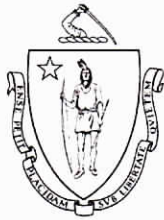


Office Use Only: Fiscal Year



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

MAURA HEALEY
ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

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

Form PC

Report for the Fiscal Period: 01/01/2018 to 12/31/2018

Attorney General's Account #: 048240

Federal ID #: 87-0763504

Electronic Payment Confirmation #: 320010

When did the organization first engage in charitable work in Massachusetts? 09/25/2006

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

If yes, date of application OR date of determination letter: 06/13/2007

IRS Exemption under 501(c): 03

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

Check all items attached (if applicable)

Filing Fee or Printout of Electronic Payment Confirmation

Copy of IRS Return

Audited Financial Statements/Review

Amended Articles/By-Laws

Schedule A-1

Schedule A-2

Schedule RO

Schedule VCO

Probate Account

Organization Data

Name: Options For Children In Zambia, Corp.

Mailing Address: 20 Dassance Dr

City: Foxboro State: MA Zip: 02035

Phone Number: 5085436165 Fax Number: 5083393330

Email: rgolomme@aol.com Website: optionsforchildren.org

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

Category	Code	Category	Code
County (Table 1)	11	Organization Purpose Code 1	41
Type of Organization (Table 2)	16	Organization Purpose Code 2	21

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

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

1. On what date was the organization created? 08/072006

2. Where was the organization created? Massachusetts

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

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

Other (please describe): _____

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

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	\$56,925.00
B.	Gross support and revenue	(\$20,657.00)
C.	Program services and similar amounts paid out	\$4,187.00
D.	Fundraising expenses	\$0.00
E.	Management and general expenses	\$5,180.00
F.	Payments to affiliates	\$0.00
G.	Total expenses	\$9367.00
H.	Net assets or fund balances at the end of the year	\$283,344.00

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	NONE	0	0	0	0
2.					
3.					
4.					
5.					

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