO Box 470421	Brookline Village	MA	02447
Shoma Haque	Executive Di	PO Box 470421	Brookline Village	MA	02447
Karina DaRosa	Director	PO Box 470421	Brookline Village	MA	02447
Scot Huggins	Director	PO Box 470421	Brookline Village	MA	02447
Cassandra Rejoui	Director	PO Box 470421	Brookline Village	MA	02447
Emy Takinami	Director	PO Box 470421	Brookline Village	MA	02447
Kathryn Gabriele	Director	PO Box 470421	Brookline Village	MA	02447

Statement 3 - Form PC, Page 4, Line 18 - Individuals Authorized to Sign Checks or Responsible for Funds

Name	Title	Address	City	State	Zip
Judy Katz	Chair	PO Box 470421	Brookline Village	MA	02447
Leslie Reid	Treasurer	PO Box 470421	Brookline Village	MA	02447

Statement 4 - Form PC, Page 6, Line 24 - Related Party Transactions

Description

The Executive Director is compensated with a Board approved salary for services rendered. See Form 990 for details.