

May 06, 2019

Ms. Caitlin Grogan Lucy's Love Bus Charitable Trust, Inc. P.O. Box 464 Amesbury, MA 01913

Dear Ms. Grogan:

Enclosed herewith are the tax returns for Lucy's Love Bus Charitable Trust, Inc. for the period ended December 31, 2018 and copies of the above returns for your files.

Form 990 has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date, and return the Form 8879-EO to our office. We will then submit your electronic return to the IRS. This return is due May 15, 2019. Do not mail a paper copy of the return.

Form PC-Annual Report should be signed and dated by the President on pages 11 and 16 and by the Treasurer on page 16. The Annual Report should be mailed to the Office of the Attorney General, Division of Public Charities, One Ashburton Place, Boston, MA 02108. There is an annual filing fee due with this report in the amount of \$125.00. The Attorney General's Office does not accept the check form of payment. Please log onto the Attorney General's website https://www.paybill.com/maagocharities and click on "make payment." Log in using the amount in box 5B on page 2 of the Form PC and your six digit Attorney General #047001. The AG's website does not accept credit card payments, therefore, you will need to have your bank routing and account numbers on hand to complete the process. Please insert the electronic payment confirmation number on page 1 of Form PC before mailing. This return is due by May 15, 2019.

The Massachusetts Non-Profit Corporation Annual Report should be signed and dated by the President and mailed to: Mr. William Francis Galvin, Secretary of the Commonwealth, Attn: Annual Report -AR180, One Ashburton Place, Boston, MA 02108-1512. There is a payment due in the amount of \$15.00 with this return. Please make the check payable to the Commonwealth of Massachusetts. The return is due by November 1, 2019.

The New Hampshire Annual Report Certificate should be signed by the President and maled to the Office of the New Hampshire Attorney General Charitable Trusts Unit, 33 Capitol Street, Concord, NH 03301-6397. There is an annual filing fee due with this report in the amount of \$75.00. Please make the check payable to the State of New Hampshire. The check should contain the following: the full name of your organization; the fiscal year-end date of 12/31/18; and stat the State Registration #13968 on the front of the check. This return is due May 15, 2019.

Should you have any questions concerning the enclosed, please feel free to call at your convenience.

Sincerely,

Raymond L. Anstiss, Jr.,, CPA Anstiss & Co., P.C.

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

A F	For the	2018 calendar year, or tax year beginning and ending	j							
В	Check if applicable	C Name of organization	D Employer iden	tification	number					
	Addres change	LUCY'S LOVE BUS CHARITABLE TRUST, INC.								
	Name change	Doing business as	20-	-40362	256					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s			300					
	Final return/ termin-	P.O. BOX 464		3-204-	-8734					
_	ated	City or town, state or province, country, and ZIP or foreign postal code	ince, country, and ZIP or foreign postal code G Gross receipts \$							
<u> </u>	Amend return Applica	AMESBURY, MA 01913	H(a) Is this a grou	p return						
<u> </u>	tion pending	L Name and address of bunchar omicer: OODT DELIBERIIS	for subordina	tes?	Yes X No					
		SAME AS C ABOVE	H(b) Are all subordinat							
		mpt status: X 501(c)(3) 501(c) ( )			e instructions)					
		e: ► LUCYSLOVEBUS.ORG	H(c) Group exemp							
		organization: X Corporation	Year of formation: 2006	M State	of legal domicile: MA					
ı ı			700 COMPORE 1							
9	1 6	Briefly describe the organization's mission or most significant activities: TO DELIX	<u>/ER COMFORT /</u>	<u>ир Ог</u>	JALITY					
nar	2	OF LIFE TO PEDIATRIC CANCER PATIENTS BY PROV	TDING FUNDS	FOR E	REE					
Activities & Governance		Check this box  if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)	1	1	4.0					
යි		Number of voting members of the governing body (Part VI, line 1a)		3	13					
ళ	5 7	otal number of individuals employed in calendar year 2018 (Part VI, line 1a)		4	12					
iţie	6 7	otal number of volunteers (estimate if necessary)		5	5					
Ę	7a ]	otal unrelated business revenue from Part VIII, column (C), line 12		6	25					
ď	b	Net unrelated business taxable income from Form 990-T, line 38		7a 7b	0.					
		The second secon	Prior Year		0. Current Year					
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	561,543		373,520.					
	9 F	Program service revenue (Part VIII, line 2g)		) <b>.</b>	0.					
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			18.					
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-662		-2,824.					
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	560,921		370,714.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5.	69,609.						
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		).	0.					
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	193,350		189,842.					
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		).	0.					
ă	Ь٦	otal fundraising expenses (Part IX, column (D), line 25)   47,374.								
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,560	).	158,557.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	377,635	j <b>.</b>	418,008.					
_ 0	19 F	Revenue less expenses. Subtract line 18 from line 12	183,286	; <b>.</b>	-47,294.					
Net Assets or Fund Balances			Beginning of Current Ye		End of Year					
Sse Bala	20 7	otal assets (Part X, line 16)	362,084		315,357.					
und/	21 7	otal liabilities (Part X, line 26)	80,462		<u>81,029.</u>					
	<u>22                                   </u>	let assets or fund balances. Subtract line 21 from line 20	281,622	1.1	<u>234,328.</u>					
	CONTRACTOR OF THE PERSON OF TH	ities of perjury, I declare that I have examined this return, including accompanying schedules and st		, , ,						
true.	. correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	atements, and to the best o	r my knowle	edge and belief, it is					
,		Land outplaces books and it property (other than officer) is based on all information of which pre-	parer has any knowledge.							
Sig	n	Signature of officer	l Date							
Her	1	JODI DELIBERTIS, PRESIDENT	- 4							
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check		PTIN					
Paid		RAYMOND L. ANSTISS, JR. RAYMOND L. ANSTISS,	04/11/19 if self-em	L	0142883					
Prep		Firm's name ANSTISS & CO., P.C.	Firm's EIN		2917204					
Use	Only	Firm's address 1115 WESTFORD STREET	THITTOEN	<u> </u>	<u> </u>					
		LOWELL, MA 01851	Phone no. (	978)	452-2500					
May	the IR	S discuss this return with the preparer shown above? (see instructions)	1		Yes No					

	1990 (2018) LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-40	36256	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO DELIVER COMFORT AND QUALITY OF LIFE TO PEDIATRIC CANCER PA		BY
	PROVIDING FUNDS FOR FREE INTEGRATIVE THERAPIES AND TO OFFER Y		
	PEOPLE LIFELONG LESSONS IN LEADERSHIP AND SERVICE TO OTHERS T	<u>HROUGH</u>	
	PHILANTHROPY.		
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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, a	nd
	revenue, if any, for each program service reported.	. ,	
4a	(Code:) (Expenses \$ 302,078. including grants of \$ 69,609.) (Revenue \$		)
	PROVISION OF INTEGRATIVE THERAPIES TO CHILDREN COPING WITH CA	NCER OF	?
	THE LATE EFFECTS OF CANCER TREATMENT		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
	,		
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		1
	/ (Novelide 9		
			<del></del>
			-1
4d	Other program services (Describe in Schedule O.)		<del></del>
Tu		,	
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 302,078.		<del></del>
	302,070 •	0	00 (00 : =:
		rorm 9	<b>90</b> (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
3		_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			7.7
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7_	ļ	X
Ŭ				3,7
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		X
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV			~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		42
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1111		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
J	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV			37
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		-41
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 27 if "res", complete Schedule (, Parts I and II)  23 Did the organization inserves "res" to Part IVI, Scient A, Ilino 3, or a 5 bout compensation of the organization's current and former officent, directors, flustross, key employees, and highest compensation of the organization flustross ("res" to Part IVI, Scient A, Ilino 3, or a 5 bout compensation of the organization current and former officent, directors, flustross, key employees, and highest compensation of the organization flustross ("res") to the 28s.  24a Did the organization have a tax-earmed bond leave with an outstanding principal amount of more than \$100,000 as of the said day of the year, that was its stead offer December 31, 2002? If "res," instert rises 24b through 24d and complete Schedule K. If "No." or to the 28s.  24b Did the organization have a tax earmed bond leave with an a rothering secror at any time during the year?  24c Did the organization and sain on behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization serves that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the stansaction with a disqualified person in a prior year, and that the stansaction with a disqualified person in a prior year, and that the stansaction with a disqualified person in a prior year, and that the stansaction with a disqualified person in a prior year, and that the stansaction have the prior if the organization person of the organization prior of the organization pr		1990 (2018) LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036 rt IV Checklist of Required Schedules (continued)	5256	Р	age 4
22 I Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22 If Virey, complete Schedule (, Part is I and II) or the organization answer "Yes" to Part IXI, Section A, I lina 3, 4, or 5 about compensation of the organization surrent and former officies, directors, trustees, key employees, and highest compensated employees? If Virey, complete Schedule (, Part II) and the organization answer was a toward organization answer was a toward organization and the satisfaction of the year, that was issued after December 31, 2002? If Virey, "answer lines 24b through 24d and complete Schedule II, Virey," in the was a toward organization invest any proceeds of travexampt bonds beyond a temporary period exception?  24b				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A. Ilino 3, 4, or 6 about compensation of the organization sument and former offices, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule I. 24 Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 If Yes," answer lines 240 through 24d and complete Schedule I. If Wile, you to live 25s.  24b Did the organization waves that proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization waves that the reason of the complete of the organization wave that the reason of the organization and the complete of the organization wave that the reason of the reason of the organization wave that the reason of th	22				
and former officers, directors, trustoes, key employees, and highest componated employees? If "Yes," complete Schedule I, If "Yes," complete Schedule I, If "Yes," to be successful to the organization have a tax-exempt bond issue with an octatanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "Yes," to go to line 25a.  b Did the organization maintain an excrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?  24d			22	Х	
Schedule / Late organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? if "Yes," answer lines 24b through 24d and complete Schedule (if "Ne.," por to the 25a.  24a    b Did the organization maintain an secroes account other than a refunding secroes at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an secroes account other than a refunding secroes at any time during the year?  24d    25d    d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d    25d    Section 50(16)8, 001(40)4, and 610(4)20 pragnizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization awave that it engaged in an excess benefit transaction has not been reported on any of the organization prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I  25d Did the organization report any amount on Part X, line 5, 6, or 22 for recohables from or psyables to any current or former differs, directors, rustees, key employees, bigheat complexated employees, co. disqualified persons? If "Yes," complete Schedule L, Part II    27 Did the organization provide a grant or or their assistance to an orfficer, director, trustee, or former offers, directors, trustees, or key employee? If "Yes," complete Schedule L, Part II    28 Was the organization are part to a business transaction with one of the following parties (see Schedule L, Part IV    28 A manthly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    29 A manthly of which a current or former officer, director, trustee, or key employee? If "Yes," compl	23				
Section 6 organization nerve a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002 if 1 **ex*, amove fine 32 **bit mough 24 and complete Schedule K. If 'No.,' go to line 25e.					
Section 6 organization nerve a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002 if 1 **ex*, amove fine 32 **bit mough 24 and complete Schedule K. If 'No.,' go to line 25e.		Schedule J	23		X
Schedule K. If 'No.' go to line 25s	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b   Cold the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c   Cold the organization area as an *on behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25d   Section 501c(x)3, 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X    25a   Section 501c(x)3, 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provide and that the organization report any amount on Part X line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustese, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II   25b   X    27 Did the organization provide a grant or other assistance to an officer, director, trustes, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entiry of ramily member of any of these persons? If "Yes," complete Schedule L, Part IV   27   X   28b   X   27   X   28b   X					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-exempt bonds?  d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   25a Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a dequalified person during the year? If 'Yes, 'complete Schedule L, Part I   25a   X    b) Is the organization sware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, forectors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II   25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, bey employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' committee sements or any other sements or any other sements or applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   25a A mentity of which a current or former officer, director, trustee, or key employee of a family member thereof) was an officer, director, trustee, or key employee of a family member thereof) was an officer, director, trustee, or key employee of a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect own	h	Did the organization invest any proceeds of tay exempt bands beyond a term are a risk and a very transfer in			<u> X</u>
any tax-exempt bonds?  d Did the organization at as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outring the year?  25c Is is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provide and that the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offices, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  25c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  26c An entity of which a current or former officer, director, trustee, or key employees? If "Yes," complete Schedule L, Part IV  27d A Current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  256 Section 501(03), 501(04), and 501(04)	Ŭ		04.		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		ļ	
b Is the organization own that disqualified person during the year? If Yes, "complete Schedule L, Part I   256   X    b Is the organization as that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spiror Forms 990 or 980-827 if "Yes," complete Schedule L, Part I   256   X    26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivablios from or psyables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II   26   X    27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant electron committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   27   X    28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds; conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   26a   X    28b   X   X    5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   26a   X    29c   Did the organization receive more than \$250.00 in non-cash contributions? If "Yes," complete Schedule L, Part IV   26a   X    30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV   30   X    31 Did the organization in eleven where the contributions of a trust and the part I   31   X    32 Did the organization in eleven where the second contributions of the part I   31   X    33 Did the organization in eleven where the second contributions? If "Yes," complete			240		<del></del>
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (if "Yes," complete Schedule L, Part I   25b   X   25b   X   25b			252		v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	20a		-23
Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III  28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  29 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization liquidate, terminate, or dissolve and cease operations?  11 "Yes," complete Schedule M, Part I  20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  30 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  31 Did the organization have a controlled entity within					
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officines, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X carrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X X 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part IV 28c X X 29b X X 29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation on contributions? If "Yes," complete Schedule N, Part I 30b Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of		Only adult 1 Double	25b		Х
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M			
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Did the organization liquidate, terminate, or dissolve and cease operations?   If "Yes," complete Schedule N, Part I		contributions? If "Yes," complete Schedule M	30		x
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  32 JX  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  b if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and 19?  Note. All Form 990 filers are required to complete Schedule O  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  1a Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1		If "Yes," complete Schedule N, Part I	31		х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35a		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  356  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a  Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	34				
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If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36	Section 501(c)(3) organizations. Did the organization make any transfers to an example population related example and transfers to an example population or charitable related example and transfers to an example population.	35b		
237 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		If "Yes," complete Schedule R. Part V. line 2	00		37
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Check if Schedule O contains a response or note to any line in this Part V  Table Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Note. All Form 990 filers are required to complete Schedule O	38	x	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
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1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     36       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(gambling) winnings to prize winners?	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C	)		
	С	the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			

Form **990** (2018)

### 018) LUCY'S LOVE BUS CHARITABLE TRUST, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		ı ı	Inches and an	Yes	No	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a 5	<u> </u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)				
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X	
þ	If "Yes," enter the name of the foreign country:					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit				
	any contributions that were not tax deductible as charitable contributions?		6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?		8			
9	Sponsoring organizations maintaining donor advised funds.					
а			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	***************************************	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	• O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or				
	excess parachute payment(s) during the year?		15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X	
<del></del>	If "Yes," complete Form 4720, Schedule O.					
				-	-	

Form 990 (2018)

LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	••••		X
Sec	tion A. Governing Body and Management		***************************************	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	<b></b>	X
7a				-2.
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	rithuralisti 4
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	102		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	)s onlv	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	CAITLIN GROGAN - 978-204-8734			
	P.O. BOX 464, AMESBURY, MA 01913			

# 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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JODI DELIBERTIS CHAIR	2.00	X		x				0.	0.	0.
(2) CAITLIN GROGAN EXECUTIVE DIRECTOR	40.00	x		х				81,691.	0.	8,320.
(3) KELLY BALESTRIERI SECRETARY	2.00	x		х				0.	0.	0.
(4) ROBERT DOLAN TREASURER	2.00	х		x				0.	0.	0.
(5) SARAH OLESON DIRECTOR	1.00	x						1,105.	0.	0.
(6) PETER DIGIANO DIRECTOR	1.00	x						0.	0.	0.
(7) LISA TIRONE DIRECTOR	1.00	x						0.	0.	0.
(8) VANESSA RUGET DIRECTOR	1.00	х						0.	0.	0.
(9) ELLIE ATHERTON DIRECTOR	1.00	х						0.	0.	0.
(10) MARK IANNUCCILLO DIRECTOR	1.00	х						0.	0.	0.
(11) LANI SHUMWAY DIRECTOR	1.00	x						0.	0.	0.
(12) JEFFREY BANVILLE DIRECTOR	1.00	x						0.	0.	0.
(13) DAVID REMILLARD DIRECTOR	1.00	х						0.	0.	0.
Market Control of the										

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
	<b>(A)</b> Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC	D)	from th organizat and relat organizati	e tion ted
<del></del>							<u> </u>				+		
1b	Sub-total			L				<b></b>	82,796.		0.	8,3	20.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····					<b>▶</b>	0. 82,796.		0.	8,3	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	0,000 of reportable			C
3	Did the organization list any <b>former</b> officer,											Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	m of reportab	le co	mpe	ensa	atior	and	t oth	her compensation from	the organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	ion f	rom	any	unr unr	elat	ed organization or indiv	idual for services	•••	4	X
Sec	tion B. Independent Contractors	piete Scrieduii	<del>9</del> J 10	or st	icn j	pers	son .					5	X
1	Complete this table for your five highest co the organization. Report compensation for	mpensated ind the calendar y	depe ear e	ende endi	nt c	ontr vith	acto or w	rs t ithir	hat received more than	\$100,000 of comp	ensa	ation from	
	(A)								<b>(B)</b> Description of s		Co	(C) ompensatio	n
					**								
							.,						
							·	_					
2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to		_	sted	l above) who received m	nore than			
	\$100,000 of compensation from the organization	zation				(	)						

		Check if Schedule O conta	ains a response	or note to any lir	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c c c c c c c c c c c c c c c c c c c	d Related organizations	1b 1c 1d ions) 1e 1s, and ve 1f 1a-1f: \$		373,520.			312 - 314
Other Revenue Re		f All other program service reverse Total. Add lines 2a-2f	dividends, inter	est, and oroceeds	18.			18.
	•	_	(i) Real	(ii) Personal				
	7 4	a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)	(i) Securities	(ii) Other				
	8 :	d Net gain or (loss)	ng events (not ) 49 • of e 1c). See					-5,179
	9	a Gross income from gaming at Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaments.	ctivities. See	)				
		a Gross sales of inventory, less and allowances	kes of inventory	0	2,355			2,355
		b c d All other revenue						
	12	e Total. Add lines 11a-11d  Total revenue. See instructions			370,714	. 0	. 0	-2,806

### 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).

D	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		<del></del>		
2	Grants and other assistance to domestic		<b>50 500</b>		
	individuals. See Part IV, line 22	69,609.	69,609.		
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,	01 116	F4 00F	1.4.064	0= 0=0
	trustees, and key employees	91,116.	51,205.	14,861.	25,050.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	00 770	CC C25	7 070	C 075
7	Other salaries and wages	80,770.	66,625.	7,870.	6,275
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	3,876.		2 076	
9	Other employee benefits	14,080.	9,559.	3,876.	
10	Payroll taxes	14,000.	9,339.	1,747.	2,774
11	Fees for services (non-employees):				
a	Management				
b	Legal	15,505.		15 505	
_	Accounting	15,505.		15,505.	
d	Lobbying Preference fundamining continue See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10,160.	4,680.	E 222	247
40	column (A) amount, list line 11g expenses on Sch O.)	1,592.	1,447		
12	Advertising and promotion	14,948.	4,073		
13	Office expenses	9,961.	3,815		
14	Information technology	9,901.	3,013	2,835.	3,311
15	Royalties	18,801.	16,107.	1,361.	1 222
16	Occupancy	2,939.	1,763		
17	Travel Payments of travel or entertainment expenses	4,333.	1,703	313.	863
18					
40	for any federal, state, or local public officials		V-0-4		
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	1,560.	1,091.	469.	
23		2,614.	868		
24	Other expenses. Itemize expenses not covered	2,014.		070	000
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	70,471.	70,471		
b	BAD DEBT EXPENSE	5,893.	10/4/11	5,893.	
c	GIVE AWAYS AND MERCHAND	1,899.		3,093	1,899
d	VEHICLE EXPENSE	981.	721	260.	
e	All other expenses	1,233.	44.		470
25	Total functional expenses. Add lines 1 through 24e	418,008.	302,078		
26	Joint costs. Complete this line only if the organization	==0,000•	302,010	00,330	41,3/4
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	obacamona campaign and fandraiding acilottation.			1	i i

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		149,937.	1	160,055.
	2	Savings and temporary cash investments		6,668.		6,678.
	3	Pledges and grants receivable, net		189,401.	3	138,424.
	4	Accounts receivable, net			4	230/121
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated	·			
	ļ	Part II of Schedule L	. The street of the supplemental and the supplemental sup	5	e producer in the character of the filter of the company of the co	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 495				
		employers and sponsoring organizations of section 5				
S		employees' beneficiary organizations (see instr). Con			6	
Assets	7	Notes and loans receivable, net		7		
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,918.	9	6,600.
		Land, buildings, and equipment: cost or other		10,910.	, J	0,000.
		basis. Complete Part VI of Schedule D 10a	13.419.			
	ь	Less: accumulated depreciation 10i		2,810.	10c	1 250
	11	Investments - publicly traded securities		2,010.		1,250.
	12	Investments - other securities. See Part IV, line 11		11		
	13	Investments - program-related. See Part IV, line 11		12		
	14	Intangible assets		13		
	15	Other assets. See Part IV, line 11		2,350.	14	2 250
	16	Total assets. Add lines 1 through 15 (must equal line		362,084.	15	2,350.
	17	Accounts payable and accrued expenses				315,357.
	18		3,640.		6,650.	
	19	Grants payable	76,822.		74,379.	
	20	Deferred revenue		19		
	21	Tax-exempt bond liabilities	V of Cohookula D		20	
"	22	Loans and other payables to current and former office	v or schedule D		21	
Liabilities						
ΙĮ		key employees, highest compensated employees, ar				
E.	00	Complete Part II of Schedule L			22	
	23 24	Secured mortgages and notes payable to unrelated t	nira parties		23	
		Unsecured notes and loans payable to unrelated thir Other liabilities (including federal income tax, payable	d parties		24	
	25					
		parties, and other liabilities not included on lines 17-2 Schedule D	· · · · · ·			
	06	T-1-1 P-1 PP Add P 47 U 1 OF		00.460	25	
	26			80,462.	26	81,029.
40		Organizations that follow SFAS 117 (ASC 958), ch				
ĕ	07	complete lines 27 through 29, and lines 33 and 34.		4.5.5		
<u>la</u>	27	Unrestricted net assets		46,673.	27	54,994.
Ba	28	Temporarily restricted net assets		234,949.	28	179,334.
ဋ	29				29	
Ę.		Organizations that do not follow SFAS 117 (ASC 9	58), check here 🕨 📖			
Ō	00	and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipm			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income	e, or other funds		32	
_	33	Total net assets or fund balances		281,622.	33	234,328.
	34	Total liabilities and net assets/fund balances		362,084.	34	315,357.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
					V A	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37	0,7	156	
2	Total expenses (must equal Part IX, column (A), line 25)	2	41	8,0	15	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	1,6	22.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	23	4,3	28.	
Pai	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· · · · · ·		
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	ĺ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 

20-4036256 LUCY'S LOVE BUS CHARITABLE TRUST Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						· · · · · · · · · · · · · · · · · · ·
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				, **		
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	,
	organization, check this box and stop					<u> </u>	
	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2018 (	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2017. If the o	organization did not	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	<b>t - 2018.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% or	more.
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par	t VI how the organiz	ation
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	t - <b>2017.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 10	9% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, cl	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test. 7	The organization o	ualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	<u>n did not check a t</u>	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	
						dule A (Form 990 o	r 990-EZ) 2018

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### Schedule A (Form 990 or 990-EZ) 2018 LUCY'S LOVE BUS CHARITABLE TRUST, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 20-4036256 Page 3

(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.)

Sec	etion A. Public Support	<u> </u>	oloto i art mj						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20	018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not					]			
	include any "unusual grants.")	210,965.	406,009.	329,706.	561,543.	373.	520.	188174	43.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,246.	3,875.	8,736.	5,743.		355.	25,9	
3	Gross receipts from activities that								
	are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	216,211.	409,884.	338,442.	567,286.	375,	875.	190769	98.
	Amounts included on lines 1, 2, and				7=000	<u> </u>	0,00	_ = 3070.	<i>.</i>
	3 received from disqualified persons								0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								<u> </u>
	amount on line 13 for the year	7,516.	67,902.	<u>92,762.</u>			026.	274,13	32.
C	Add lines 7a and 7b	7,516.	67,902.	92,762.	52,926.	53,	026.	274,13	32.
	Public support. (Subtract line 7c from line 6.)							163356	66.
	ction B. Total Support				1	T			
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2		(f) Total	
	Amounts from line 6	216,211.	409,884.	338,442.	567,286.	375,	875.	190769	98.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			13.	40.		18.		71.
b	Unrelated business taxable income			<u> </u>	=0.		10.		<u>/ L •</u>
_	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b			13.	40.		18.	F	71.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			13.	40.		10.		<u>/                                    </u>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	216,211.	409,884.	338,455.	567,326.	375	893	190776	59
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a section	n 501(c)(3	) organiz	ation	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	check this box and stop here				, ,	., 00 . (0)(0	, organizi	ation,	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13.	column (fl)		15		85.63	0/
16	Public support percentage from 2017	Schedule A. Part	III. line 15		•••••	16		86.91	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage			10		00.31	%
	Investment income percentage for 20			ne 13 column (fl)		17			
	Investment income percentage from 2					18		.00	%
	33 1/3% support tests - 2018. If the			on line 14 and line				.01	%
	more than 33 1/3%, check this box as	ndston here The	organization qualit	ine se a publish -	upported errec'e				47
h	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 - 2017. 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 executation	n did not abant	op nere. The organ	nzation qualifies a	is a publicly suppo	orted orga	nization	▶	$\sqsubseteq$
	Private foundation. If the organizatio	ii did not check a l	box on line 14, 19a	a, or 19b, check th					
83202	3 10-11-18				Sch	edule A (F	orm 990	or 990-EZ)	2018

# Schedule A (Form 990 or 990-EZ) 2018 LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256 Page 4

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Part IV   Supporting Organizations (continued)	Sch	edule A (Form 990 or 990-EZ) 2018 LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4	103625	6 Pa	age <b>5</b>
11 Has the organization accepted a gift or contribution from any of the following persons?  A person with officity of inforticy controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization?  1 A family member of a person described in (a) or (b) above?  A 33% controlled entity of a person described in (a) or (b) above?  A 33% controlled entity of a person described in (a) or (b) above?  1 Did the directors, trustees, or membership of one or more supported organizations have the power to mouthly appeared to the complex organizations of the directors or trustees at all times during the tax year? If "No," describe he part VI, how the supported organization's directors or trustees at all times during the tax year and the organization and the supporting organization and and and the organization and and and the organization and and and the supported organization and (s) copies of the supported or	Pa	rt IV   Supporting Organizations (continued)			
a 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 A family member of a person described in (a) above?  c A 3395 controlled entity of a generon described in (a) of (c) below? If "Yes" to a, b, or c, provide defail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, instales, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year If "No," describe in Part VI how the supported organization, describe how the powers to application and more than one supported organization, describe how the powers to application and more than one supported organization, describe how the powers to applications and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operated for the benefit of any supported organization other than the supported organization, describe how the powers to applied to such powers during the tax year.  1 Did the organization operated for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supported organization operated any supervised, or controlled the supported organization operated any supervised, or controlled the supported organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's powering organization provided controlled or menaged the organization's powering organization's directors, or trustees of each of the organization's provided c				Yes	No
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3b		Activities Tost. Answer (a) and (b) below	instructions		
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trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3a  3b	_				
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		trustees of each of the supported organizations? Provide details in Part VI.	3a	311111111111111111111111111111111111111	
	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			F
	00:-		3b		

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	edule A (Form 990 or 990-EZ) 2018 LUCY'S LOVE BUS CHARITA			0-4036256 Page 6
	Typo in item i anotionally integrated eco(u)(e) capporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) <b>See instructions.</b> Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	·	
_4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 7\_ Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019, Add lines 3i and 4c. Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018 <b>LU</b> (	CY'S LOV	<u>E BUS</u>	CHARIT.	ABLE	TRUST,	INC.	20-40362	56 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, tion D. lines 2	, 3c, 4b, 4c, 5a, and 3: Part IV.	6, 9a, 9b, Section E.	9c, 11a, 11b, a lines 1c, 2a, 2	and 11c; b. 3a. an	Part IV, Secti d 3b: Part V	on B, lines 1 ine 1: Part V	17b; Part III, line and 2; Part IV, Se	۱۵.
	(See instructions.)						110			
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### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

		CI S LOVE BUS CHARITABLE TRUST, INC.	<u> 20-4</u> 036256
Organization	type (check on		
Filers of:		Section:	
Form 990 or 9	990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 990-PF		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule	•		
X For a	an organization erty) from any c	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or total contributions.
Special Rules	s		
secti any d	ions 509(a)(1) a one contributor	described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount ine 1. Complete Parts I and II.	or 16b, and that received from
year,	, total contributi ention of cruelty	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the co	ational purposes, or for the
year, is ch purp	, contributions e ecked, enter he ose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, plete any of the parts unless the <b>General Rule</b> applies to this organization because it received, contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box charitable, etc., eceived nonexclusively
but it <b>must</b> an	nswer "No" on F	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990, 990-EZ, or 990-PF), rm 990-PF, Part I, line 2, to

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

Name of organization

Employer identification number

### LUCY'S LOVE BUS CHARITABLE TRUST, INC.

20-4036256

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARA DUINN FOUNDATION  29 CENTRAL STREET  LOWELL, MA 01852	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SIEMENS CHARITABLE GOLF OUTING  85 JOHN ROAD  CANTON, MA 02021-2826	\$14,726.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CENTRAL CATHOLIC HIGH SCHOOL  300 HAMPSHIRE STREET  LAWRENCE, MA 01841	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SHARON CLOAD & MEREDITH FISHER  9 GRANVILLE ROAD  CAMBRIDGE, MA 02138	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BOSTON SOLAR  55 6TH ROAD  WOBURN, MA 01801	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HARD ROCK HEALS FOUNDATON 6100 OLD PARK LN ORLANDO, FL 32835	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

### LUCY'S LOVE BUS CHARITABLE TRUST, INC.

20-4036256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WINNIFRED OWSIAK  81 CONGRESS ST  AMESBURY, MA 01913	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>	NEWBURYPORT FIVE CENTS SAVINGS CHARITABLE FOUND.  63 STATE ST NEWBURYPORT, MA 01950	\$ 8,259.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FRANK L. CURRIER CHARITABLE FOUNDATION 52 HIGHLANDS RD SOUTH HAMPTON, NH 03827	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SARAH GRIDLEY  12804 CHILLICOTHE RD #447  CHESTERLAND, OH 44026	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	LOWELLFIVE PO BOX 440 LOWELL, MA 01853	\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### LUCY'S LOVE BUS CHARITABLE TRUST, INC.

20-4036256

	Noncash Property (see instructions). Use duplicate copies of P	art in it additional opado to nodada.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of orga	anization		Employer identification number					
LUCY'S	LOVE BUS CHARITABLE TR	UST, INC.	20-4036256					
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, che Use duplicate copies of Part III if additional s	ns to organizations described in s hrough (e) and the following line entaritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Deparintion of house side in L. I.					
Part I	(b) Li posso di gili	(o) ose of gift	(d) Description of how gift is held					
-		(e) Transfer of gift	•					
	Transferee's name, address, and	-	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee					
-								

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Inspection

Name of the organization

Employer identification number

100000000000000000000000000000000000000	LUCY'S LOVE BUS CHA	ARITABLE 1	RUST,	INC.	20-4036256
Pa	t I Organizations Maintaining Donor Advised	d Funds or Otl	her Simila	ar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line				,
		(a) Donor a	dvised fund	s (	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 w	vriting that the acc	ete held in d	oper advised fun	do
	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor ac				
Ū	for charitable purposes and not for the benefit of the donor or				
Pa	impermissible private benefit?  t II Conservation Easements. Complete if the organization	onization anawara	d "Voo" on F	Corres 000 Deat IV	Yes No
				orm 990, Part IV.	line 7.
1	Purpose(s) of conservation easements held by the organization				_
	Preservation of land for public use (e.g., recreation or ed	ducation)			important land area
	Protection of natural habitat		Preservation	n of a certified hi	storic structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation co	ontribution i	n the form of a co	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements	•••••			2a
b	Total acreage restricted by conservation easements	•••••			2b
С	Number of conservation easements on a certified historic stru	ıcture included in (	a)		2c
d	Number of conservation easements included in (c) acquired a				·
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguishe	d, or termina	ated by the organ	ization during the tax
	year >				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri-	odic monitoring, in	spection, ha	andling of	•
	violations, and enforcement of the conservation easements it			•••••	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violatio	ns, and enfo	orcing conservation	on easements during the year
	Mandain and a second a second and a second a				
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, a	nd enforcing	conservation ea	sements during the year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	ements of s	ection 170(h)(4)(E	J)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its	revenue an	d expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial state	ements that	describes the org	ganization's accounting for
	conservation easements.				_
Pai	t III Organizations Maintaining Collections of	Art, Historica	l Treasur	es, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to repo	ort in its reve	nue statement ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	ibition, education,	or research	in furtherance of	public service, provide, in Part XIII
	the text of the footnote to its financial statements that describ	es these items.			, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in	its revenue	statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or researc	h in furthera	ance of public se	vice provide the following amounts
	relating to these items:	,			, , , , , , , , , , , , , , , , , , ,
	(i) Revenue included on Form 990, Part VIII, line 1				· <b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			•••••••••••	<b>\$</b>
2	If the organization received or held works of art, historical trea	sures, or other sim	nilar assets f	or financial gain	provide
	the following amounts required to be reported under SFAS 11				Provido
а	Revenue included on Form 990, Part VIII, line 1				▶ \$
	Assets included in Form 990, Part X	•••••			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990		***************************************	
					Schedule D (Form 990) 2018

832051 10-29-18

70	dule D (Form 990) 2018 LUCY 'S	LOVE BUS C	HARITA	BLE	TRUST,	INC.		20-40	3625	6 P	age 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Histori	<u>cal Tr</u>	easures,	or Othe	er Simi	lar Asse	e <b>ts</b> (contii	าued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any	of the	following th	at are a si	gnificant	use of its	collectio	n item	18
	(check all that apply):										
а	Public exhibition	d	I Loar	or exc	hange progi	rams					
b	Scholarly research	е	Othe	er							
С	Preservation for future generations									γ,,	
4	Provide a description of the organization's c							ose in Pa	rt XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m	aintained as part of t	the organizat	ion's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	<b>igements.</b> Comple	ete if the org	anizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, o	,	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for cont	ributior	ns or other a	ssets not	included			,	
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
Ċ	Beginning balance						1c			,,,,	
d	Additions during the year				•••••		1d				· · · ·
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F	orm 990, Part X, line	21, for escre	ow or c	ustodial acc	ount liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation ha	as been	provided or	Part XIII					
Par	t V Endowment Funds. Complete	if the organization ar	swered "Yes	s" on Fo	orm 990, Pai	t IV, line 1	10.				
		(a) Current year	(b) Prior	year	(c) Two yea	ars back	(d) Three	years back	<b>(e)</b> Fou	years	back
1a	Beginning of year balance										
b	Contributions			.,	, , , , , , , , , , , , , , , , , , , ,						
С	Net investment earnings, gains, and losses										
d	Grants or scholarships		·								
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses		, , , , , , , , , , , , , , , , , , , ,								
g	End of year balance						-				
2	Provide the estimated percentage of the cur		e (line 1g, co	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ession of the organization	ation that are	held a	ınd administ	ered for th	ne organi	ization			
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)	·	
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sched	dule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment fund	s.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV, line	e 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o	1 .	-	or other	(c) Ad	ccumulat	ed	(d) Boo	k valu	e
		basis (investr	nent)	basis	(other)	dep	preciation	1			
	Land										
b	Buildings										
	Leasehold improvements			y							
	Equipment										
	Other				3,419.		12,1	69.		1,2	50.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X column /F	2) line 1	(Oc.)					1 🦳	ΕΛ

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 LUCY'S LOVE BUS CHARITABLE	TRUST, INC.	20-4036256 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		. 4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5
Fai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	F (	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		. 2e
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		. 3
7	Investment expenses not included on Form 990, Part VIII, line 7b	1 . 1	
b	Other (Describe in Part XIII.)		
-			
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 4c
Par	t XIII Supplemental Information.		.   5
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	/ lines 1h and the Dart V lin	- 4. Post V. Post O. Post V.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	v, iiiles 10 anu 20, Part V, iiri ional information	e 4; Part X, line 2; Part XI,
	any additional and additional and any additional and additional additional and additional additional additional and additional a	ionai iniomiation.	
PAF	T X, LINE 2:		
THE	ORGANIZATION, INCORPORATED UNDER CHAPTER	180 OF THE MAS	SACHIISETTS
GEN	ERAL LAWS AS A TAX EXEMPT ENTITY, HAS BEEN	GRANTED TAX-E	XEMPT STATUS
UNL	ER INTERNAL REVENUE CODE (IRC) SECTION 501	(C)(3) AND IS	CLASSIFIED AS
OTE	ER THAN A PRIVATE FOUNDATION AS DEFINED BY	SECTION 509(A	) OF THE IRC.
THE	REFORE, IT IS GENERALLY EXEMPT FROM FEDERA	L AND STATE IN	COME TAXES.
ACC	ORDINGLY, NO PROVISION FOR INCOME TAXES HA	S BEEN PROVIDE	D FOR IN THE
ACC	OMPANYING FINANCIAL STATEMENTS.		
ASC	! 740-10, "ACCOUNTING FOR UNCERTAINTY IN IN	COME TAXES, " R	EQUIRES THE
URG	ANIZATION TO EVALUATE AND DISCLOSE TAX POS	ITIONS THAT CO	ULD HAVE AN
EFF	ECT ON THE ORGANIZATION'S FINANCIAL STATEM	ENTS. THE ORGA	NIZATION
KEP	ORTS ITS ACTIVITIES TO THE INTERNAL REVENU	E SERVICE AND	TO THE
	10-29-18		Schedule D (Form 990) 2018

Part XIII   Supplemental Information (continued)
COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL
RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL
AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING. SUBSTANTIALLY ALL OF
THE ORGANIZATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS
EXEMPT PURPOSE, THEREFORE, MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION
IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO
QUALIFY AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 5,179.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 5,179.

### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

LUCY'S LC	OVE BUS CHARITAB	LE T	RUS	т.	INC.	20-4036	ntification number
Part I Fundraising Activities. Co						line 17. Form 990-E2	filers are not
required to complete this part.  1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the organization have a written or or key employees listed in Form 990, Part	e Solicit f Solicit g Specia ral agreement with any individua VII) or entity in connection with lals or entities (fundraisers) pure	ation of ation of al fundra al (includ profess	non-g gover ising ling o	overni nment events fficers undra	ment grants t grants s , directors, true lising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribu	Did aiser ustody trol of utions?	1 ' '	Gross receipts	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					·		
					. !		
otal     List all states in which the organization is or licensing.	registered or licensed to solicit	t contrib	utions	or ha	as been notified	d it is exempt from re	gistration
					·		
HA For Paperwork Reduction Act Notice,	see the Instructions for Form	990 or	990-E	ΞZ.	5	Schedule G (Form 9	90 or 990-EZ) 201

Pa	eau I <b>rt</b> l	le G (Form 990 or 990-EZ) 2018 LUCY 'S  Fundraising Events. Complete if the of fundraising event contributions and graphs.	ne organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		or fundraising event contributions and gi	(a) Event #1	·	<u>-</u>	ots greater than \$5,000.
			, ,	(b) Event #2	(c) Other events	(d) Total events
			SKYDIVE		_	(add col. (a) through
			FUNDRAISER	LOVE SQUAD	5	col. <b>(c)</b> )
iue			(event type)	(event type)	(total number)	301. (0))
Revenue	1	Gross receipts	23,300.	22,824.	48,183.	94,307.
	2	Less: Contributions	23,300.	22,824.	48,183.	94,307.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		1,605.	1,465.	5,179.
	10	Direct expense summary. Add lines 4 throug		1,005		5,179.
	11	-				-5,179.
Pε				n 990 Part IV line 19 or	reported more than	-5,1/9.
		\$15,000 on Form 990-EZ, line 6a.	anomorou roo on ron	11 000, 1 411 14, 1110 10, 01	reported more than	
		, , , , , , , , , , , , , , , , , , ,		(b) Pull tabs/instant		(a) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
		Greece revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	☐ No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		_	
			Tronville II coldinii (d)			<u> </u>
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities			
		the organization licensed to conduct gaming a				Yes No
h	lf "	No," explain:	1011711100 117 04017 07 117030	States:		. Lifes Lino
-	•					
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	vear?	Yes No
		Yes," explain:			y	LITES LINO
					, , ,	
						/
83208	32 10	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4	1036256	Page 3
	Does the organization conduct gaming activities with nonmembers?		☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Carming Harlagor Information.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of continue provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	100	
<del> </del>	organization's own exempt activities during the tax year > \$		
Pa	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	·		
83208	Schedule G (Fort	n 990 or 990	E7\ 2010

Schedule G	G (Form 990 or 990-EZ)  Supplemental Info	LUCY'S	LOVE BU	JS (	CHARITABLE	TRUST,	INC.	20-4036256	Page 4
Part IV	Supplemental Info	rmation (cont	tinued)			-			
**************************************									
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047	2018	Open to Public

Employer identification number ► Go to www. Name of the organization

LUCY'S LOVE BUS CHARITABLE Part   General Information on Grants and Assistance	VE BUS CH		TRUST, INC.				20-4036256	256
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the stance?	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selection	on X Yes	N N
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	oring the use of grant	t funds in the Unite	d States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	ic Governments.	Complete if the orga	anization answered "Y	'es" on Form 990, Part l'	V, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government (b) EIN (if applicable) cash grant (figure 1) (a) Amount of (b) EIN (c) IRC section (d) Amount of (d)	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	t t
					other)			
	:		:					
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government org	janizations listed in the table	1 :					

Schedule I (Form 990) (2018)

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

20-4036256 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. LUCY'S LOVE BUS CHARITABLE TRUST, Schedule I (Form 990) (2018) PartIII

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance Ö 609,69 (c) Amount of cash grant 132 (b) Number of recipients (a) Type of grant or assistance GRANTS FOR INTEGRATIVE THERAPIES

N LINE PART I, LUCY'S LOVE BUS APPROVES APPLICATIONS FOR ASSISTANCE OF PROVIDING

INTEGRATIVE THERAPIES TO CHILDREN COPING WITH CANCER OR THE LATE EFFECTS OF

THE ORGANIZATION WHICH IS PROVIDING THE ONCE APPROVED, CANCER TREATMENT.

THE SERVICES WILL SEND LUCY'S LOVE BUS AN INVOICE TO BE PAID ON BEHALF OF

CHILD

Schedule I (Form 990) (2018)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number LUCY'S LOVE BUS CHARITABLE TRUST, INC 20-4036256 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEGRATIVE THERAPIES AND TO OFFER YOUNG PEOPLE LIFELONG LESSONS IN LEADERSHIP AND SERVICE TO OTHERS THROUGH PHILANTHROPY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE TREASURER THEN PROVIDED TO THE ENTIRE BOARD FOR REVIEW AND VOTE OF APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: AS STATED IN THE ORGANIZATION'S BY-LAWS, NO BOARD MEMBERS ARE ALLOWED TO DO BUSINESS WITH THE ORGANIZATION UNLESS THEY ARE DONATING THEIR SERVICES OR THEY ARE APPROVED BY THE BOARD OF DIRECTORS. BOARD MEMBERS COMPLETE AN ANNUAL DISCLOSURE AND ACKNOWLEDGEMENT OF COMPLIANCE FORM. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS PERFORMS A PERFORMANCE REVIEW AND DETERMINES COMPENSATION. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR, GIVING COMMON, BOSTON FOUNDATION, ON ITS WEBSITE, AND UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND POLICIES AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

Office Use Only: Fiscal Year

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

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

#### Form PC

				Check all items attached	
Report for the Fiscal Period: $01/01/18$ to $12/31$	/18			(if applicable)	
Attorney General's Account #: 047001			. !	Filing Fee or Printou  Electronic Payment  Confirmation	t of
Federal ID #: 20-4036256				X Copy of IRS Return	
Electronic Payment Confirmation #:				X Audited Financial Statements/Review	
When did the organization first engage in charitable work in Massachusetts?		01/17/2	2006	Amended Articles/ By-Laws  X Schedule A-1 X Schedule A-2	
Has the organization applied for or been granted IRS tax exempt status?		X Yes	No .	Schedule RO Schedule VCO Probate Account	
If yes, date of application <b>OR</b> date of determination letter:		01/17/2	<u> 2006</u>	Flobate Account	
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?	on	X Yes	No		
Organization Data					•
Name: LUCY'S LOVE BUS CHARITABLE T	RUST,	INC.			<del></del>
Mailing Address: P.O. BOX 464					
City: AMESBURY	St	tate: <u>MA</u>	ZIP:	01913	
Phone Number: 978-204-8734		Fax Number:			
Email: INFO@LUCYSLOVEBUS.ORG		Website: <u>LUCYS</u>	SLOVEBUS.ORG		
In the table below, please enter the appropriate codes from the c Enter <b>up to 2</b> codes from Table 3 for your organization's main pu	correspond irpose(s)	ing tables found in th	ne instructions.		
Category	Code		Category	Coc	le
County (Table 1)	5	Organization Purpo	se Code 1	20	
Type of Organization (Table 2)	20	Organization Purpo	se Code 2	60	
Please check box if final return prior to dissolution:					
			* • • • • • • • • • • • • • • • • • • •		
Form PC Rev. 11/2016 878001 04-01-18	Page <sup>-</sup>	1 of 15	Office Use Only: Pa	yment Received	

#### LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256

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

	1.	On what date was the organization created?	01/17/2006
--	----	--	------------

2.	Where was the	organization crea	ated? MASSA	CHUSETT	'S
----	---------------	-------------------	-------------	---------	----

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

Corporation	X Testamentary Trust
Unincorporated Association	Inter Vivos Trust
Other (please describe):	
Was your organization related to any other organization related to any other organization complete the Schedule RO on pages 13 and 14.	tion(s) during the reporting year (see definition of "Related Organization")? <i>If yes, please</i>

5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	373,520.
В.	Gross support and revenue	370,715.
C.	Program services and similar amounts paid out	302,079.
D.	Fundraising expenses	47,374.
E.	Management and general expenses	68,556.
F.	Payments to affiliates	0.
G.	Total expenses	418,009.
Н.	Net assets or fund balances at the end of the year	234,328.

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

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	CAITLIN GROGAN				Manual
1.	EXECUTIVE DIRECTOR	40.00	83,500.	0.	6,511.
	JACQUELINE WALKER				0,011
2.	PROGRAM & MARKETING MANAGER	40.00	58,500.	0.	5,971.
	PATRICE BAKER			-	3/3/20
3.	DEVELOPMENT ASSOCIATE	40.00	12,550.	0.	3,611.
	DAEN CARVALHO				0,011.
4.	ADMINISTRATIVE ASSISTANT	10.00	6,020.	0.	0.1
	LISA GUTHRO				
5.	ADMINISTRATIVE SUPPORT	15.00	3,700.	0.	0.

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your res	ponse to 6? If	yes, please
	provide explanation (attach separate sheet).	Yes	

Form PC 878002 04-01-18

Page 2 of 15

Rev. 11/2016

#### LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256

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

	Name/Title	Amount of Compensation	Type(s) of Service
1	APRIL BUSCHER		PROFESSIONAL SERVICES
2	BONNEY STAFFING CENTER	8,833.	OFFICE STAFF SERVICES
3.	ANSTISS & CO., P.C.	7,500.	AUDIT AND TAX PREPARATION
4.	MVR BOOKKEEPING SERVICES		BOOKKEEPING SERVICES
5.	JILLIAN AYER	5,938.	INTEGRATIVE THERAPIES FOR

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

Bank		Addres			Phone Number
PROVIDENT BANK	01913		AMESBURY,		800-815-7056
NEWBURYPORT FIVE CENT SAVIN	63 STATE 01950	STREET,	NEWBURYPOR		978-462-3136
10. What is the organization's accounting method?	Cash	X Accrual			
	Other (s <sub>j</sub>	oecify):			
11. If organization's mailing address is a P.O. Box, list	the organization	n's full street add	ress:		
Address: 89 SOUTH STREET					
City: BOSTON			State: MA	ZIF	Code: <u>02111</u>
12. Contact Person Name: <u>CAITLIN GROG</u>	AN		<b>V</b>		
Street Address: 89 SOUTH STREET					
City: BOSTON			State: MA	ZIF	<sup>2</sup> Code: <u>02111</u>
Phone Number: 978-204-8734					

Form PC 878003 04-01-18 STATEMENT 1

of organization.

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

#### STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

#### X Yes No

STATEMENT 3

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

Form PC 878004 04-01-18 Page 4 of 15

Rev. 11/2016

#### LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256

amount of any payments made or value transferred, and describing the terms of each agreement.

20. Has this organization or any of its officers, directors, or employees: If yes, please attach an explanation. Been enjoined or otherwise prohibited by a government agency/court from operating Yes X No or soliciting contributions? Ever been refused registration or had its registration or tax exemption denied, suspended, X No modified or revoked by a governmental agency? Been the subject of a proceeding regarding any solicitation or registration? Yes X No Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? X No 21. Have any restrictions been removed during the year from donor-restricted funds? X No If yes, please attach an explanation. Yes 22. Have donor-restricted funds been loaned to unrestricted funds? If yes, please attach an explanation. X No 23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less. Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? X No Yes Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes X No If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the

Form PC 878005 04-01-18 Page 5 of 15

Rev. 11/2016

FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	1
NAME AND ADDRES	SS			T	TTLE		
CAITLIN GROGAN P.O. BOX 464	_			E	 EXECUTIVE DIREC	TOR	
AMESBURY, MA (	1913						
SARAH OLESON P.O. BOX 464				D	DIRECTOR		
AMESBURY, MA (	1913						
JODI DELIBERTIS P.O. BOX 464	5			C	CHAIR		
AMESBURY, MA	)1913						
KELLY BALESTRIE P.O. BOX 464	ERI			S	SECRETARY		
	)1913						
ROBERT DOLAN P.O. BOX 464				Τ	REASURER		
AMESBURY, MA (	)1913						
PETER DIGIANO P.O. BOX 464				Γ	DIRECTOR		
AMESBURY, MA (	)1913						
LISA TIRONE P.O. BOX 464				Ι	DIRECTOR		
•	)1913			_			
VANESSA RUGET P.O. BOX 464 AMESBURY, MA 0	11012			Γ	DIRECTOR		
ELLIE ATHERTON	71913			т	DIRECTOR		
P.O. BOX 464 AMESBURY, MA 0	11913			L	DIRECTOR		
MARK IANNUCCILI				г	DIRECTOR		
P.O. BOX 464 AMESBURY, MA 0				-			
LANI SHUMWAY				Ι	DIRECTOR		
P.O. BOX 464 AMESBURY, MA 0	1913					_	
JEFFREY BANVILI	Æ			I	DIRECTOR		
P.O. BOX 464 AMESBURY, MA 0	1913						

DAVID REMILLARD P.O. BOX 464 AMESBURY, MA 01913

#### DIRECTOR

FORM PC	PAGE 4, LINE 18 STATEMENT 2
NAME AND ADDRESS	AREA OF RESPONSIBILITY
ROBERT DOLAN 89 SOUTH STREET, STE 203 BOSTON, MA 02111	RESPONSIBLE FOR CUSTODY OF FUNDS
CAITLIN GROGAN 89 SOUTH STREET, STE 203 BOSTON, MA 02111	RESPONSIBLE FOR CUSTODY OF FUNDS
ROBERT DOLAN 89 SOUTH STREET, STE 203 BOSTON, MA 02111	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
CAITLIN GROGAN 89 SOUTH STREET, STE 203 BOSTON, MA 02111	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ALL BOARD MEMBERS 89 SOUTH STREET, STE 203 BOSTON, MA 02111	RESPONSIBLE FOR FUNDRAISING
CAITLIN GROGAN 89 SOUTH STREET, STE 203 BOSTON, MA 02111	CUSTODY OF FINANCIAL RECORDS
JODI DELIBERTIS 89 SOUTH STREET, STE 203 BOSTON, MA 02111	AUTHORIZED TO SIGN CHECKS
CAITLIN GROGAN 89 SOUTH STREET, STE 203 BOSTON, MA 02111	AUTHORIZED TO SIGN CHECKS

FORM PC		PAGE	4, LI	NE 1	19			STATEMENT 3
STATE				F	REG	AGENCY		
MAINE	-			Ī	DEP	RTMENT	OF	PROFESSIONAL AND FIN
DATE OF REG	REG NUMBER	OTHER	NAMES	USI	ΞD			
03/04/16	C011688							
SOLICIT DATE	TYPE OF SOLIC	ITATIOI	N					
	INDIVIDUAL MA	ILINGS	<del>-</del>					
STATE				F	REG	AGENCY		
CONNECTICUT	-			Ī	DEPA	ARTMENT	OF	CONSUMER PROTECTION
DATE OF REG	REG NUMBER	OTHER	NAMES	USE	ΞD			
03/03/16	CHR.005950							
SOLICIT DATE	TYPE OF SOLIC	TATIO	N					
	INDIVIDUAL MA	LINGS	<del></del>					
STATE	_			F	REG	AGENCY		
NEW HAMPSHIRE				Ī	DEPA	RTMENT	OF	JUSTICE
DATE OF REG	REG NUMBER	OTHER	NAMES	USE	ΞD			
03/08/16	13968			***************************************				
SOLICIT DATE	TYPE OF SOLIC	OITATI	Ŋ					
**************************************	INDIVIDUAL MA	LINGS	_					

#### LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256

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

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

	During the year:		
А.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	X Yes	□ No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	X Yes	No
1.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	X No
		1 . 00	140

STATEMENT

FORM PC

PAGE 6, LINE 24

STATEMENT

4

NAME AND ADDRESS

CAITLIN GROGAN 89 SOUTH STREET BOSTON, MA 02111

NATURE OF TRANSACTION

AMOUNT INVOLVED

WAGES AND BENEFITS PAID TO THE EXECUTIVE DIRECTOR

88,300.

PROCEDURE FOLLOWED

APPROVED BY THE BOARD OF DIRECTORS

NAME AND ADDRESS

SARAH OLESON 89 SOUTH STREET BOSTON, MA 02111

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOARD MEMBER AND INTEGRATIVE THERAPIST

1,105.

PROCEDURE FOLLOWED

APPROVED BY THE BOARD

Signature Required					
Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.					
Signature:	Date:				
Printed Name: JODI DELIBERTIS					
Title: PRESIDENT					
Name of Preparer: ANSTISS & CO., P.C.					
Address 1115 WESTFORD STREET					
City LOWELL	State MA ZIP Code 01851				
Phone Number <u>(978) 452-2500</u>					

### LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256 Schedule A-1

#### Solicitation Activities During Fiscal Year Covered By This Report

Door-to-door  Entertainment event  X Sale of goods other than by telephone  Telemarketing without sale of goods or ads  Individual Mailings  Telemarketing with sale of goods  Corporate solicitations  Telemarketing with sale of ads  Other (specify):  Identify the method or methods you expect to use for the fundraising (check all that apply):	List any names which will be used by the organization in c page 1.	onnection with the sol	icitation of funds, other tha	an the official name which app	oears on
Mass Mailing Door-to-door Intertainment event Entertainment event Telemarketing without sale of goods or ads Individual Mailings Individual Mailin					
Doort octoor	Types of solicitation activities in which you expect to enga	ge (check all that appl	y):		
Doort octoor	Mass Mailing		Via the Internet		X
Entertainment event  Izelemarketing without sale of goods or ads  Telemarketing with sale of goods  Telemarketing with sale of ads  Other (specify):    Identify the method or methods you expect to use for the fundraising (check all that apply):    Professional solicitor*	Door to door		Raffle, beano, bingo or ga	aming event	X
Telemarketing with sale of goods or ads Corporate solicitations Telemarketing with sale of goods Corporate solicitations Telemarketing with sale of goods Corporate solicitations Telemarketing with sale of ads  Cother (specify):  Identify the method or methods you expect to use for the fundraising (check all that apply):  Professional solicitor* Corporate Volunteers  Professional fundraising counsel* Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZiP Code  Professional Fundraising Counsel Name:  Address  City State ZiP Code  Commercial Co-Venturer Name:  Address  Address  Address	Entertainment event	X			
Telemarketing with sale of goods Telemarketing with sale of ads Other (specify):    Identify the method or methods you expect to use for the fundraising (check all that apply):    Professional solicitor*	Telemarketing without sale of goods or ads		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		X
Telemarketing with sale of ads  Other (specify):  Identify the method or methods you expect to use for the fundraising (check all that apply):  Professional solicitor*  Professional fundraising counsel*  Commercial co-venturer*  * Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:  Address  City State ZIP Code  Commercial Co-Venturer Name:  Address  Address  Address  Address	Telemarketing with sale of goods				X
Other (specify):					X
Professional solicitor* Professional fundraising counsel* Commercial co-venturer*  Professional Solicitor Name:  Address  City					
Professional fundraising counsel*  Commercial co-venturer*  * Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:  Address  City State ZIP Code  Commercial Co-Venturer Name:  Address  Address		fundraising (check all t	7		X
Commercial co-venturer*  * Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:  Address  City State ZIP Code  Address  City State ZIP Code					X
* Provide applicable names and addresses:  Professional Solicitor Name:  Address  City State ZIP Code  Professional Fundraising Counsel Name:  Address  City State ZIP Code  Address  City State ZIP Code			Voluntoors		ــــــــــــــــــــــــــــــــــــــ
City         State         ZIP Code           Professional Fundraising Counsel Name:					
City         State         ZIP Code           Professional Fundraising Counsel Name:	Address				
Address					
City State ZIP Code  Commercial Co-Venturer Name:  Address	Professional Fundraising Counsel Name:				
Commercial Co-Venturer Name:  Address	Address				-
Address	City		State	ZIP Code	
	Commercial Co-Venturer Name:				
	Address		111		
				ZIP Code	

Form PC - Schedule A-1 878008 04-01-18

Page 8 of 15

Rev. 11/2016

# LUCY'S LOVE BUS CHARITABLE TRUST, INC. 20-4036256 Schedule A-1 ctd.

#### Solicitation Activities During Fiscal Year Covered By This Report

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

	Name and Title	CAITLIN GROGAN EXECUTIVE DIRECTOR				
		SOUTH STREET, STE 203				
		ON				-
	Name and Title	JODI DELIBERTIS PRESIDENT				
	Address 89	SOUTH STREET, STE 203				
	City BOST	ON	State	MA	ZIP Code	02111
	Name and Title	ROBERT DOLAN TREASURER				
	Address 89	SOUTH STREET, STE 203				
	City BOST	ON	State	MA	: ZIP Code	02111
ldenti		ls who will have final responsibility for the charity's distrib CAITLIN GROGAN EXECUTIVE DIRECTOR				
	Address 89	SOUTH STREET				
	City BOST	ON	State	MA	ZIP Code	02111
	Name and Title	JODI DELIBERTIS PRESIDENT				
	Address 89	SOUTH STREET			:	
	City BOST	NC	State	MA	ZIP Code	
	Name and Title	ROBERT DOLAN ETREASURER				
	Address 89	SOUTH STREET				
	City BOST	ON	State	MA	ZIP Code	02111

Form PC - Schedule A-1 878009 04-01-18

Page 9 of 15

#### LUCY'S LOVE BUS CHARITABLE TRUST, INC.

20-4036256

#### Schedule A-2

#### Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with th page 1.	e sol	citation of funds, other than the o	fficial name which appears o	on .
	<del></del>			
Types of solicitation activities in which you expect to engage (check all that	apply	<b>)</b> :		
Mass Mailing		Via the Internet		X
Door-to-door		Raffle, beano, bingo or gaming e	vent	X
Entertainment event	X	Sale of goods other than by telep		
Telemarketing without sale of goods or ads				X
Telemarketing with sale of goods		Corporate solicitations		X
Telemarketing with sale of ads		Grant Proposals		х
Other (specify):				
Identify the method or methods you expect to use for the fundraising (chec  Professional solicitor*	k all t	hat apply):  Own employees		X
Professional fundraising counsel*		Volunteers		Х
Commercial co-venturer*				
* Provide applicable names and addresses:  Professional Solicitor Name:			:	
Address				
City		State	ZIP Code	
Professional Fundraising Counsel Name:		:	:	
Address				
City	_	State	ZIP Code	
Commercial Co-Venturer Name:				
Address		:		
City	_	State	ZIP Code	

#### LUCY'S LOVE BUS CHARITABLE TRUST, INC.

20-4036256

#### Schedule A-2 ctd.

#### Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions: CAITLIN GROGAN Name and Title: EXECUTIVE DIRECTOR Address 89 SOUTH STREET, STE 203 City BOSTON \_\_\_\_\_ State <u>MA</u> ZIP Code <u>02111</u> JODI DELIBERTIS Name and Title: PRESIDENT Address 89 SOUTH STREET, STE 203 City BOSTON \_\_\_\_\_ State <u>MA</u> ZIP Code 02111 ROBERT DOLAN Name and Title: TREASURER Address 89 SOUTH STREET, STE 203 City BOSTON \_\_\_\_\_ State <u>MA</u> \_\_\_\_\_ ZIP Code **02111** Identify the individuals who will have final responsibility for the charity's distribution of contributions: CAITLIN GROGAN Name and Title: **EXECUTIVE DIRECTOR** Address 89 SOUTH STREET, STE 203 City BOSTON State MA ZIP Code 02111 JODI DELIBERTIS Name and Title: PRESIDENT Address 89 SOUTH STREET, STE 203 City BOSTON State <u>MA</u> ZIP Code <u>02111</u> ROBERT DOLAN Name and Title: TREASURER Address 89 SOUTH STREET, STE 203

Form PC - Schedule A-2 878011 04-01-18 Page 11 of 15

State MA ZIP Code 02111

Rev. 11/2016

City **BOSTON** 

#### **Certification by Organization**

Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.				
Signature:	Date:			
Printed Name: JODI DELIBERTIS	1,0			
Title: PRESIDENT				
Signature:	Date:			
Printed Name: ROBERT DOLAN				
Title: TREASURER				

Form PC 878012 04-01-18

Page 12 of 15

Two different signatures required.

# The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Telephone: (617) 727-9640 **ANNUAL REPORT** 

Filing Fee: \$15.00

M.G.L. Ch.180 Corporation **Annual Report** 

IDENTIFICATION NO. 20-4036256		Filing for November 1	Filing for November 1, 20 19				
In compliance with the re	equirements of Section 26A of Chapter ve Bus Charitable Trust, Inc.	one hundred and eighty (180) of the General Laws:					
2. ADDRESS:89 Sou							
	(number)	(street)					
Boston, MA 02111	(city or town)	(state) (z	(p)				
3. DATE OF THE LAS	ST ANNUAL MEETING:Decem	ber 10, 2018	P)				
4. If the corporation is a lishing the trust. (che		perpetual care funds in trust and attach a copy of the wr	itten agreement estab-				
	corporation certifies that perpetual ca	are funds are held in trust and a copy of the written agre	eement				
OR							
The cemetery	corporation hereby certifies that it do	pes not hold perpetual care funds in trust.					
	addresses of the president, treasurer, cl e (PLEASE TYPE OR PRINT). NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE				
President:	Jodi Delibertis	89 South Street, # 203 Boston, MA 02111	Until				
Treasurer:	Robert Dolan	89 South Street, # 203 Boston, MA 02111	successors				
Clerk: (or Secretary)	Lisa Tirone	89 South Street, #203 Boston, MA 02111	are duly				
Directors: (or Officers having the powers of Directors)	See attached list		elected.				
		being the bereby certify that the information above is true and co					
IN WITNESS WHERI	EOF AND UNDER PENALTIES OF	F PERJURY, I hereto sign my name on this ) 19	-				
Signature:		Title:					

Contact Person Telephone #: 978-204-8734

Contact Person: Caitlin Grogan

#### Lucy's Love Bus Charitable Trust, Inc. Board of Directors

EIN: 20-4036256

Jodi DeLibertis, **Chair** 89 South Street, #203 Boston, MA 02111

Robert Dolan, **Treasurer** 89 South Street, #203 Boston, MA 02111

Kelly Balestrieri 89 South Street, #203 Boston, MA 02111

Sarah Oleson 89 South Street, #203 Boston, MA 02111

Mark Iannuccillo 89 South Street, #203 Boston, MA 02111

David Remillard 89 South Street, #203 Boston, MA 02111 Caitlin Grogan, Executive Director

89 South Street, #203 Boston, MA 02111

Lisa Tirone, Secretary 89 South Street, #203 Boston, MA 02111

Alan Fagan 89 South Street, #203 Boston, MA 02111

Vanessa Ruget 89 South Street, #203 Boston, MA 02111

Lani Shumway 89 South Street, #203 Boston, MA 02111

Jeffrey Banville 89 South Street, #203 Boston, MA 02111

# Office of the New Hampshire Attorney General - Charitable Trusts Unit 33 Capitol Street, Concord, NH 03301-6397

#### **ANNUAL REPORT CERTIFICATE**

DON'T FORGET TO A	ATTACH:				
NH APPENDIX (conflic	ts of interest) 🔀 FILING FF	EE (\$75) 🛛 DIRECTOR LIST	(name, street address, telephone		
One of the following:	NHCT-2A IRS Form probate account (for tes	m 990   990-EZ or   990-tamentary trusts)	0-PF.		
Are your revenues over \$\frac{9}{2}\$	500,000? If yes, include (51,000,000? If yes, include	GAAP financial statement p e audited financial statemen	lus 990 (not for 990-PFs) t plus 990 (not for 990-PFs)		
ANNUAL FILING FEE:	\$75.00 Make check payabl	e to: State of New Hampshire	<del></del>		
Lucy's Love Bus Char	table Trust, Inc.	·12/31/2018	3		
Organization Name		Fiscal Year End			
Caitlin Beecher Grogan		13968			
In Care of P.O. Box 464	Amesbury	NH Registration MA			
Address	City	State	01913 Zip		
Signatur		Date			
PRESIDENT, TREASU	RER OR TRUSTEE				
Jodi DeLibertis		President			
(Print or Type) Nam	e of Officer/Trustee	Title			
THE SIGNATURE OF The does not have the office of	THE EXECUTIVE DIRE "President" or "Treasurer"	CCTOR IS NOT ACCEPTA ", attach an explanation of the	BLE. (If the organization e signer's authority)		
STATE OF COUNTY OF					
Signed and sworn named officer or trustee.	to (or affirmed) before me	on the day of	, 20 by the above-		
My Commission Expires:					
[Seal]	_	Notary Public			

<b>Organization Name:</b>	Lucy's Love Bus Trust, Inc.
---------------------------	-----------------------------

#### PART IV OFFICERS AND DIRECTORS

List ALL Officers, Directors and Trustees. Boards of Directors of voluntary corporations MUST have at least five (5) members who are not related by blood or marriage.

NameJodi DeLiberis
Home Address 21 Hillside Avenue
Amesbury MA, 01913
Position Held President
Daytime Phone 978-500-1722
Name Robert Dolan
Home Address 4 Oxford Rd
Windham NH, 03087
Position Held Treasurer
Daytime Phone 978-323-7242
Name Lisa Tirone
Home Address 49 Ledge Rd
Seabrook NH, 03874
Position Held Secretary
Daytime Phone 603-918-9206
Name Kelly Balestrieri
Home Address 37 Littleton Rd
Chelmsford MA, 01824
Position Held Director
Daytime Phone 978-726-6081
Name Sarah Oleson
Home Address 500 Market St, Unit 3B
Portsmouth NH, 03801
Position Held Director
Daytime Phone 508-846-0491

Attach sheet if additional space is required.

#### Lucy's Love Bus Charitable Trust, Inc. Board of Directors

EIN: 20-4036256

Jodi DeLibertis, **Chair** 21 Hillside Avenue Amesbury, MA 01913 978-500-1722

Robert Dolan, **Treasurer** 4 Oxford Road Windham, NH 03087 978-323-7242

Kelly Balestrieri 37 Littleton Road Chelmsford, MA 01824 978-726-6081

Sarah Oleson 500 Market St Unit 3B Portsmouth, NH 03801 508-846-0491

Mark Iannuccillo 46 Highland Road South Hampton, NH 03827 857-277-1984

David Remillard 54 Dalby St, 2nd Floor Newton, MA 02458 857-277-1984 Caitlin Grogan, Executive Director 40 S Hampton Road Amesbury, MA 01913 978-204-8734

Lisa Tirone, Secretary 49 Ledge Road Seabrook, NH 03874 603-918-9206

Alan Fagan 2 Powder Mill Square, Unit 7 Andover, MA 01810 978-930-1492

Vanessa Ruget 117 Appleton St Cambridge, MA 02138 617-230-8136

Lani Shumway 84 Water Street Newburyport, MA 01950 857-277-1984

Jeffrey Banville 2 Fern Ave Merrimack, MA 01860 857-277-1984

## OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL CHARITABLE TRUSTS UNIT

33 Capitol Street, Concord, NH 03301-6397

### MUST BE COMPLETED AND ATTACHED TO FILING

#### APPENDIX TO ANNUAL REPORT

Name of Organization: Lucy's Love Bus Charitable Trust, Inc.							
1. Is there currently a conflict of interest policy in effect? Yes X No							
If No, please provide explanation for necessary):			Policy (atta	ach extra pages if			
2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a)  Yes  No_X							
If Yes, complete the following:							
A. Was any real estate transaction involved?		Yes	No				
B. Was a loan made to any director, officer of	r trustee?	Yes	No				
C. Was a pecuniary benefit paid in excess of If Yes, attach copy of Meeting Minutes.	\$500?	Yes	No				
D. Was a pecuniary benefit paid in excess of \$5,000?  If Yes, attach a copy of each of the following:  * Public Notice made pursuant to RSA 7:19-a, II (d)  * Meeting Minutes  * Employment Contract							
E. Provide a <b>list</b> of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).							
Name of Recipient: Nature & Amount of Benefit:							
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**NOTE**: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.

Lucy's Love Bus Trust, Inc

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Conflict of Interest Management for Board members who are also Partnering Practitioners:

From our bylaws:

Section 7. Conflicts of Interest.

Board members have the obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. When a Board member is in a position to influence a decision that may result in a personal gain for them or a relative/acquaintance resulting from business dealings with LLB, they need to disclose this fact to the Chairman or Treasurer of the Board so safeguards can be established to protect all parties.

As a charity that provides integrative therapies to seriously ill children, we feel that it is important to have representatives from the medical and integrative therapy communities sit on our Board. We currently have two Board members who could potentially have conflict of interest, as they are members of our team of partner practitioners, and will occasionally be asked to work with our patients as contractors.

Ellie Atherton is a registered nurse who has significant experience in holistic and hospice care.

Sarah Oleson is a yoga teacher who specializes in restorative yoga and is certified to teach yoga to children and adults.

Lucy's Love Bus Executive Director and Board members have discussed the potential for conflict of interest, which will be avoided as follows:

- 1. Board members will not receive special privileges or be treated preferentially in the process of assigning patients to practitioners.
- 2. Board members will not be allowed to vote on any matters pertaining to reimbursement of partnering practitioners for their work with LLB.
- 3. Board members will be required to abide by all guidelines and rules set out for our partnering practitioners.
- 4. If there is any concern regarding conflict of interest, LLB staff will report to Executive Director, who will bring the issue to the Board Chair and Board members for discussion and resolution.