efil	e Pu	ublic Visu	l Render ObjectId: 2	201722139349300512 - Subn	nission: 20	17-08-	01	TI	N: 04-2963426
	0		Return of O	rganization Exempt Fi	rom Inc	ome '	Тах	OM	1B No. 1545-0047
Form	93	<i>9</i> 0		• •					2016
2			foundations)	27, or 4947(a)(1) of the Internal		•		e	2010
		f the Treasury		ocial security numbers on this form as out Form 990 and its instructions is a				C	pen to Public
Internal	Rever	nue Service			<u> </u>				Inspection
A F	or th	ne 2016 ca		inning 01-01-2016 ,and ending	12-31-2016	5			
_		applicable:	Name of organization OARS Inc				D Employe	r identifi	ication number
		change hange					04-2963	426	
🗆 Ini	itial re	eturn	Doing business as						
		rn/terminated	Number and street (or B.O. boy if	mail is not delivered to street address) Ro	om/suite		E Telephone	number	
		ion pending	23 Bradford Street		ion suite		(978) 36	9-3956	
				ountry, and ZIP or foreign postal code		F	(
			Concord, MA 01742				G Gross rece	eipts \$ 25	56,245
		ſ	F Name and address of princi Laura Rome	pal officer:	H(a)	Is this a	a group retu	urn for	
					цль	subordi	nates? subordinate	ne.	□ _{Yes} ✓No
T Ta:	x-exe	mpt status:				include	d?		🗌 Yes 🗹No
				(insert no.) 🗌 4947(a)(1) or 🗌 5		,	attach a lis exemption r	•	instructions)
JW	edsi	te: 🕨 nttp	//www.oars3rivers.org			Group e	exemption i	lumber	
K Forr	n of c	organization:	Corporation 🗌 Trust 🗌 As	sociation 🗍 Other 🕨	L Year	of formation		M State o MA	of legal domicile:
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Inder nonalties of nariury. I declare that	I have examined this return	including accompanying (schedules and statements	and to the best of m

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					2017 08 01	
<u>.</u>	Sic	nature of officer			2017-08-01 Date	
Sign Here						
nere	NIC.	chard Tardiff Treasurer pe or print name and title				
	/ //	Print/Type preparer's name	Preparer's signature	Date		PTIN
	I	Thomas Arrison CPA	Thomas Arrison CPA	Date	Check 🗌 if	P00058582
Paid		Firm's name 🕨 Vallas & Arrison P			self-employed	
-	barer	Firm's address > 312 Great Road	5		Phone no. (978	3) 486-9855
Use	Only		<u> </u>			,
		Littleton, MA 014	60			
		uss this return with the preparer				. 🗹 Yes 🗌 No
For Pa	aperwork	Reduction Act Notice, see the	separate instructions.	Cat	. No. 11282Y	Form 990 (2016)
			——————————————————————————————————————			
- /						_
	990 (2016)					Page 2
Part	III Sta	atement of Program Servic	e Accomplishments			_
		eck if Schedule O contains a respo	onse or note to any line in this Pa	tIII		🛛
1	Briefly des	cribe the organization's mission:				
Protec	t, preserve	and enhance the natural and rec	reational features of the Assabet,	Sudbury and Conc	ord rivers, their	tributaries and watersheds.
2	Did the or	ganization undertake any significa	int program services during the y	ear which were not	listed on	
	the prior F	orm 990 or 990-EZ? • • •				🗌 Yes 🛛 No
	If "Yes," d	escribe these new services on Sch	nedule O.			
3	Did the or	ganization cease conducting, or m	nake significant changes in how it	conducts, any prog	jram	
	services?					. 🗌 Yes 🗹 No
	If "Yes," d	escribe these changes on Schedul	e O.			
4	Describe t	he organization's program service	accomplishments for each of its	three largest progra	am services, as r	measured by expenses.
		01(c)(3) and 501(c)(4) organizatio		ount of grants and	allocations to oth	ners, the total expenses,
	and reven	ue, if any, for each program servi	ce reported.			
4a	(Code:) (Expenses \$	205,165 including grants of	¢) (Revenue \$)
Tu	•	ty monitoring, measuring physical para			, ,	,
		od stewardship of river resources.		ating water ponation,	review of developin	
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
	-					
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)

		F	orm 99	0 (2016)
	Page 3			
Form	990 (2016)			Page 3
Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes Yes	Νο
2	Schedule A 😼	2	Yes	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? ¹ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	Tes	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🗐	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 💁	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😵	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🗐	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😼	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🔞	11b		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐕	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🔞	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No

including grants of \$

205,165

(Expenses \$

Total program service expenses

4e

-		 ·	-,	 	 	 	 	 	 	 ,		 -
	complete Schedule G, Part III .										•	

)

) (Revenue \$

Page 4	
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Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

Page **4**

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes,"</i> answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

	Page 5			
Form	990 (2016)			Dago S
	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
i cii	Check if Schedule O contains a response or note to any line in this Part V			
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	[
b	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d)		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			<u> </u>
-	required?	7g		No
п	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
a	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:	1		
а	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No

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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		No
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 99	0 (2016)
	Page 6			
Form	990 (2016)			Page 6
	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" respo	nse to l	
	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			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?		X	
		-		

а	I ne organization's CEO, Executive Director	, or top manage	ement o	orricia	ı .	•		•			15a	res	
b	Other officers or key employees of the orga	anization .	• •	• •	•	•	•	•		· ·	15b	Yes	
	If "Yes" to line 15a or 15b, describe the pro-						,						
	Did the organization invest in, contribute a taxable entity during the year?		•	• •	•	•	•	•			16a		No
Ь	If "Yes," did the organization follow a writte in joint venture arrangements under applic status with respect to such arrangements?	able federal tax	x law, a	nd ta	ike s	teps	s to sa	fegu	ard the organizatio		16b		
	ction C. Disclosure												
17	List the States with which a copy of this Fo	rm 990 is requ	ired to	be file	ed₽		MA						
18	Section 6104 requires an organization to n available for public inspection. Indicate how Own website	w you made the	ese avai	lable	. Ch	eck	all tha	it ap	ply.	c)(3)s only)			
19 20	Describe in Schedule O whether (and if so, policy, and financial statements available to State the name, address, and telephone no Alison Field-Juma 23 Bradford Street	o the public dur umber of the pe	ring the erson w	tax y ho po	year. osses	sses		-					
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Form	990 (2016)												Page 7
Part	VII Compensation of Officers, D and Independent Contractor		stees,	Key	y En	npl	oyee	s, H	lighest Compen	sated Emp	oloye	ees,	
	Check if Schedule O contains a resp									<u></u>			. 🗆
-	ction A. Officers, Directors, Truste omplete this table for all persons required to	<u> </u>	-			_				-	o ora	anization	's tax
year.											-	anization	Slax
	List all of the organization's current officers npensation. Enter -0- in columns (D), (E), a							or o	rganizations), rega	rdless of amo	ount		
• L	ist all of the organization's current key em	ployees, if any.	See ins	struct	ions	for	definit	tion	of "key employee."				
who r	ist the organization's five current highest c received reportable compensation (Box 5 of ization and any related organizations.	ompensated en Form W-2 and/	nployee 'or Box	s (ot 7 of I	her t Form	than 10	an of 99-MI	ficer SC)	, director, trustee o of more than \$100,	r key employ 000 from the	ee) e		
• L	ist all of the organization's former officers, portable compensation from the organization						sated	emp	loyees who receive	d more than :	\$100,	000	
	ist all of the organization's former director ization, more than \$10,000 of reportable co										f the		
	ersons in the following order: individual trus ensated employees; and former such perso		rs; insti	itutio	nal t	rust	ees; c	office	ers; key employees	; highest			
<u> </u>	Check this box if neither the organization no	r any related or	rganizat	tion c	omp	ens	ated a	iny c	urrent officer, direc	tor, or trustee	e.		
	(A) Name and Title	(B) Average hours per week (list	Positio than c is b	one b	ox, ι	t cho unles		son	(D) Reportable compensation from the	(E) Reportabl compensati from relate	on	(F Estim amount comper	ated of other
		any hours for related		direct			ee)		organization (W- 2/1099-	organizatio (W- 2/109	ns	from organizat	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC	-	rela organiz	ted
(1) La	ura Rome	5.00	x		~		4		0				0
Presid	ent	0.00	^		х				0		U		0
(2) In	geborg Hegemann	5.00	х		x				0		0		0
Vice P	resident	0.00											
• •	ck Lawrence	5.00	х		x				0		0		0
Clerk		0.00			Ľ				Ŭ		Ŭ		0
• •	chard Tardiff	5.00	x		x				0		0		0
Treasu	irer	0.00	^						0		U		0
(5) Do	on Burn	3.00	I				Ī						

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Director	0.00									
(6) Robert Donelan	3.00									
Director	0.00	Х						0	0	0
(7) Lisa Eggleston	3.00									
		Х						0	0	0
Director	0.00									
(8) Allan Fierce	3.00									
Director		Х						0	0	0
	0.00 3.00									
(9) Paul Goldman	5.00	х						0	0	0
Director	0.00	~						0	0	0
(10) David Griffin	3.00									
		х						0	0	0
Director	0.00									
(11) Brian Kilcoyne	3.00									
		х						0	0	0
Director	0.00									
(12) Martin Moran	3.00									
Director		Х						0	0	0
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(13) Pam Rockwell	3.00	х						0	0	0
Director	0.00	^						0	U	U
	3.00									
(14) Peter Shanahan		х						0	0	0
Director	0.00									
(15) Lisa Vernegaard	3.00									
		Х						0	0	0
Director	0.00									
(16) Alison Field-Juma	36.00									
Executive Director					х			62,858	0	0
	0.00						-			
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Form 990 (2016)

Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n ofi	t che Inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

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o Sub	o-T	otal															
		from continuation sheets to Pa										(2.0	50		_		
		(add lines 1b and 1c)						,	•		• •	62,8					
		I number of individuals (including l eportable compensation from the o				se liste	ed ab	ove)	wno	rece	eived	more th	an \$1	00,000			
																Yes	No
D	oid '	the organization list any former of	ficer, c	lirector	or trust	ee, ke	ey em	volg	ee, c	or hio	ahest	compen	sated	employee on			
		1a? If "Yes," complete Schedule J								-	-	•••		• •	3		No
		any individual listed on line 1a, is t												n the			
		anization and related organizations vidual	greate	er than s	\$150,00	0? If	"Yes,	" con	nplet	te Sc	hedu	e J for s	uch				
			• •	• •	• •		•	•	• •		•	•••	•	• • • •	4		No
		any person listed on line 1a receive rices rendered to the organization?.			•										_		
		5	,	. comp		.caure		240		2011			•	· · ·	5		No
		n B. Independent Contracton pplete this table for your five higher		nensate	nd inden	ender	nt cor	Itrac	tore	that	receiv	ed more	e thar	1 \$100 000 of co	mnen	sation	
		the organization. Report compens													mpene	Jacion	
		Name ar	(A) d busin	ess addr	ess								Desc	(B) ription of services		(Compe	
		number of independent contractors	(inclue	ding but	t not lim	ited t	o tho	se lis	sted	abov	ve) wh	o receiv	ed mo	ore than \$100,0	00 of		
con	npe	ensation from the organization \blacktriangleright 0														Form 99	0 (2014
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		(2010)															
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		Check if Schedule O contains	a respo	onse or	note to	any i	ine in	(A)		VIII	•	(B)		 (C)	·	 (D	
							Tota	l reve				elated o	r	Unrelated		Reve	nue
												exempt unction		business revenue	ta	exclude ax under	
			ī									evenue				512-	
2	1a	Federated campaigns	1a														
iilar Ámounts	ŀ	b Membership dues	1b		33,7	78											
ũ	•	Fundraising events	1c														
Ā	6	d Related organizations	1d														
ilai		e Government grants (contributions)	1e		74,4	48											
<u>.</u>		All other contributions, gifts, grants,	 		, .	_											
Other Similar Amounts	'	and similar amounts not included above	1f		139,2	45											
and Other Sim	9	9 Noncash contributions included in lines 1a-1f:\$															
and	h	Total.Add lines 1a-1f			►			247	7,471								
- T					Busi	ness (Code		,.,1								
n a	2a																
(evt	_		-														
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service Revenue	С																

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Program	f All other program service revenue .				
Å	gTotal.Add lines 2a-2f 🕨	()		
	3 Investment income (including dividends, interest, a similar amounts)	and other	8,774		8,774
	4 Income from investment of tax-exempt bond proce	eeds 🕨	0		
	5 Royalties	. ►	0		
	(i) Real (ii) P	ersonal			
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	•	0		
	(i) Securities (ii)	Other			
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	C Gain or (loss)				
	d Net gain or (loss)	•	0		
nue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Other Revenue	See Part IV, line 18 a b Less: direct expenses b				
ar.	c Net income or (loss) from fundraising events	· •	0		
Othe	9a Gross income from gaming activities. See Part IV, line 19				
	a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	•	0		
	10a Gross sales of inventory, less returns and allowances				
	a				
	b Less: cost of goods sold b			0	
	c Net income or (loss) from sales of inventory		0		
		ess Code			
	11a				
	b				
	c				
	d All other revenue			 	
	e Total. Add lines 11a-11d	•			
		-	0		
	12 Total revenue. See Instructions	•	256,245		8,774

------ Page 10 ---

Form 990 (2016)

 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).

Page **10**

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 $$	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	62,858	62,858		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	109,105	67,209	37,343	4,553
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	18,623	14,086	4,044	493
	Fees for services (non-employees):				
	Management	0			
		0			
	5	2,700		2,700	
		0		2,700	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	-	24.242		
-	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,243	24,243		
	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	17,030	13,280	3,337	413
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	42		42	
23	Insurance	2,429		2,429	
24	Other expenses. Itemize expenses not covered 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 O.)				
	a Other Expenses	11,213	7,781	3,374	58
	b Printing and Publications	5,878	5,376		502
	c Equipment Rental	4,494	4,494		
	d Utilities	3,214	2,611	522	81
	e All other expenses	3,608	3,227	102	279
25	Total functional expenses. Add lines 1 through 24e	265,437	205,165	53,893	6,379
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	41,297	31,869	8,381	1,047
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			93,288	1	94,947
	2	Savings and temporary cash investments			240,207	2	247,011
	3	Pledges and grants receivable, net		· [99,346	3	73,626
	4	Accounts receivable, net		[267	4	0
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali	ated em fied per	ployees. Complete Part		5	0
6		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations II of Schedule L	ations o (see ins	f section 501(c)(9) structions) Complete Part		6	0
Assets	7	Notes and loans receivable, net				7	0
SS	8	Inventories for sale or use				8	0
⊲	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	33,648			
	b	Less: accumulated depreciation	10b	30,927	2,763	10c	2,721
	11	Investments—publicly traded securities .	<u>.</u>		330,232	11	370,283
	12	Investments-other securities. See Part IV, line	11 .			12	0
	13	Investments-program-related. See Part IV, line	e 11 .			13	0
	14	Intangible assets		[14	0
	15	Other assets. See Part IV, line 11		[967	15	967
	16	Total assets. Add lines 1 through 15 (must equ	ial line :	34)	767,070	16	789,555
	17	Accounts payable and accrued expenses	•		2,700	17	2,700
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		[20	
ŝ	21	Escrow or custodial account liability. Complete P	Part IV o	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons. Complete Part II of Schedule L $\$.				22	
	23	Secured mortgages and notes payable to unrela	ted thin	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24)				25	
	26	Total liabilities. Add lines 17 through 25			2,700	26	2,700
S		Organizations that follow SFAS 117 (ASC 9	58) ch	eck here b 🔽 and			
Net Assets or Fund Balances	27	complete lines 27 through 29, and lines 33 Unrestricted net assets			191,637	27	229,504
ala	28	Temporarily restricted net assets		-	570,333	28	554,951
d B	29	Permanently restricted net assets	•	· · · · · ·	2,400	29	2,400
un	2.9	Organizations that do not follow SFAS 117		158).	2,400	23	2,400
FF		check here b and complete lines 30 th					
S O	30	Capital stock or trust principal, or current funds		• • •		30	
set	31	Paid-in or capital surplus, or land, building or eq	quipmer	nt fund		31	
As	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32	
et	33	Total net assets or fund balances		[764,370	33	786,855
2	34	Total liabilities and net assets/fund balances .		[767,070	34	789,555

Form **990** (2016)

Form	990	(201	6)
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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
	Tetal revenue (must equal Dart)/III. column (A) line 12)				256 245
1	Total revenue (must equal Part VIII, column (A), line 12)	1			256,245
2					-9,192
3 4	Revenue less expenses. Subtract line 2 from line 1	3 4			764,370
•		4 5			,
5	Net unrealized gains (losses) on investments	_			31,677
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			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			786,855
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash decrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		

Additional Data			Return to Form
	Software ID:	16000303	
	Software Version:	2016v3.0	
Form 990, Special Condition Description:			
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(Forn	n 990	OULE A or 990EZ) he Treasury	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) empt charitable	organization or e trust.		OMB No. 1545-0047
		le Service	▶ Inf	ormation abou	Attach to Form ut Schedule A (Form www.irs.g			ctions is at	Open to Public Inspection
lam ARS		he organiza	tion					Employer identif	ication number
								04-2963426	
-	rt I roaniz				us (All organization e it is: (For lines 1 thro			see instructions.	
1			•		ssociation of churches			(A)(i).	
2					(1)(A)(ii). (Attach Sch				
3					vice organization desc				
4			•	•	ed in conjunction with			2	Enter the hospital's
5		name, city,	and state:	•	it of a college or univer				
6		170(b)(1)	(A)(iv). (Co	omplete Part II.)			. , ,		
7				rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from	a governmental u	nit or from the gene	ral public described in
8				• • • •	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
9					escribed in 170(b)(1) iee instructions. Enter				ollege or university or a
.0		from activit investment	ties related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert tess taxable income (le complete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its s	support from gross
1		An organiza	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
2		more publi	cly supported	l organizations (d exclusively for the be described in section 5	609(a)(1) or se	ection 509(a)(2)	. See section 509	
а		Type I. A son organization	supporting or n(s) the pow	ganization oper	the type of supporting rated, supervised, or co appoint or elect a majo	ontrolled by its	supported organiz	ation(s), typically b	
b		manageme	nt of the sup		pervised or controlled i ation vested in the sar and C.				
с					supporting organizatio ions). You must com				rated with, its
d		functionally	integrated.	The organizatio	d. A supporting organi in generally must satis rt IV, Sections A and	fy a distribution	requirement and		
e					ved a written determir integrated supporting		IRS that it is a Ty	pe I, Type II, Type I	II functionally
f ~	Enter			d organizations				· · · · · · · ·	
g	(i) N	Provide the Name of supp		(ii) EIN	the supported organiz (iii) Type of		ganization listed	(v) Amount of	(vi) Amount of
		organization			organization (described on lines 1- 10 above (see instructions))		ning document?	monetary support (see instructions)	other support (see
						Yes	No		
									1
	1								
otal or P		work Reduc	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F .	Schedule A (Form	990 or 990-EZ) 2010
		or 990-EZ.							
					D				
					Pa	ige 2			
choc		(Earm 000 a	~ 000 EZ) 20	16					
	rt II	`	r 990-EZ) 20		zations Described	in Sections	170(6)(1)(4)	(iv), 170(b)(1)(Page 2
r d		170(b) (Comple	(1)(A)(ix) ete only if y) vou checked th	he box on line 5, 7,	8, or 9 of Par	t I or if the orga	anization failed to	
6-	otion			tion fails to qu	ualify under the test	ts listed below	, please comple	ete Part III.)	
Se	CTION	n A. Public	SUDDOLL						

	lendar year fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	256,530	257,810	276,726	347,100	247,471	1,385,637
2	include any "unusual grant.") Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	256,530	257,810	276,726	347,100	247,471	1,385,637
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						0
_	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						1,385,637
	ection B. Total Support						
	lendar year r fiscal year beginning in) 🕨	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4.	256,530	257,810	276,726	347,100	247,471	1,385,637
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	51	769	745	4,240	8,774	14,579
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	Total support. Add lines 7 through 10						1,400,216
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is fo	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	ction 501(c)(3) org	janization,
	check this box and stop here					<u></u> ▶(\Box
S	ection C. Computation of Public						
14	Public support percentage for 2016 (lir		-			14	98.960 %
15	Public support percentage for 2015 Scl					15	93.570 %
16a	33 1/3% support test—2016. If the and stop here. The organization quali						DOX
t	33 1/3% support test-2015. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{1/}$	3% or more, chec	k this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	-2016. If the orgon meets the "facts"	ganization did not and-circumstance	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and stop he	, and line 14 ere. Explain	► 🗆
b	organization	t—2015. If the or ation meets the "f	rganization did no facts-and-circums	t check a box on li tances" test, checl	ine 13, 16a, 16b, k this box and sto	or 17a, and line p here.	► 🗆
18	supported organization						► 🗆
	instructions						
					Schedu	le A (Form 990 o	or 990-EZ) 2016
			Da a a 2				

Page 3

Schedule A (Form 990 or 990-EZ) 2016

not an unrelated trade or business

under section 513 Tax revenues levied for the

Pag	ie	3

ye J Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 1 include any "unusual grants.") . 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 Gross receipts from activities that are 3

4	ומא ובעכוועכז ובעוכע וטו עווכ	l	1	1	1	1	1	
	organization'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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line							
	13 for the year.							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c							
	from line 6.)							
	ction B. Total Support	1				T	T	
	ndar year fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9 10a	Amounts from line 6 Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30,							
с	1975. Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets							
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
	11, and 12.).		la finata a cara da	la ind. for with a set fi				
14	First five years. If the Form 990 is for check this box and stop here .	-			-		-	_
Se	ction C. Computation of Public				<u></u>			
15	Public support percentage for 2016 (lir					15		
	Public support percentage from 2015 S					16		
16								
Se	ction D. Computation of Invest	ment Income	Percentage		(f))			
		ment Income 16 (line 10c, colu	Percentage mn (f) divided by	line 13, column		17 18		
Se 17 18	ction D. Computation of Invest Investment income percentage for 20	ment Income 16 (line 10c, colu 015 Schedule A,	Percentage mn (f) divided by Part III, line 17 .	r line 13, column		17 18	e 17 is not	
Se 17 18 19a	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2016. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the	ment Income 16 (line 10c, colur 015 Schedule A, organization did n stop here. The or e organization did	Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualif not check a box	r line 13, column on line 14, and li ies as a publicly s on line 14 or line	ne 15 is more that supported organiz 19a, and line 16	17 18 n 33 1/3%, and lin ation is more than 33 1/3	. ►□ 3% and line	18 is
Se 17 18 19a r b	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2016. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the not more than 33 1/3%, check this box	ment Income 16 (line 10c, colur 015 Schedule A, organization did n stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 tot check the box rganization qualif not check a box The organization	' line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub	ne 15 is more tha supported organiz 19a, and line 16 plicly supported or	17 18 n 33 1/3%, and lin ation is more than 33 1/3 ganization	. ▶ □ 3% and line	18 is
Se 17 18 19a	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2016. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the	ment Income 16 (line 10c, colur 015 Schedule A, organization did n stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 tot check the box rganization qualif not check a box The organization	' line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub	ne 15 is more that supported organiz 19a, and line 16 plicly supported or ck this box and se	17 18 n 33 1/3%, and lin ation is more than 33 1/3 ganization e instructions		
Se 17 18 19a r b	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2016. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the not more than 33 1/3%, check this box	ment Income 16 (line 10c, colur 015 Schedule A, organization did n stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 tot check the box rganization qualif not check a box The organization	' line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub	ne 15 is more that supported organiz 19a, and line 16 plicly supported or ck this box and se	17 18 n 33 1/3%, and lin ation is more than 33 1/3 ganization		
Se 17 18 19a b	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2016. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the not more than 33 1/3%, check this box	ment Income 16 (line 10c, colur 015 Schedule A, organization did n stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 tot check the box rganization qualif not check a box The organization	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a put 19a, or 19b, chea	ne 15 is more that supported organiz 19a, and line 16 plicly supported or ck this box and se	17 18 n 33 1/3%, and lin ation is more than 33 1/3 ganization e instructions		
Se 17 18 19a b	ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2016. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the not more than 33 1/3%, check this box	ment Income 16 (line 10c, colur 015 Schedule A, organization did n stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualif not check a box The organization a box on line 14,	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a put 19a, or 19b, chea	ne 15 is more that supported organiz 19a, and line 16 plicly supported or ck this box and se	17 18 n 33 1/3%, and lin ation is more than 33 1/3 ganization e instructions		
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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 b determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

³b

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c				
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.	4-		_		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a				
	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.	4b		_		
С	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	4c 5a				
	amendment to the organizing document).	Ja				
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?	5b				
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
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 .					
-		6		_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7				
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,"	8				
	provide detail in Part VI.	9a		_		
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 .					
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b				
C	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 line 10b below.	9c				
		10a				
b	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine wh the organization had excess business holdings).					
				_		

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

Pa	t IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
	governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c				
Section B. Type I Supporting Organizations						

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> " <i>Yes</i> ," <i>explain in</i> Part VI <i>how providing such benefit</i>			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			

Section C. Type II Supporting Organizations

Yes	No

Page 5

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in **Part VI** how control or management of the

	<u></u>			,					
supporting	organization	was vested in	n the same persons	that	controlled or	· managed	the support	ed organization(s	;).

No

Page 6

1

Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the 3 organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete **line 3** below. \square
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions) С \square

2 Activities Test. Answer (a) and (b) below.

1

- Yes 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. 2a **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.
- 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.

Schedule A (Form 990 or 990-EZ) 2016

2b

3a

3b

Page 6

Schedule A (Form 990 or 990-EZ) 2016

1

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

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

	Section 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		
	Section 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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		

a	Iotal (auu iines 1a, 10, anu 10)	1 10	1 1
e	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	
	Section 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-functionally-ir	ntegrat	ed Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2016

Page 7

Schedule A (Form 990 or 990-EZ) 2016 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year Section D - Distributions** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations **4** Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in **Part VI**). See instructions 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (see (i) Underdistributions Distributable **Excess Distributions** instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 1 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: а b С From 2013. d From 2014. e From 2015. . . . f Total of lines 3a through e Applied to underdistributions of prior years q h Applied to 2016 distributable amount Carryover from 2011 not applied (see i. instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. i 4 Distributions for 2016 from Section D, line 7: \$

a Annlied to underdistributions of prior years

a Applied to underdistributions of prior years					
b Applied to 2016 distributable amount					
c Remainder. Subtract lines 4a and 4b from 4.					
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.					
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.					
7 Excess distributions carryover to 2017. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a					
b Excess from 2013					
c Excess from 2014.					
d Excess from 2015					
e Excess from 2016					
Schedule A (Form 990 or 990-EZ) (2016)					
	Page 8				

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

	Facts And Circumstances Test
Return Reference	Explanation
	Schedule A (Form 990 or 990-EZ) 2016

Additional Data

Return to Form

Page 8

 Software ID:
 16000303

 Software Version:
 2016v3.0

efile Public Visual Ren	nder	ObjectId: 201722139349300512 - Submission: 2017-08-01		TIN: 04-2963426		
Schedule B		Schedule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF)		Attach to Form 990, 990-EZ, or 990-PF.		2046		
Department of the Treasury Internal Revenue Service		Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its in <u>www.irs.gov/form990</u> .	structions is at	2016		
Name of the organizat	tion		Employer id	entification number		
OARS Inc			04-2963426			
Organization type (che	eck one):				
Filers of:	5	Section:				
Form 990 or 990-EZ		□ 501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private	foundation			
		□ 527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		\Box 4947(a)(1) nonexempt charitable trust treated as a private foundation				
		□ 501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule. **Note**.Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
	Page 2	
Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page 2
Name of organization OARS Inc		Employer identification number 04-2963426
Part I Contributors (See instructions). Use duplic	ate conies of Part I if additional space is	needed

	· · · · ·	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	1		
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 3

(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
$ = \equiv $		\$_	
(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
		\$	
	Page 4	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2010

000 000 EZ az 000 DE) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page 4
Name of organization OARS Inc	Employer identification number
	04-2963426

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) **\$** Part III Use duplicate copies of Part III if additional space is needed.

(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 I ZIP 4 Relationsh	ip 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 I ZIP 4 Relationsh	ip 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		ip of transferor to transferee

	· · ·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
) Transfer of gift	
-	Transferee's name, address, and	ZIP 4		o of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Additional Data

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 Software ID:
 16000303

 Software Version:
 2016v3.0

efi	le Public Visua	al Render	ObjectId: 2017221	39349300512	- Sub	omission: 2017	'-08-0	1	TIN: 04-2963426
SC	HEDULE D		Supplomor	tal Einanci	ial C	tatomonte			OMB No. 1545-0047
	m 990) tment of the Treasury		Supplemen Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answe	ered " :, 11d,	Yes," on Form 9			2016 Open to Public
		Information	about Schedule D (For			tions is at <u>www.</u>	<u>irs.gov</u>	<u>/form990</u> .	Inspection
	me of the organ	ization					Emp	oloyer ident	ification number
UAI	C5 Inc						04-2	963426	
Pa			ntaining Donor Advi				or Acc	ounts.	
	Comple	te if the orga	nization answered "Ye			IV, line 6.		(b)Funds a	nd other accounts
1	Total number at a	end of year .							
2		•	ns to (during year)						
3	Aggregate value		,						
4									
5			l donors and donor adviso ct to the organization's exe					funds are the	e 🗌 Yes 🗌 No
6	charitable purpo	ses and not fo	grantees, donors, and do grantees, donors, and do grant donor	or donor advisor,	or for a	any other purpose	n be use conferri	ed only for ing impermis	
Ра	rt II Conser	vation Ease	ements. Complete if th	e organization a	answe	red "Yes" on For	m 990,	, Part IV, lir	ne 7.
1	Purpose(s) of co	onservation ea	sements held by the organ	nization (check all	that ap	oply).			
	Preservation	on of land for p	oublic use (e.g., recreation	or education)		Preservation of a	n histori	ically importa	ant land area
	Protection	of natural hab	itat		\Box	Preservation of a	certified	d historic str	ucture
	Preservation	on of open spa	ce						
2	Complete lines 2 easement on the		if the organization held a ne tax year.	qualified conservat	tion co	ntribution in the fo	orm of a		n he End of the Year
а	Total number of	conservation e	easements				2a		
b	Total acreage res	stricted by con	servation easements				2b		
с	Number of conse	ervation easem	nents on a certified histori	c structure include	d in (a)	2c		
d	Number of conse structure listed i		nents included in (c) acqui Register	red after 8/17/06,	and n	ot on a historic	2d		
3	Number of const tax year >	ervation easer	nents modified, transferre	d, released, exting	juished	l, or terminated by	the org	ganization du	iring the
4	Number of state	s where prope	erty subject to conservatio	n easement is loca	ated 🕨				
5			written policy regarding th rvation easements it holds				of viola	ations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of v	violatio	ns, and enforcing o	conserva	ation easeme	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violati	ons, ar	nd enforcing conse	rvation	easements d	luring the year
8			 nent reported on line 2(d)				170(h)(4	,,,,,	Yes 🗌 No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	footnote to the or					es
Pai	t III Organi	zations Mai	ntaining Collections anization answered "Ye	of Art, Historic			her Siı	milar Asse	its.
1a	art, historical tre	easures, or oth	permitted under SFAS 11 her similar assets held for of the footnote to its finan	public exhibition, e	educat	ion, or research in	furthera		
b		res, or other s	permitted under SFAS 11 imilar assets held for publ these items:						
((i) Revenue includ	ed on Form 99	00, Part VIII, line 1					▶\$	
			Part X						
2	If the organizati	on received or	held works of art, historic be reported under SFAS	cal treasures, or ot	ther sir	nilar assets for fin			the
a L), Part VIII, line 1					·	
b For			Part X						ule D (Form 990) 2016
101	арсамотк кеай	ICLIOIT ACL NO	ace, see the misti utilo	13 IOI FUIII 330.		Cat. NO	. 12203	Journeal	ac D (10111 330) 2010

Sche	dule D	(Form 990) 2016												Page 2
Par	t III	Organizations Ma												
3		the organization's acq (check all that apply):		n, and other i	ecords, che		f the fo	llowing	that are a	a significant ι	use of it	s colle	ction	
а		Public exhibition				d 🗌	Loan	or exch	ange pro	grams				
b		Scholarly research				e 🗌	Othe	er						
С		Preservation for future	e generations											
4	Provid Part >	de a description of the KIII.	organization's coll	lections and o	explain how	v they fur	ther th	e organi:	zation's e	exempt purpo	se in			
5		g the year, did the orga s to be sold to raise fur										es		0
	rt IV	Escrow and Cust Complete if the org line 21.	ganization answ	vered "Yes"							nt on F	Form 9	990, F	vart X,
1a		e organization an agent led on Form 990, Part >									□ Y	es	□ N	0
b	If "Ye	es," explain the arrange	ment in Part XIII	and complet	e the follow	ving table				Α	mount			-
c		ining balance		•					1c					-
d	-	ions during the year .							1d					-
е		butions during the year							1e					-
f	Endin	ig balance							1f					_
2a	Did th	ne organization include	an amount on Fo	rm 990, Part	X, line 21,	for escro	w or cu	ustodial a	account li	iability?		25		-
b	If "Yo	s," explain the arrange	ment in Part XIII	Check here	if the evola	nation ha	is heen	nrovide	d in Part	XIII			\square	-
Pa	rt V	Endowment Fund						•						
	-			(a)Current		(b)Prior ye			ears back	-		(e) Fo	ur year	s back
1a	Beginn	ing of year balance .												
b	Contrib	outions												
с	Net inv	vestment earnings, gain	ns, and losses											
d	Grants	or scholarships												
e		expenditures for facilitie ograms	es											
f	Admini	strative expenses .												
g	End of	year balance												
2 a		de the estimated perce d designated or quasi-e		ent year end	balance (lin	ne 1g, col	umn (a)) held a	is:					
b	Perm	anent endowment 🕨												
с	Temp	orarily restricted endov	vment 🕨											
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	%.									
3a		here endowment funds	not in the posses	sion of the o	rganization	that are	held ar	nd admin	istered for	or the		Г	Vee	
	-	nization by: nrelated organizations									3	a(i)	Yes	No
	.,	elated organizations										a(ii)		
b	• •	s" on 3a(ii), are the rel				Schedule	R?.					3b		
4	Descr	ribe in Part XIII the inte	ended uses of the	organization	's endowme	ent funds					L			
Ра	rt VI	Land, Buildings, Complete if the or	• •		on Form 9	990, Par	t IV, li	<u>ne 11a.</u>	See Fo	<u>rm 990, Par</u>	t X, lir	ne 10.		
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost or o	other basis	(other)	(c) Acc	cumulated	depreciation		(d) Boo	ok value	÷
1a	Land			Ī			2,400							2,400
b	Buildin	gs												
с	Leaseh	old improvements												
d	Equipm	nent					31,248			30,927				321
е	Other			Ī										
Tota	al. Add	lines 1a through 1e.(Co	olumn (d) must ea	qual Form 99	0, Part X, c	column (B), line	10(c).)	• •	•				2,721
										Sch	edule I) (For	m 99	0) 2016

Schedule D (Form 990) 2016

See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial derivatives				
(2) Closely-held equity interests	•			
(A)	_			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	_			
Part VIII Investments Program Related.	-			
Complete if the organization answered 'Yes' on Form 9				
(a) Description of investment	(b) Boo	ok value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX Other Assets. Complete if the organization answered 'Yes' of (a) Description	on Form	990, Par	t IV, line 11d. See Form 990, Pa	rt X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	red 'Yes	s' on For	rm 990, Part IV, line 11e or 1	11f.
1. (a) Description of liability		(b) Bo	ook value	
(1) Federal income taxes				
(2)				

	1
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

Schedule D (Form 990) 2016

	Page 4			
Scheo	lule D (Form 990) 2016			Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part		Return	
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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
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 $\ .$	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12.)		5	
Par	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		Return.	
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
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 IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b $\$.	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Par	t XIII Supplemental Information			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and s s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		t V, line 4; Par	t X, line 2; Part XI,
	Return Reference	Explanation		
			Schedule D	(Form 990) 2016

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 Software Version:
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SCHEDUL (Form 990 or 99		Supplemental Information to Form 990 or Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional informat	stions on	OMB No. 1545-0047
Department of the Trea Internal Revenue Servi		Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instation www.irs.gov/form990.	ructions is at	Open to Public Inspection
Name of the org OARS Inc	anizatio	1	Employer ide 04-2963426	ntification number
Return Reference		Explanation		
Form 990, Part VI, Line 6: Explanation of Classes of Members or	The Or	ganization has over 600 members who represent the general public.		
Shareholder Form 990, Part VI, Line 11b: Form 990 Review Process	А сору	of the Form 990 is emailed to each director for review before return is filed.		
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	Annual	certification required of board members.		
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management		of Directors annually review the executive directors salary. All board members are	e independent	
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees		of Directors annual review the compensation of key employees. All Board membe	rs are independer	nt
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available		erning documents, policies and financial statements are availabe upon request.		nedule O (Form 990 or 990-EZ) 201

Additional Data

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