

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ACHIEVEMENT CENTERS FOR CHILDREN</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4255 NORTHFIELD ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>HIGHLAND HILLS, OH 44128</b> <b>F</b> Name and address of principal officer: <b>SCOTT PEPLIN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>34-0714766</b> <b>E</b> Telephone number <b>216-292-9700</b> <b>G</b> Gross receipts \$ <b>17,454,890.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ACHIEVEMENTCENTERS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1940</b>		<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO EMPOWER CHILDREN AND ADULTS WITH DISABILITIES AND (CONTINUED ON SCHEDULE O)</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>34</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>34</b>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	<b>321</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>477</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>2,304,438.</b>	<b>2,804,665.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>7,274,449.</b>	<b>6,668,784.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>840,404.</b>	<b>316,930.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>180,879.</b>	<b>553,966.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>10,600,170.</b>	<b>10,344,345.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>8,627,720.</b>	<b>8,265,557.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>613,273.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>2,501,333.</b>	<b>2,248,743.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>11,129,053.</b>	<b>10,514,300.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>-528,883.</b>	<b>-169,955.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>23,487,826.</b>	<b>23,052,056.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>1,684,138.</b>	<b>1,784,802.</b>
<b>22</b>		<b>21,803,688.</b>	<b>21,267,254.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>SCOTT PEPLIN, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HERZL GINSBURG, CPA</b>	Preparer's signature Date
	Firm's name ▶ <b>CIUNI &amp; PANICHI, INC.</b> Firm's address ▶ <b>25201 CHAGRIN BLVD. #200 CLEVELAND, OH 44122-5683</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01351635</b> Firm's EIN ▶ <b>34-1322309</b> Phone no. (216) 831-7171

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,763,615. including grants of \$ ) (Revenue \$ 1,453,350.) FAMILY SUPPORT SERVICES INCLUDES A RANGE OF SOCIAL WORK SERVICES INCLUDING COUNSELING, PARENT EDUCATION, SERVICE COORDINATION, CRISIS INTERVENTION, RESOURCE AND REFERRAL INFORMATION, SUPPORT GROUPS AND OTHER SERVICES TAILORED TO MEET THE NEEDS OF INDIVIDUAL FAMILIES. THESE SERVICES ARE DESIGNED TO GIVE PARENTS AND CAREGIVERS THE TOOLS REQUIRED TO MEET THE NEEDS OF THEIR CHILD WITH A DISABILITY, AND THOSE OF OTHER FAMILY MEMBERS, HELPING FAMILIES THRIVE, NOT JUST SURVIVE. IN THE PAST YEAR, THE FAMILY SUPPORT DEPARTMENT HAS ADOPTED AND SPEARHEADED THE CAMPAIGN TO TRAIN EACH AGENCY STAFF MEMBER TO UNDERSTAND TRAUMA-INFORMED CARE.

AS A STATE AND COUNTY CERTIFIED MENTAL HEALTH (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 2,298,129. including grants of \$ ) (Revenue \$ 1,729,081.) RECREATION HAS BEEN AN AGENCY FOCUS SINCE 1947. ACC'S CAMP CHEERFUL IN STRONGSVILLE IS LOCATED ON 52 BEAUTIFULLY WOODED ACRES OF LAND IN THE MILL STREAM RUN RESERVATION OF THE CLEVELAND METROPARKS. IT WAS THE FIRST ACCESSIBLE RESIDENTIAL CAMP FOR PEOPLE WITH DISABILITIES IN OHIO. IT IS THE PHILOSOPHY OF THE ACHIEVEMENT CENTERS THAT CHILDREN WITH DISABILITIES NEED THE OPPORTUNITY TO HAVE FUN AND JUST BE KIDS. CAMP CHEERFUL CAMPERS PARTICIPATE IN ALL OF THE TRADITIONAL SUMMER CAMP ACTIVITIES. THESE INCLUDE HIKING, SWIMMING, FISHING, HORSEMANSHIP, ARTS AND CRAFTS, NATURE STUDY, GAMES, CAMPFIRE ACTIVITIES, MUSIC AND SPORTS-ALL IN AN ADAPTED ENVIRONMENT.

CAMP CHEERFUL PROVIDES SEVERAL RESIDENTIAL (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 1,654,812. including grants of \$ ) (Revenue \$ 1,815,262.) EDUCATION PROGRAMS INCLUDE OUR TECHNICAL ASSISTANCE PROGRAM (TAP), AUTISM SCHOOL AND SOCIAL EMOTIONAL LEARNING (SEL) PROGRAM.

TAP FACILITATES INCLUSION OF CHILDREN WITH DISABILITIES INTO CHILD CARE PROGRAMS AND SCHOOLS AND AT HEAD START LOCATIONS ACROSS NORTHEAST OHIO.

OUR AUTISM SCHOOL IS AN ALTERNATE PUBLIC SCHOOL SITE OFFERING COMPREHENSIVE EDUCATIONAL SERVICES FOR CHILDREN WITH AUTISM IN OUR KINDERGARTEN THROUGH NINTH GRADE CLASSROOMS AT OUR HIGHLAND HILLS AND WESTLAKE FACILITIES, IN COLLABORATION WITH THE EDUCATIONAL SERVICE CENTER OF CUYAHOGA COUNTY. OUR HIGHLY TRAINED STAFF USES A BLENDED METHODOLOGY OF SIX RESEARCHED INTERVENTION (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,934,765. including grants of \$ ) (Revenue \$ 1,213,066.)

4e Total program service expenses 8,651,321.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 34		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 34		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**SCOTT PEPLIN - 216-292-9700**  
**4255 NORTHFIELD ROAD, HIGHLAND HILLS, OH 44128**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SALLY FARWELL PRESIDENT & CEO	40.00			X			202,384.	0.	15,647.	
(2) SCOTT PEPLIN EXECUTIVE VP & CFO	40.00			X			138,965.	0.	19,943.	
(3) LORI OLIVER EXECUTIVE VICE OF PROGRAMS	40.00				X		135,549.	0.	8,847.	
(4) BONNIE BOENIG DIRECTOR OF THERAPY SERVIC	40.00				X		113,993.	0.	27,264.	
(5) CONNIE BOROS DIRECTOR OF RECREATION SERVICES	40.00				X		101,720.	0.	16,325.	
(6) MICHAEL D. ADKINS TRUSTEE	0.00	X					0.	0.	0.	
(7) JENNIFER ALLANSON TRUSTEE	0.00	X					0.	0.	0.	
(8) DAVE BARRY TRUSTEE	0.00	X					0.	0.	0.	
(9) CIPRIANO BEREDO TRUSTEE	0.00	X					0.	0.	0.	
(10) JEFFREY BECHTEL TRUSTEE	0.00	X					0.	0.	0.	
(11) JIM BOLAND TRUSTEE	0.00	X					0.	0.	0.	
(12) AMY BRADY VICE CHAIRMAN, TRUSTEE	0.00	X		X			0.	0.	0.	
(13) FRANK W. BUCK TRUSTEE	0.00	X					0.	0.	0.	
(14) DEVON CAMPBELL TRUSTEE	0.00	X					0.	0.	0.	
(15) DENISE CARKHUFF TRUSTEE	0.00	X					0.	0.	0.	
(16) GEOFFREY D. CARTER TRUSTEE	0.00	X					0.	0.	0.	
(17) DAVID DUNSTAN TRUSTEE	0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY KIM ELKINS TRUSTEE	0.00	X						0.	0.	0.
(19) KEVIN FOOS TRUSTEE	0.00	X						0.	0.	0.
(20) COURTNEY FOSTER TRUSTEE	0.00	X						0.	0.	0.
(21) RICHARD GROSSBERG TRUSTEE	0.00	X						0.	0.	0.
(22) NICOLE T. HILBERT TREASURER, TRUSTEE	0.00	X		X				0.	0.	0.
(23) LAWRENCE M. HIRSH TRUSTEE	0.00	X						0.	0.	0.
(24) GARY HSICH TRUSTEE	0.00	X						0.	0.	0.
(25) DAVID B. HUMPHREY TRUSTEE	0.00	X						0.	0.	0.
(26) MOZELLE JACKSON TRUSTEE	0.00	X						0.	0.	0.
<b>1b Subtotal</b>								692,611.	0.	88,026.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								692,611.	0.	88,026.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMES KACIC CHAIRMAN, TRUSTEE	0.00	X		X				0.	0.	0.
(28) JEANNETTE KNUDSEN TRUSTEE	0.00	X						0.	0.	0.
(29) TRACY LINDBERG TRUSTEE	0.00	X						0.	0.	0.
(30) AMY MERLINO TRUSTEE	0.00	X						0.	0.	0.
(31) DAVID PASTIR TRUSTEE	0.00	X						0.	0.	0.
(32) NEAL RESTIVO VICE CHAIRMAN, TRUSTEE	0.00	X		X				0.	0.	0.
(33) STEVE REVNEW TRUSTEE	0.00	X						0.	0.	0.
(34) KAREN SORACE-THOMAS TRUSTEE	0.00	X						0.	0.	0.
(35) TIFFANI TUCKER TRUSTEE	0.00	X						0.	0.	0.
(36) RAYMOND TUSICK TRUSTEE	0.00	X						0.	0.	0.
(37) JENNIFER L. VERGILII SECRETARY, TRUSTEE	0.00	X		X				0.	0.	0.
(38) WILLIAM P. WATKINS TRUSTEE	0.00	X						0.	0.	0.
(39) DARIN YUG TRUSTEE	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	621,140.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	316,928.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,866,597.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 142,985.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		2,804,665.			
	Program Service Revenue	<b>2 a</b>	FEEES FOR SERVICES	<b>Business Code</b>			
			900099	6,668,784.	6,668,784.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		6,668,784.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		242,386.		242,386.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	23,590.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>	0.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	23,590.			
	<b>d</b>	Net rental income or (loss)		23,590.		23,590.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	7,019,937.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	6,945,393.			
<b>c</b>	Gain or (loss)	<b>7c</b>	74,544.				
<b>d</b>	Net gain or (loss)		74,544.		74,544.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 621,140. of contributions reported on line 1c). See Part IV, line 18		176,378.				
<b>b</b>	Less: direct expenses	<b>8b</b>	165,152.				
<b>c</b>	Net income or (loss) from fundraising events		11,226.		11,226.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS INCOME	<b>Business Code</b>	900099	519,150.	519,150.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		519,150.			
<b>12</b>	<b>Total revenue.</b> See instructions		10,344,345.	7,187,934.	0.	351,746.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	780,637.	637,321.	97,333.	45,983.
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	6,033,569.	4,948,938.	733,589.	351,042.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	272,753.	214,475.	40,659.	17,619.
9 Other employee benefits	759,196.	596,980.	113,174.	49,042.
10 Payroll taxes	419,402.	329,790.	62,520.	27,092.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,896.	23,574.	1,939.	1,383.
c Accounting	45,721.	40,075.	3,296.	2,350.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,414.		69,414.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	259,022.	236,526.	19,450.	3,046.
12 Advertising and promotion	9,984.	8,338.	1,646.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	573,044.	534,478.	28,374.	10,192.
17 Travel	90,449.	88,625.	1,477.	347.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,349.	33,456.	723.	170.
20 Interest	20,349.	20,349.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	533,170.	473,982.	47,934.	11,254.
23 Insurance	40,717.	34,736.	4,844.	1,137.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	358,884.	254,879.	12,254.	91,751.
b <b>MISCELLANEOUS</b>	90,343.	88,911.	1,412.	20.
c <b>PRINTING &amp; PUBLICATIONS</b>	47,213.	40,879.	6,334.	
d <b>TELEPHONE</b>	28,105.	26,154.	1,530.	421.
e All other expenses	21,083.	18,855.	1,804.	424.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	10,514,300.	8,651,321.	1,249,706.	613,273.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,050.	<b>1</b>	950.
	<b>2</b> Savings and temporary cash investments .....	667,470.	<b>2</b>	1,176,801.
	<b>3</b> Pledges and grants receivable, net .....	348,391.	<b>3</b>	273,480.
	<b>4</b> Accounts receivable, net .....	998,517.	<b>4</b>	815,650.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	93,273.	<b>9</b>	89,432.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 17,182,562.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,351,337.	8,113,266.	<b>10c</b> 7,831,225.
	<b>11</b> Investments - publicly traded securities .....	1,007,434.	<b>11</b>	1,358,272.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,243,264.	<b>12</b>	10,570,164.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	1,014,281.	<b>14</b>	935,202.
	<b>15</b> Other assets. See Part IV, line 11 .....	880.	<b>15</b>	880.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,487,826.	<b>16</b>	23,052,056.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	512,790.	<b>17</b>	401,443.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	346,348.	<b>19</b>	103,727.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	825,000.	<b>23</b>	1,279,632.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,684,138.	<b>26</b>	1,784,802.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> X <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	20,075,977.	<b>27</b>	19,511,527.
	<b>28</b> Net assets with donor restrictions .....	1,727,711.	<b>28</b>	1,755,727.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	21,803,688.	<b>32</b>	21,267,254.
<b>33</b> Total liabilities and net assets/fund balances .....	23,487,826.	<b>33</b>	23,052,056.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,344,345.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,514,300.
3	Revenue less expenses. Subtract line 2 from line 1	3	-169,955.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,803,688.
5	Net unrealized gains (losses) on investments	5	-328,206.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-38,273.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,267,254.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>Name of the organization</b> ACHIEVEMENT CENTERS FOR CHILDREN	<b>Employer identification number</b> 34-0714766
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**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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  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)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,820,844.	2,704,718.	2,817,649.	2,304,438.	2,804,665.	12,452,314.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1,820,844.	2,704,718.	2,817,649.	2,304,438.	2,804,665.	12,452,314.
<b>5</b> 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) .....						45,955.
<b>6 Public support.</b> Subtract line 5 from line 4.						12,406,359.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	1,820,844.	2,704,718.	2,817,649.	2,304,438.	2,804,665.	12,452,314.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	283,022.	222,110.	250,562.	300,452.	265,976.	1,322,122.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...		87,277.	8,964.	31,606.	11,226.	139,073.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	163,736.	16,581.	120,535.	133,463.	519,150.	953,465.
<b>11 Total support.</b> Add lines 7 through 10						14,866,974.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	32,371,195.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.45 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	82.89 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

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

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 tax year? If "No," describe in <b>Part VI</b> 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** ACHIEVEMENT CENTERS FOR CHILDREN **Employer identification number** 34-0714766

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,467,014.	12,315,754.	12,763,842.	11,514,732.	12,094,936.
b Contributions		50,000.			200,000.
c Net investment earnings, gains, and losses	-11,276.	376,272.	898,277.	1,396,997.	-226,167.
d Grants or scholarships					
e Other expenditures for facilities and programs	193,579.	1,208,000.	1,288,575.	79,308.	496,994.
f Administrative expenses	69,414.	67,012.	57,790.	68,579.	57,043.
g End of year balance	11,192,745.	11,467,014.	12,315,754.	12,763,842.	11,514,732.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  94.33 %
  - b Permanent endowment  5.67 %
  - c Term endowment  .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| (i) Unrelated organizations  |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations   |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,194,701.		2,194,701.
b Buildings		7,266,657.	3,072,586.	4,194,071.
c Leasehold improvements		5,279,564.	4,072,214.	1,207,350.
d Equipment		2,185,171.	2,005,064.	180,107.
e Other		256,469.	201,473.	54,996.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,831,225.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	9,834,473.	END-OF-YEAR MARKET VALUE
(B) BENEFICIAL INTERESTS IN		
(C) TRUSTS	735,691.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>10,570,164.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,468,275.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-328,206.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	519,232.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-35,026.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	156,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,312,275.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	69,414.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-37,344.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	32,070.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,344,345.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,004,709.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	519,232.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	40,591.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	559,823.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,444,886.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	69,414.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	69,414.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	10,514,300.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT FUND CONSISTS OF COLLECTIVELY INVESTED FUNDS ESTABLISHED TO FUND BOARD DIRECTED NEEDS AND PROGRAMS.

**PART X, LINE 2:**

ACC IS TAX-EXEMPT, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN REPORTED IN ITS CONSOLIDATED FINANCIAL STATEMENTS. NCTA IS A SINGLE MEMBER LLC AND IS CONSIDERED A DISREGARDED ENTITY FOR TAX PURPOSES. AS SUCH, THE ORGANIZATION FILES A CONSOLIDATED FEDERAL FORM 990. NCTA'S ACTIVITY IS CONSIDERED IN LINE WITH ACC'S EXEMPT PURPOSE AND THEREFORE NOT SUBJECT TO INCOME TAX.

**Part XIII** Supplemental Information (continued)

INCOME TAXES ARE ACCOUNTED FOR UNDER THE PROVISIONS OF THE "INCOME TAXES" TOPIC OF THE FASB ASC. UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. THE ORGANIZATION CLASSIFIES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS AS INCOME TAX EXPENSE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. AS OF JUNE 30, 2020 AND 2019, THE ORGANIZATION HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEARS THEN ENDED.

THE ORGANIZATION FILES ITS FEDERAL FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A STATE REGISTRATION AT THE OFFICE OF THE STATE'S ATTORNEY GENERAL FOR THE STATE OF OHIO.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	-35,026.
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## PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES, NET AGAINST REVENUE	-37,344.
--	----------

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES, NET AGAINST REVENUE	37,344.
--	---------

BAD DEBT	3,247.
----------	--------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	40,591.
--	---------



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SIGNATURE EVENT (event type)	FALL FESTIVAL (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	543,565.	96,847.	157,106.	797,518.
	<b>2</b> Less: Contributions .....	426,144.	71,965.	123,031.	621,140.
	<b>3</b> Gross income (line 1 minus line 2) .....	117,421.	24,882.	34,075.	176,378.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	108,758.	25,428.	30,966.	165,152.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				165,152.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				11,226.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ACHIEVEMENT CENTERS FOR CHILDREN**

Employer identification number

**34-0714766**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SALLY FARWELL PRESIDENT & CEO	(i)	202,384.	0.	0.	0.	15,647.	218,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT PEPLIN EXECUTIVE VP & CFO	(i)	138,965.	0.	0.	0.	19,943.	158,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **ACHIEVEMENT CENTERS FOR CHILDREN** Employer identification number: **34-0714766**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <b>SUPPLIES</b> )	<b>X</b>	<b>403</b>	<b>142,985.</b>	<b>FMV</b>
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ACHIEVEMENT CENTERS FOR CHILDREN

Employer identification number

34-0714766

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

THEIR FAMILIES TO ACHIEVE THEIR GREATEST POTENTIAL.

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

PROVIDER, THE ACHIEVEMENT CENTERS ALSO OFFERS A RANGE OF MENTAL HEALTH SERVICES, INCLUDING AN EARLY CHILDHOOD MENTAL HEALTH AND BEHAVIORAL HEALTH PROGRAM TO ADDRESS THE CHALLENGES AND PROMOTE THE STRENGTHS OF VERY YOUNG CHILDREN EXPERIENCING SIGNIFICANT MENTAL HEALTH ISSUES AND OFTEN DEVELOPMENTAL DELAYS. FAMILY SUPPORT PROGRAMS ALSO INCLUDE INFANT MASSAGE TRAINING, HELP ME GROW HOME VISITING, AND ACCENT SOCIAL WORK.

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

AND DAY CAMP PROGRAMS, AS WELL AS OTHER SPECIALIZED PROGRAMS. SUMMER CAMP PROGRAMS OFFERED BY THE ACHIEVEMENT CENTERS INCLUDE CHEERFUL DAYS, A DAY CAMP FOR CHILDREN 5 TO 21 YEARS OF AGE WITH DISABILITIES; SENSATIONAL DAY PROGRAM, PROVIDING EDUCATIONAL AND RECREATIONAL SERVICES FOR CHILDREN 5 TO 21 YEARS OF AGE WHO HAVE AUTISM; AND NUMEROUS OTHER RESIDENTIAL CAMP PROGRAMS FOR CHILDREN, ADOLESCENTS AND ADULTS. WEEKEND RESIDENTIAL CAMPING PROGRAMS ARE ALSO AVAILABLE YEAR ROUND. ALL CAMPING PROGRAMS PROVIDE MUCH NEEDED RESPITE FOR FAMILIES AND CAREGIVERS.

RECREATION ALSO FEATURES THERAPEUTIC HORSEMANSHIP AND ADAPTED SPORTS PROGRAMS. OUR THERAPEUTIC HORSEMANSHIP PROGRAM OFFERS RIDING LESSONS AND HORSEMANSHIP ACTIVITIES FOR CHILDREN AGE 4 AND OLDER AND ADULTS

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

ACHIEVEMENT CENTERS FOR CHILDREN

Employer identification number

34-0714766

WITH AND WITHOUT SPECIAL NEEDS. THE ADAPTED SPORTS PROGRAMS FOR CHILDREN AND TEENS WITH DISABILITIES INCLUDE TEAMS FOR FOOTBALL, WHEELCHAIR BASKETBALL, SOCCER AND BASEBALL OFFERING CHILDREN AND YOUNG ADULTS OPPORTUNITIES TO ENJOY AND SUCCEED IN SPORTS. ADAPTED AQUATICS IS DESIGNED FOR CHILDREN WITH NEUROLOGICAL, DEVELOPMENTAL, PHYSICAL AND COGNITIVE CHALLENGES AND TEACHES THEM INDEPENDENT SWIMMING AND WATER SAFETY.

ADULT SERVICES ARE PROVIDED AT CAMP CHEERFUL YEAR ROUND. OUR RIVER ROCK ADULT DAY PROGRAM PROVIDES A SEAMLESS CONTINUUM OF CARE FOR ADULTS WITH DISABILITIES IN A UNIQUE OUTDOOR ENVIRONMENT SURROUNDED BY NATURE. RIVER ROCK PROVIDES ENGAGING SOCIAL, RECREATIONAL, AND EDUCATIONAL ACTIVITIES FOR ADULTS WITH SPECIAL NEEDS AND DISABILITIES.

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

METHODS TO CREATE INDIVIDUALIZED EDUCATION PLANS FOR CHILDREN WITH AUTISM. THIS PROGRAM FILLS A VOID IN THE NORTHEAST OHIO AREA AND ALLOWS MANY MORE CHILDREN TO BENEFIT FROM THE BLENDED MODEL OF TEACHING WHICH THE ACHIEVEMENT CENTERS HAS PIONEERED AND WITH WHICH WE HAVE EXPERIENCED MUCH SUCCESS. WE SERVE HUNDREDS OF CHILDREN WITH AUTISM ACROSS ALL OF OUR PROGRAMS EACH YEAR AND ARE CONSIDERED AN EXPERT IN SERVING THE CHILDREN MOST SEVERELY AFFECTED BY THE DISORDER.

OUR SEL PROGRAM WAS RECENTLY IMPLEMENTED IN SCHOOL DISTRICTS AND CHILDCARE CENTERS. THIS PROGRAM ASSESSES THE SOCIAL EMOTIONAL DEVELOPMENT OF 3-5 YEARS OLDS, IDENTIFIES CHILDREN WHO NEED ADDITIONAL SUPPORT, AND EDUCATES AND EMPOWERS THE TEACHERS TO TAILOR STRATEGIES TO THOSE STUDENTS MAKING SURE TO ENGAGE PARENTS IN THE PROCESS. SOCIAL

Name of the organization

ACHIEVEMENT CENTERS FOR CHILDREN

Employer identification number

34-0714766

EMOTIONAL DEVELOPMENT IS CRITICAL TO SUCCESS IN SCHOOL AND LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THERAPY SERVICES INCLUDE COMPREHENSIVE PHYSICAL, OCCUPATIONAL AND SPEECH/LANGUAGE THERAPIES DESIGNED TO INCREASE THE FUNCTIONING OF CHILDREN WITH DISABILITIES. OUTPATIENT THERAPY SERVICES ARE PROVIDED AT HIGHLAND HILLS AND WESTLAKE. IN ADDITION, NORTH COAST THERAPY ASSOCIATES (NCTA) PROVIDES OCCUPATIONAL AND PHYSICAL THERAPY IN 10 SCHOOL DISTRICTS TO MEET THE NEEDS OF STUDENTS INDIVIDUALIZED EDUCATION PROGRAMS.

OUR EXPERT, LICENSED THERAPISTS HAVE ADDITIONAL TRAINING IN AREAS SUCH AS FEEDING, TRAUMATIC BRAIN INJURY AND NEURODEVELOPMENT TREATMENT. WE USE INNOVATIVE THERAPY APPROACHES AND BLENDED STRATEGIES TO ACHIEVE POSITIVE CHANGE IN FUNCTIONAL SKILLS. CHILDREN AND YOUNG ADULTS WITH A BROAD RANGE OF DISABILITIES BENEFIT FROM OUR HIGHLY-CUSTOMIZED CONTINUUM MODEL OF INTERVENTION ACROSS THEIR LIFESPAN. THERAPY SESSIONS MAY HAVE A MORE CONVENTIONAL DURATION AND FREQUENCY, THEY MAY BE DESIGNED ACCORDING TO OUR "BURST" METHOD OR THEY MAY BE MORE INTENSIVE. THE THERAPY CLINIC'S "BURST" TREATMENT MODEL IS DESIGNED TO GIVE CHILDREN AN ADDED CONCENTRATION OF THERAPY AND OPTIMIZE THEIR PROGRESS IN SHORTER-LENGTH SESSIONS. THE INTENSIVE THERAPY CLINIC INCREASES THE FOCUS, INTENSITY, AND DURATION OF THERAPY SESSIONS. TYPICAL RESULTS OF SUCH TREATMENT INCLUDE INCREASED MOTOR SKILLS, IMPROVED MUSCLE STRENGTH AND FLEXIBILITY, AND BETTER BALANCE AND COORDINATION. THERAPISTS COLLABORATE AS A TEAM TO OPTIMIZE OUTCOMES IN ALL AREAS OF THERAPY INTERVENTION.

EXPENSES \$ 2,934,765. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,213,066.

Name of the organization

ACHIEVEMENT CENTERS FOR CHILDREN

Employer identification number

34-0714766

COVID-19 - IMPACT THE ORGANIZATION WAS IMPACTED BY THE ONSET OF THE COVID-19 PANDEMIC. THIS EVENT REDUCED THE ABILITY OF THE ORGANIZATION TO PROVIDE SOME SERVICES IN SEVERAL OF ITS PROGRAMS. ON A TEMPORARY BASIS, SOME PROGRAMS SUSPENDED SERVICES UNTIL THE ORGANIZATION COULD REPOSITION ITSELF TO RESUME SERVICES OR FIND AN ALTERNATIVE METHOD OF PROVIDING SERVICES. IN ALL SUCH INSTANCES THE SAFETY AND WELL-BEING OF THE ORGANIZATION'S CLIENTS AND STAFF, AND ALL CONSTITUENTS, IS A FOREMOST CONSIDERATION IN RESUMING SERVICES.

THE ORGANIZATION HAS MAINTAINED STAFFING LEVELS THROUGHOUT THE PANDEMIC AT PRE-PANDEMIC LEVELS. THIS WAS CONSIDERED IMPERATIVE IN ENSURING THAT THE ABILITY TO CONTINUE PROGRAMS AND TO PROVIDE SERVICES, ONCE THE ORGANIZATION WAS ABLE TO, WOULD NOT BE IMPAIRED. THE ORGANIZATION WAS ABLE TO QUICKLY ORGANIZE ITSELF TO ENABLE VIRTUALLY ALL OF ITS EMPLOYEES TO WORK REMOTELY. AS A RESULT, THE ORGANIZATION WAS ABLE TO EVALUATE ALTERNATIVE WAYS TO OPERATE WHICH WILL BENEFIT THE ORGANIZATION IN THE FUTURE.

THE PANDEMIC EVENT PROVIDED THE ORGANIZATION WITH AN OPPORTUNITY TO CONSIDER OTHER MEANS FOR PROVIDING SERVICES. THE ORGANIZATION HAS INVESTED IN AND IMPLEMENTED VIRTUAL SERVICES AND TELEHEALTH SERVICES. BY IMPLEMENTING THESE SERVICES, THE ORGANIZATION IS ABLE TO BILL FOR SERVICES RENDERED AND THEREFORE ABLE TO MAINTAIN A REVENUE STREAM, IF AT A REDUCED LEVEL FOR THE TIME BEING. ADDITIONALLY, MANY OF THE PARTNERS WHO SUPPORT THE ORGANIZATION HAVE TAKEN STEPS TO CONTINUE THEIR SUPPORT THROUGH THIS DIFFICULT TIME BY WAY OF CLIENT REFERRALS AND FINANCIAL SUPPORT.

Name of the organization

ACHIEVEMENT CENTERS FOR CHILDREN

Employer identification number

34-0714766

THE ORGANIZATION HAS ANALYZED THE NET BOOK VALUE, REVENUE AND INCOME, AND HISTORIC SURPLUS/DEFICIT FOR ITS PROGRAMS, AND EVALUATED THE RESTART AND MEASURED REOPENING OF ITS PROGRAMS, IN ORDER TO DETERMINE IF THERE IS POSSIBLE PERMANENT OR LONG-TERM IMPAIRMENT OF THE ASSETS THAT SUPPORT THESE PROGRAMS OR THE ORGANIZATION'S ABILITY TO PROVIDE SERVICES ON PAR WITH PREVIOUS YEARS. NO SUCH IMPAIRMENT HAS BEEN DETERMINED.

ACC RECEIVED \$1,207,132 IN PAYCHECK PROTECTION PROGRAM (PPP) FUNDING ON APRIL 21, 2020. THE TERMS OF THE FUNDING AGREEMENT INDICATES THAT ACC MUST UTILIZE THE PROCEEDS TO FUND/OFFSET QUALIFYING EXPENSES OVER A 24-WEEK PERIOD. THE TERMS OF THE AGREEMENT SPECIFY THAT ACC MUST REPAY ANY UNFORGIVEN PRINCIPAL OF THE LOAN PLUS INTEREST, WHICH ACCRUES AT 1% ANNUALLY. THE LOAN AND INTEREST MAY BE FORGIVEN IF ACC MEETS THE CONDITIONS FOR SUCH FORGIVENESS OUTLINED IN THE PPP. ACC ANTICIPATES THE FULL AMOUNT OF THE LOAN TO BE FORGIVEN IN FISCAL YEAR 2021. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART III, LINE 1: ORGANIZATION'S MISSION

THE MISSION OF THE ACHIEVEMENT CENTERS FOR CHILDREN IS TO EMPOWER CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES TO ACHIEVE THEIR GREATEST POTENTIAL.

FOR 80 YEARS, THE ACHIEVEMENT CENTERS FOR CHILDREN (ACC) HAS SERVED CHILDREN AND ADULTS WITH A BROAD RANGE OF DISABILITIES AND SPECIAL NEEDS INCLUDING AUTISM, CEREBRAL PALSY, DOWN SYNDROME, AND OTHER PHYSICAL, DEVELOPMENTAL, NEUROLOGICAL AND EMOTIONAL CHALLENGES. FROM



Name of the organization

ACHIEVEMENT CENTERS FOR CHILDREN

Employer identification number

34-0714766

THE BEGINNING, THE AGENCY HAS DEMONSTRATED A COMMITMENT TO CAREFUL PLANNING AND THOUGHTFUL EVOLUTION IN PROGRAMMING, SERVICES AND FACILITIES TO BEST MEET THE NEEDS OF THOSE WITH DISABILITIES THROUGHOUT NORTHEAST OHIO.

ACC USES A FAMILY-CENTERED APPROACH TO PROVIDE CRITICAL COMPREHENSIVE SERVICES FOR CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES AT THREE AREA LOCATIONS: HIGHLAND HILLS, WESTLAKE, AND CAMP CHEERFUL IN STRONGSVILLE. EACH FAMILY WORKS IN PARTNERSHIP WITH AN INTERDISCIPLINARY TEAM TO DESIGN A PROGRAM THAT WILL MEET THE NEEDS AND ACHIEVE THE GOALS OF EACH CLIENT AND THEIR FAMILY. WHILE WE SERVE CLIENTS ACROSS THEIR LIFESPAN THROUGH A VARIETY OF PROGRAMS, THE SERVICES PROVIDED BY ACC ARE ROOTED IN THE PHILOSOPHY OF EARLY INTERVENTION AND 75% OF THE NON-RECREATIONAL CLIENTS WE SERVE ARE UNDER AGE 5. RESEARCH DEMONSTRATES THAT THE EARLIER RESOURCES AND SUPPORTS ARE MADE AVAILABLE TO FAMILIES, ESPECIALLY ECONOMICALLY DISADVANTAGED FAMILIES OR FAMILIES WITH ADDITIONAL CHALLENGES, THE BETTER THE FUTURE OUTCOMES FOR THE CHILD, FAMILY AND SOCIETY.

MORE THAN 3,312 CHILDREN AND ADULTS WITH DISABILITIES AND THEIR FAMILIES RECEIVED SERVICES FROM ACC THIS YEAR WITH MANY CHILDREN AND FAMILIES PARTICIPATING IN MORE THAN ONE OF OUR PROGRAMS AND SERVICES. WE WORK NOT ONLY WITH THE CHILDREN WHO HAVE SPECIAL NEEDS BUT ALSO ACTIVELY INVOLVE THE ENTIRE FAMILY. WE HELP FAMILIES DEAL WITH THE OFTEN CHALLENGING AND EMOTIONAL TIMES THAT ACCOMPANY RAISING A CHILD WITH A DISABILITY. WE ARE PARTNERS IN A FAMILY'S JOURNEY AND HELP CHILDREN AND THEIR FAMILIES FIND HOPE AND HELP. FAMILIES KNOW THAT WHATEVER THE CHALLENGE, WHATEVER THE OUTCOME, THEY HAVE ACCESS TO EXPERTISE AND

Name of the organization

ACHIEVEMENT CENTERS FOR CHILDREN

Employer identification number

34-0714766

RESOURCES. RAISING A CHILD WITH A DISABILITY CAN BE A DIFFICULT JOURNEY, BUT FAMILIES NEED NOT FEEL ALONE; THEY HAVE A PARTNER IN THE ACHIEVEMENT CENTERS AND CAN RELY ON AND TURN TO US WHEN THEY NEED ASSISTANCE.

APPROXIMATELY 4,207 SERVICES AND 194,201 SERVICE HOURS WERE PROVIDED TO OUR CLIENTS THIS YEAR. ACC IS COMMITTED TO ASSURING THAT NO FAMILY WILL GO WITHOUT ACCESS TO CRITICAL AND NECESSARY INTERVENTION. WITH 81% OF THE FAMILIES WE SERVE CONSIDERED LOW- TO MODERATE-INCOME, WE VIEW SERVICE REGARDLESS OF ABILITY TO PAY AS A VALUED TENET OF OUR AGENCY PHILOSOPHY. FOR THOSE FAMILIES WHO ARE ABLE TO PAY FOR SERVICES, ACC OFFERS A SLIDING FEE SCALE TO MINIMIZE FINANCIAL BURDEN. WE ARE A "FOUR STAR RATED CHARITY" (HIGHEST POSSIBLE) BY CHARITY NAVIGATOR. OF EVERY DOLLAR RAISED, OVER 83 CENTS GOES DIRECTLY FOR THE BENEFIT OF OUR CLIENTS AND TO FURTHER OUR MISSION.

THE AGENCY IS ACCREDITED BY CARF (COMMISSION ON ACCREDITATION OF REHABILITATION). OUR DIVERSE PROGRAMS ADDRESS THE OFTEN COMPLEX NEEDS OF CHILDREN WITH DISABILITIES AND THEIR FAMILIES. OUR CARING, EXPERIENCED AND COMPETENT STAFF PROVIDE SERVICES THAT ADDRESS SEVERAL KEY AREAS: EDUCATION, INCLUDING A SPECIALIZED SCHOOL FOR CHILDREN WITH AUTISM FOR K THROUGH 9TH GRADE, FAMILY SUPPORT SERVICES, THERAPY SERVICES, AND RECREATION INCLUDING OUR ADULT DAY PROGRAM.

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

THE PRESIDENT, EXECUTIVE VICE PRESIDENT OF FINANCE, AND CONTROLLER PARTICIPATE AND REVIEW INITIALLY. AN AD-HOC COMMITTEE IS FORMED (COMPRISED

Name of the organization ACHIEVEMENT CENTERS FOR CHILDREN	Employer identification number 34-0714766
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OF MEMBERS OF THE AGENCY'S FINANCE COMMITTEE AND EXECUTIVE COMMITTEE, AND INCLUDING THE TREASURER). THE PRESIDENT, EXECUTIVE VICE PRESIDENT OF FINANCE AND CONTROLLER MEET WITH THE AD-HOC COMMITTEE TO PRESENT THE DRAFT 990 AND ALL SUPPORTING DOCUMENTATION FOR THEIR REVIEW. THE 990 IS ALSO GIVEN TO EACH BOARD MEMBER VIA E-MAIL BEFORE IT IS FILED.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

COMPENSATION FOR THE PRESIDENT IS DETERMINED AND SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE, NONE OF WHOM HAVE A CONFLICT OF INTEREST WITH RESPECT TO THIS ISSUE, DELIBERATE AMONG THEMSELVES, CONSULT MULTIPLE COMPENSATION SURVEYS, AND CONSULT WITH OTHER NON-PROFIT BOARDS IN ORDER TO SET THE COMPENSATION LEVEL. THE COMMITTEE IS ALSO ABLE TO ACCESS PUBLIC INFORMATION REGARDING EXECUTIVE COMPENSATION IN OTHER NON-PROFIT ORGANIZATIONS. SOME OF THE COMPENSATION SURVEYS USED ARE: CHARITY NAVIGATOR, OANO/UNITED WAY, EMPLOYER'S RESOURCE COUNSEL, AND MORE.

WHILE THE PRESIDENT SETS THE COMPENSATION LEVEL FOR OFFICERS, MANAGERS, AND KEY EMPLOYEES, THIS IS DONE AFTER CONSULTING COMPENSATION SURVEYS, MARKET

Name of the organization ACHIEVEMENT CENTERS FOR CHILDREN	Employer identification number 34-0714766
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CONDITIONS, AND HAVING AN AWARENESS OF WHAT OTHER NON-PROFITS PAY FOR SIMILAR POSTIONS. ADDITIONALLY, ALL COMPENSATION IS INCLUDED IN THE AGENCY'S BUDGET, AND THE BUDGET IS REVIEWED AND APPROVED BY OUR INDEPENDENT BOARD OF DIRECTORS.

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

ALL THE AFOREMENTIONED DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT	-3,247.
CHANGE IN VALUE OF BENEFICIAL INTERESTS	-35,026.
TOTAL TO FORM 990, PART XI, LINE 9	-38,273.

FORM 990, PART X, LINE 27

ADDITIONAL DISCLOSURE: THE UNRESTRICTED NET ASSETS AT YEAR END 06/30/2020 WERE AS FOLLOWS:

UNDESIGNATED	1,194,396
NET INVESTMENT IN PROPERTY AND EQUIPMENT	7,758,725
BOARD DESIGNATED ENDOWMENT	10,558,406
TOTAL UNRESTRICTED	\$19,511,527

WE INVITE INTERESTED INDIVIDUALS TO VISIT OUR WEBSITE AT WWW.ACHIEVEMENTCENTERS.ORG

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**ACHIEVEMENT CENTERS FOR CHILDREN**

Employer identification number  
**34-0714766**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTH COAST THERAPY ASSOCIATES, LLC - 81-5342591, 4255 NORTHFIELD ROAD, HIGHLAND HILLS, OH 44128	OCCUPATIONAL AND PHYSICAL THERAPY SERVICES	OHIO	1,520,594.	1,446,386.	ACHIEVEMENT CENTERS FOR CHILDREN

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			







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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ACHIEVEMENT CENTERS FOR CHILDREN</b>	Taxpayer identification number (TIN) <b>34-0714766</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4255 NORTHFIELD ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HIGHLAND HILLS, OH 44128</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**SCOTT PEPLIN**

- The books are in the care of ▶ **4255 NORTHFIELD ROAD - HIGHLAND HILLS, OH 44128**  
Telephone No. ▶ **216-292-9700** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

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

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