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Return of Organization Exempt From Income T

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce_l foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form99</u>

Department of the Treasury
Internal Revenue Service

A For the 2017 c	alendar year, or tax year beginning 01-01-2017 ,and ending 12-3	<u>1-2017</u>
 B Check if applicable: Address change Name change Initial return Final return/terminated 	C Name of organization OARS Inc Doing business as	C
 Amended return Application pending 		Lite
	City or town, state or province, country, and ZIP or foreign postal code Concord, MA 01742	G
	F Name and address of principal officer: Allan Fierce	H(a) Is this a subordina H(b) Are all su
I Tax-exempt status:	✓ 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 527	included? If "No," a
J Website: 🕨 http	o://www.oars3rivers.org	H(c) Group ex
K Form of organization	✓ Corporation □ Trust □ Association □ Other ►	L Year of formation

Pa	rt I	Summary	
ance		Briefly describe the organization's mission or most significant activities: Protect, preserve and enhance the natural and recreational features of the Assabet, Sudb watersheds.	ury and Conc
& Governance	2 3	Check this box Check this box Check this box Check	
	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ .$.	
Activities	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
Ā	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
	b	Net unrelated business taxable income from Form 990-T, line 34	
			Prior `
n	8	Contributions and grants (Part VIII, line 1h)	
Revenue	9	Program service revenue (Part VIII, line 2g)	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
Ξ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	

	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) \ldots .	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
enses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	
Expe	b	Total fundraising expenses (Part IX, column (D), line 25) 7,495	
ß	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	
	19	Revenue less expenses. Subtract line 18 from line 12	
s or nces			Beginning of (
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	
	21	Total liabilities (Part X, line 26)	
žĒ	22	Net assets or fund balances. Subtract line 21 from line 20	
_			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on al any knowledge.

Sign Here	Robe	ature of officer ert Donelan Treasurer e or print name and title			2018-08 Date
Paid		Print/Type preparer's name Thomas Arrison CPA	Preparer's signature Thomas Arrison CPA	Date	Check self-em
Prepare	r	Firm's name 🕨 Vallas & Arrison F	PC		Firm's E
Use Onl		Firm's address Þ 312 Great Road			Phone r
		Littleton, MA 014	460		

May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat. No. 1128

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Protect, preserve and enhance the natural and recreational features of the Assabet, Sudbury and Concord rivers,

2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? • • • • • • • • • • • • • • • • • • •
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses	\$ 198,453 including grants of \$) (Rever
	Water quality monitoring, measuring physic promote good stewardship of river resource	cal parameters along the rivers for use in evaluati es.	ng water pollution; review of de
4b	(Code:) (Expenses	\$ including grants of \$) (Rever
4c	(Code:) (Expenses	\$ including grants of \$) (Rever
4d	Other program services (Describe in	-	
4.0	(Expenses \$ Total program service expenses	including grants of \$ 198,453) (Revenue \$
4e		196,435	
		Page 3	
Form	990 (2017)		
Par	t IV Checklist of Required Sector	chedules	
1	Is the organization described in section <i>Schedule A</i>	on 501(c)(3) or 4947(a)(1) (other than a p	private foundation)? If "Yes
2	Is the organization required to compl	ete Schedule B, Schedule of Contributors ((see instructions)? 🕵 .
3	Did the organization engage in direct for public office? If "Yes," complete S	or indirect political campaign activities on chedule C, Part I	behalf of or in opposition t
4	Section 501(c)(3) organizations.		

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the ta If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership du 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors l 6 to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🥵 🔒 Did the organization receive or hold a conservation easement, including easements to preserve open space 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😼 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 If "Yes," complete Schedule D, Part III 💆 🔒 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as 9 for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt neg services?If "Yes," complete Schedule D, Part IV 🧐 . 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endo permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲 . 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI or X as applicable. **a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🥵 🔒 **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or m assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥵 . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or m total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥵 . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total ass in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥵 🔒 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D е Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule **12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 💆 **b** 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 I Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fund business, investment, and program service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the United States, or aggregate foreign investigation of the service activities outside the States, or aggregate foreign investigation of the service activities outside the States, or aggregate foreign investigation of the service activities outside the States, or aggregate foreign investigation of the service activities outside the service activit at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV _ _ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions c lines 1c and 8a? If "Yes," complete Schedule G, Part II . 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9;

	complete Schedule G, Part III
	Page 4
Form	990 (2017)
	t IV Checklist of Required Schedules (continued)
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals c column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organiz current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If " complete Schedule J</i>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10 the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24a complete Schedule K. If "No," go to line 25a
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\ .$
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ .$
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 complete Schedule L, Part I
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a p that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any former officers, directors, trustees, key employees, highest compensated employees, or disqualified perso <i>If "Yes," complete Schedule L, Part II</i>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, subscontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or far of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, P 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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Scherer IV
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member there officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified c

- **31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N
- **32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*
- **33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- **34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, J Part V, line 1
- **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a con within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- **36** Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable organization? *If "Yes," complete Schedule R, Part V, line 2*
- **37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*
- **38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b ar All Form 990 filers are required to complete Schedule O.

Daga E

	Fage 5	
Form	990 (2017)	
	rt V Statements Regarding Other IRS Filings and Tax Compliance	
	Check if Schedule O contains a response or note to any line in this Part V	′ <u>.</u>
		_
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. Enter -0- if not applicable .	1b
С	Did the organization comply with backup withholding rules for reportable payments to ven (gambling) winnings to prize winners?	dors and reporta
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 employm Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the y	/ear?
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in	Schedule O
4a	At any time during the calendar year, did the organization have an interest in, or a signatu financial account in a foreign country (such as a bank account, securities account, or other	
b	If "Yes," enter the name of the foreign country: F See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F	-inancial Accoun
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	tax year? .
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sh	elter transactio
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	

6a	Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions?	00, and did the or	
b	If "Yes," did the organization include with every solicitation an express statement that su not tax deductible?	ιch contributions (
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 a provided to the payor?	nd partly for good	
b	If "Yes," did the organization notify the donor of the value of the goods or services provide	ded?	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for 8282?	or which it was ree	
d	If "Yes," indicate the number of Forms 8282 filed during the year \ldots .	7d	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a perso	onal benefit contra	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benefit contract?	
g	If the organization received a contribution of qualified intellectual property, did the organ required?	nization file Form {	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, die 1098-C?	d the organization	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess busine the year?	ss holdings at any	
9a	Did the sponsoring organization make any taxable distributions under section 4966? .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .		
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	90 in lieu of Form	
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. additional information the organization must report on Schedule O.	See the instructic	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans	13b	

			1	
С	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year	ar? .		•

Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc
	Check if Schedule O contains a response or note to any line in this Part VI
Se	ction A. Governing Body and Management
1a	Enter the number of voting members of the governing body at the end of the tax year 1a
	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
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee, or key employee?
3	Did the organization delegate control over management duties customarily performed by or under the dire of officers, directors or trustees, or key employees to a management company or other person? $\hfill \hfill$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa
5	Did the organization become aware during the year of a significant diversion of the organization's assets?
6	Did the organization have members or stockholders?
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint members of the governing body?
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh persons other than the governing body?
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following:
а	The governing body?
b	Each committee with authority to act on behalf of the governing body?
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>
Se	ction B. Policies (This Section B requests information about policies not required by the Inte
10a	Did the organization have local chapters, branches, or affiliates?
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter and branches to ensure their operations are consistent with the organization's exempt purposes?
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befc form?
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could conflicts?
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," c Schedule O how this was done
13	Did the organization have a written whistleblower policy?
14	Did the organization have a written document retention and destruction policy?

15	Did the process for determining compensation of the following persons include a review and approval by ir persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
а	The organization's CEO, Executive Director, or top management official
b	Other officers or key employees of the organization
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizati status with respect to such arrangements?
So	ction C. Disclosure
17	List the States with which a copy of this Form 990 is required to be filed
	List the States with which a copy of this Form 990 is required to be filed
17	List the States with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501
17	List the States with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501 available for public inspection. Indicate how you made these available. Check all that apply.
17 18	List the States with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website V pon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict
17 18 19	List the States with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website V Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books an
17 18 19	List the States with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website V Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books an

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compensated employees; and former such persons.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w year.

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), reg of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$10(organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who receive of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director organization, more than \$10,000 of reportable compensation from the organization and any related organization List persons in the following order: individual trustees or directors; institutional trustees; officers; key employee:

Check this box if neither the organization nor any related organization compensated any current officer, dire

(A)	(B)	(C)	(D)
Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the organization
	for related organizations below dotted	Forr High High Offic Offic Inst Inst	(W- 2/1099- MISC)

	line)	vidual trustee inector	titutional Trustee) ěř	employee	lest compensated	ner	
(1) Laura Rome	3.00	V						C
Director	0.00	Х						U
(2) Dick Lawrence	5.00							
Clerk	0.00	Х		Х				0
(3) Don Burn	3.00							
Director	0.00	Х						C
	3.00							
(4) Robert Donelan		Х		х				C
Treasurer	0.00							
(5) Ingeborg Hegemann	5.00	Ň						
Vice President	0.00	Х		Х				C
(6) Allan Fierce	5.00							
		Х		х				C
President	0.00							
(7) Paul Goldman	3.00	х						C
Director	0.00	~						U
(8) Martin Moran	3.00							
Director		Х						C
	0.00 3.00			-				
(9) Pam Rockwell	5.00	х						C
Director	0.00							
(10) Peter Shanahan	3.00							
Director		Х						C
	0.00 3.00							
(11) Lisa Vernegaard		Х						C
Director	0.00							
(12) Alison Field-Juma	32.50							
Executive Director	0.00				Х			C
	0.00	ļ						
						1		
			I	1	I			1

Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A) Name and Title	(B) Average hours per week (list any hours for related	than c is b	one bo	ox, ι n of	t ch Inle ficei	eck mo ss pers r and a cee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	0
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	
									T
									1
									╈
									┢
									+
									┢
									T
									T
									T
									T
									T
									T
1b Sub-Total					1	►			_
c Total from continuation sheets to Pa	art VII, Sectio	nA.				►			
d Total (add lines 1b and 1c)						►			

2 Total number of individuals (including but not limited to those listed above) who received more than 100, of reportable compensation from the organization **b** 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated en line 1a? *If "Yes," complete Schedule J for such individual*

- **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from tl organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or indivic services rendered to the organization?*If "Yes," complete Schedule J for such person*

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$ 1 from the organization. Report compensation for the calendar year ending with or within the organization's (A) Name and business address Descript 2 Total number of independent contractors (including but not limited to those listed above) who received more compensation from the organization **b** 0 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (A) **(B)** Total revenue Related or exempt function revenue **1a** Federated campaigns . 1a Similar Amounts Contributions, Gifts, Grants **b** Membership dues . . 1b 39,912 **c** Fundraising events 1c **d** Related organizations 1d **e** Government grants (contributions) 1e 106,884 **f** All other contributions, gifts, grants, and similar amounts not included Other 1f 124,884 above **g** Noncash contributions included in lines 1a-1f:\$ and h Total.Add lines 1a-1f 271,680 **Business Code** am Service Revenue 2a h C d е

line of	
C2	
0	
λ.	

Other Revenue

0

g Total.Add	lines 2a-2f			►

3 Investment income (in similar amounts) .	ncluding dividends, in	nterest, and other	9,531	
4 Income from investme	ent of tax-exempt bo	ond proceeds	0	
5 Royalties		🕨	0	
	(i) Real	(ii) Personal		
6a Gross rents				
b Less: rental expenses				
c Rental income or (loss)				
d Net rental income o	r (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)			ļ	
d Net gain or (loss) .		►	0	
8a Gross income from from from from from from from the fr	of			
b Less: direct expense	sb			
c Net income or (loss)	from fundraising eve	ents 🕨	0	
9a Gross income from g See Part IV, line 19	aming activities.			
b Less: direct expense	sb			
c Net income or (loss)	L	ies . ⊾	0	

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(Form	n 990	ULE A or 990EZ) ne Treasury	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		OMB No. 1545-0047
		e Service		► Go to	www.irs.gov/Form				Open to Public Inspection
Name DARS I		ne organiza	tion					Employer identifi	cation number
D.								04-2963426	
Par he or					us (All organization e it is: (For lines 1 thro			ee instructions.	
1	\square	A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	\square	A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	or a cooperati	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(i	ii).	
4	\square	A medical r	esearch orga	inization operat	ed in conjunction with	a hospital descr	ibed in section 1		Enter the hospital's
5	0		and state:		t of a college or unive	rsity owned or o	porated by a gov	remental unit descr	ibod in costion
5	\cup			mplete Part II.)		Isity owned of o			ibed in section
6	\Box	A federal, s	tate, or local	government or	governmental unit de	escribed in secti	on 170(b)(1)(A)(v).	
7				mally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	a governmental u	nit or from the gener	al public described in
8					n 170(b)(1)(A)(vi).	(Complete Part 1	II.)		
9					escribed in 170(b)(1)				lege or university or a
		non-land g	rant college c	of agriculture. S	ee instructions. Enter	the name, city, a	and state of the c	ollege or university:	
L O		from activit	ties related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cer less taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
1	\Box	An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety. S	See section 509(a)(4).	
.2		more public	cly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	609(a)(1) or se	ction 509(a)(2)	. See section 509(
а		Type I. A so organizatio	supporting or n(s) the pow	ganization oper	ated, supervised, or composite a major	ontrolled by its s	supported organiz	ation(s), typically by	
b		manageme	nt of the sup		pervised or controlled i ation vested in the sar and C.				
с	\Box				supporting organizatio ions). You must com				ated with, its
d		Type III n functionally	on-function	ally integrate The organizatio	d. A supporting organ n generally must satis r t IV, Sections A and	ization operated fy a distribution	in connection wit requirement and	h its supported orga	
е	\Box				ved a written determir integrated supporting		RS that it is a Typ	be I, Type II, Type II	I functionally
f	Enter		<i>,</i> ,			-		<u>.</u>	
g	(1) 1		3		the supported organiz				
	(1) N	lame of supp organizatior		(ii) EIN	 (iii) Type of organization (described on lines 10 above (see instructions)) 		anization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
									<u> </u>
otal									
or P	aperv	work Reduc or 990-EZ.	tion Act Not	tice, see the I	nstructions for	Cat. No. 1128	5F S	Schedule A (Form S	990 or 990-EZ) 2017
01111	550 (01 990-L2.							
					Pa	ige 2			
ched	ule A		or 990-EZ) 20						Page 2
Pai	t II	170(b)	(1)(A)(ix))	tations Described ne box on line 5, 7,				
		III. If th	ne organizat		ualify under the test				, , , , , , , , , , , , , , , , , , , ,
Se	ction	A. Public	Support						

	endar year fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	257,810	276,726	347,100	247,471	271,680	1,400,787
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 the organization without charge						0
	Total. Add lines 1 through 3	257,810	276,726	347,100	247,471	271,680	1,400,787
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0
6	shown on line 11, column (f) Public support. Subtract line 5 from						1,400,787
	line 4. ection B. Total Support						
	endar year	(-)2012	(1)2014	(-)2015	(4)2016	(-)2017	
•	fiscal year beginning in) 🕨	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4 Gross income from interest,	257,810	276,726	347,100	247,471	271,680	1,400,787
8	dividends, payments received on securities loans, rents, royalties and income from similar sources.	769	745	4,240	8,774	9,531	24,059
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						1,424,846
12	Gross receipts from related activities,	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	tion 501(c)(3) or	janization,
	check this box and stop here					• 0	
S	ection C. Computation of Public						
14	Public support percentage for 2017 (lir	ne 6, column (f) d	ivided by line 11,	column (f))		14	98.310 %
15	Public support percentage for 2016 Scl	hedule A, Part II,	line 14			15	98.960 %
16a	33 1/3% support test-2017. If the	organization did n	ot check the box of	on line 13, and line	e 14 is 33 1/3% or	more, check this	box
b	and stop here. The organization quali 33 1/3% support test—2016. If the	fies as a publicly s organization did	supported organiza not check a box o	ation	and line 15 is 33 1/		▶ 🗹 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	-2017. If the ore n meets the "facts"	ganization did not s-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—2016. If the o ation meets the "	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 Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this bo	and see	
	instructions					 le A (Form 990 d	
					Schedu	IE A (FOLM 330 C	л Э ЭО-Е <u>८)</u> 2017
			De e i O				
			Page 3				

Schedule A (Form 990 or 990-EZ) 2017

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (d) 2016 (e) 2017 (b) 2014 (c) 2015 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not 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

3 Gross receipts from activities that are not an unrelated trade or business under section 513

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4	lax revenues levieu ior uie	1	I	1	1	Î	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							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disgualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
с	13 for the year. Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support							
	ndar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
(or 1 9	fiscal year beginning in) Amounts from line 6						()	
10a	Gross income from interest,							
	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							
	(Explain in Part VI.) .							
13	Total support. (Add lines 9, 10c, 11, and 12.).							
14	First five years. If the Form 990 is for	-			-		-	
	check this box and ${\color{black}{\textbf{stop here.}}}$						🕨	\Box
	ction C. Computation of Public	Support Perce	entage					
<u>Se</u> 15 16		Support Perce ne 8, column (f) d	entage livided by line 13	, column (f)) . .		15		
15 16	ction C. Computation of Public Public support percentage for 2017 (lin	Support Perce ne 8, column (f) d Schedule A, Part I	ivided by line 13 II, line 15	, column (f)) . .		15		
15 16	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20	Support Perce ne 8, column (f) d 6chedule A, Part I ment Income 17 (line 10c, colu	entage livided by line 13 II, line 15 Percentage mn (f) divided by	, column (f))	(f))	15		
15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colui 016 Schedule A,	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 .	, column (f))	(f))	15 16 17 18		
15 16 Se 17 18 19a	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2017. If the	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box	, column (f)) 	(f))	15 16 17 18 an 33 1/3%, and lin	e 17 is not	
15 16 Se 17 18 19a	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2017. If the comore than 33 1/3%, check this box and s	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif	, column (f)) ,	(f))	15 16 17 18 an 33 1/3%, and lin ration	e 17 is not . ▶ □	
15 16 Se 17 18 19a	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2017. If the a33 1/3% support tests—2016. If the	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 17 (line 10c, colu 16 Schedule A, organization did n stop here. The ore e organization did	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box	, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin ration is more than 33 1/	e 17 is not . ▶ □ 3% and line	
15 16 Se 17 18 19a	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2017. If the comore than 33 1/3%, check this box and s	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or e organization did and stop here.	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin ation is more than 33 1/ rganization	e 17 is not . ▶ □ 3% and line . ▶ □	
15 16 17 18 19a r b	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2017. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or e organization did and stop here.	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin ation is more than 33 1/ rganization	e 17 is not . ▶ □ 3% and line . ▶ □	18 is
15 16 17 18 19a r b	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2017. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or e organization did and stop here.	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14,	, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin sation is more than 33 1/ rganization ee instructions	e 17 is not . ▶ □ 3% and line . ▶ □	18 is
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15 16 17 18 19a b 20	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2017. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the not more than 33 1/3%, check this box Private foundation. If the organization	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or e organization did and stop here.	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14,	, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin sation is more than 33 1/ rganization ee instructions	e 17 is not . ▶ □ 3% and line . ▶ □ ▶ □ or 990-EZ)	18 is
15 16 Se 17 18 19a 5 20	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2017. If the onore than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990 or 990-EZ) 2017	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or e organization did and stop here. on did not check a	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14,	, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin sation is more than 33 1/ rganization ee instructions	e 17 is not . ▶ □ 3% and line . ▶ □ ▶ □ or 990-EZ)	18 is
15 16 Se 17 18 19a 5 20	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage from 2016 S ction D. Computation of Invest Investment income percentage for 2017 Investment income percentage from 2 331/3% support tests—2017. If the onore than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990 or 990-EZ) 2017 t IV Supporting Organization	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or e organization did and stop here. on did not check a	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4	, column (f))	(f))	15 16 17 18 an 33 1/3%, and line ration is more than 33 1/ rganization ee instructions ule A (Form 990)	e 17 is not . ► □ 3% and line ► □ or 990-EZ)	18 is 2017
15 16 Se 17 18 19a 5 20	ction C. Computation of Public Public support percentage for 2017 (lin Public support percentage for 2016 S ction D. Computation of Invest Investment income percentage for 203 Investment income percentage for 203 331/3% support tests—2017. If the one than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the one than 33 1/3%, check this box Private foundation. If the organization August Complete only if you checked a Part I, complete Sections A and	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 17 (line 10c, colu 016 Schedule A, organization did n stop here. The or e organization did and stop here. The on did not check a s a box on line 12 o d C. If you checked	entage livided by line 13 II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4	, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin ation is more than 33 1/ rganization ee instructions ule A (Form 990 tions A and B. If ye	e 17 is not . ▶ □ 3% and line . ▶ □ or 990-EZ)	18 is 2017
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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 determination. b

Зb

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

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	
с	supervised by or in connection with its supported organizations. 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.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
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? <i>If "Yes," provide detail in Part VI.</i>		
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).	6 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).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	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 .	9b	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	\vdash
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.	10-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b	
	Schedule A (Form 990	or 990-EZ)	2017

Page 5 -

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations (continued)				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	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 "Yes," explain in Part VI how providing such benefit</i>				
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2			

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

Yes

No

1

2

з

Yes

No

Section D. All Type III Supporting Organizations

- 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?
- 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).*
- **3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.

 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the
- **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) 2017

2h

3a

3b

Page 6

Page 6

Schedule A (Form 990 or 990-EZ) 2017

1

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

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 (add lines 1a, 1b, and 1c)	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	

instructions)

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017

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 Distributable amount for 2017 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (see (i) Underdistributions Distributable **Excess Distributions** instructions) Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: а **b** From 2013. **c** From 2014. **d** From 2015. e From 2016. . . . f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i. Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: \$

1 Applied to underdistributions of prior vess

a Applieu to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. 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 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013.			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
		Schedule	A (Form 990 or 990-EZ) (2017)
	Page 8		
Schedule A (Form 990 or 990-EZ) 2017			Page 8
Part VI Supplemental Information. Provide the expla			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1/a or 1/b; Part III, line 1/2; 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

Explanation

Facts And Circumstances Test

Return Reference

instructions).

Schedule A (Form 990 or 990-EZ) 2017

Additional Data

Return to Form

 Software ID:
 17005038

 Software Version:
 2017v2.2

efile Public Visual Rende	Objectld: 201822399349300407 - Submission: 2018-08-27		TIN: 04-2963426	
Schedule B (Form 990, 990-EZ,	Schedule of Contributors	Schedule of Contributors		
or 990-PF) Department of the Treasury	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.			
Internal Revenue Service			2018	
Name of the organization OARS Inc		Employer id	entification number	
		04-2963426	.6	
Organization type (check	rone):			
Filers of:	Section:			
Form 990 or 990-EZ	□ 501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation		
	\Box 527 political organization			
Form 990-PF	\Box 501(c)(3) exempt private foundation			
	\Box 4947(a)(1) nonexempt charitable trust treated as a private foundation			
	\Box 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) (2018)
	Page 2	
Schedule B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
Name of organization OARS Inc		Employer identification number 04-2963426
Part I Contributors (See instructions). Use duplic	rate conies of Part I if additional snace is	needed

	· · · · · ·		
(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
(-)	4.5	(-)	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)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)

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

Page 3

 Page 3

 Name of organization OARS Inc
 Employer identification number 04-2963426

 Part II
 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
 (c)
 (d)
 (d)
 (d)
 Date received

 (a)
 (b)
 Description of noncash property given
 (c)
 (d)
 Date received

 (a)
 (b)
 Description of noncash property given
 (c)
 (d)
 Date received

 (see instructions)
 (see instructions)
 (c)
 (c)
 (c)
 (c)

 (see instructions)
 (c)
 (c)
 (c)
 (c)
 (c)
 (c)

 (see instructions)
 (see instructions)
 (c)
 (c)
 (c)
 (c)
 (c)

 (see instructions)
 (c)
 (c)

(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
		\$	
(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
		\$	
I		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	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 Part III year. (Enter this information once. See instructions.) ***** \$____

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 Relations	hip 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 Relations	hip 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	hip 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) (2018)

Additional Data

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 Software ID:
 17005038

 Software Version:
 2017v2.2

efile Public Visual Render ObjectId: 201822399349300407 - Submission: 2018-08-27 TIN: 04-2963						TIN: 04-2963426			
SCHEDULE D Supplemental Financial Statements							OMB No. 1545-0047		
(Fori	Complete if the organization answered "Yes," on Form 990,							2017	
							Open to Public		
_	al Revenue Service me of the organ	ization	Go to <u>www.irs.g</u>	<u>ov/Form990</u> for	the lat	est informatio		lover ident	Inspection ification number
	RS Inc	Lution					-	-	
Pa	art I Organiz	zations Mai	intaining Donor Advis	sed Funds or O	other 9	Similar Funds	-	963426	
			anization answered "Yes	s" on Form 990,	Part I	V, line 6.			
	T . (.)			(a) Don	or advis	ed funds		(b)Funds a	and other accounts
1 2			· · · · · · · · · · · · · · · · · · ·						
2	Aggregate value								
4		•	·						
5	Did the organiza	tion inform al	I donors and donor adviso					unds are the	
 organization's property, subject to the organization's exclusive legal control?									
			ements. Complete if th				rm 990,	, Part IV, li	ne 7.
1			sements held by the organ	•					
			public use (e.g., recreation	or education)		Preservation of		, ,	
	\square	of natural hab			\Box	Preservation of	a certified	d historic str	ucture
		on of open spa							
2	Complete lines 2 easement on the		if the organization held a he tax year.	qualified conserva	tion cor	tribution in the	form of a		n he End of the Year
а	Total number of	conservation e	easements				2a		
b	-	-	servation easements				2b		
с			nents on a certified histori		. ,		2c		
d	Number of conse structure listed in		nents included in (c) acqui Register	red after 7/25/06,	and no	t on a historic	2d		
3	Number of conse tax year 🕨	ervation easer	ments modified, transferre	d, released, exting	guished,	or terminated b	by the org	ganization di	uring 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				g of viola	-	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of v	violation	s, and enforcing	conserva		
7	Amount of expenses	nses incurred	in monitoring, inspecting,	handling of violati	ons, an	d enforcing cons	ervation	easements (during the year
8			— nent reported on line 2(d) · · · · · · · · · · · · · · · ·				170(h)(4		Yes 🗌 No
9									
Par	t III Organi	zations Ma	intaining Collections anization answered "Yes	of Art, Historie			ther Si	nilar Asse	ets.
1a	If the organizati art, historical tre	on elected, as easures, or ot	permitted under SFAS 11 her similar assets held for	6 (ASC 958), not t public exhibition,	to repor educatio	t in its revenue s on, or research i	n furthera		
b	 provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 								
(90, Part VIII, line 1					▶\$	
			Part X						_
2	If the organizati	on received or	held works of art, historic be reported under SFAS 1	al treasures, or o	ther sim	ilar assets for fi		· · · · · · · · · · · · · · · · · · ·	the
а	-	•	0, Part VIII, line 1	. ,	-			. ▶\$_	
b	Assets included	in Form 990,	Part X · · · · · · · · ·					▶ \$	
For I			tice, see the Instructior			Cat. N	o. 52283	D Sched	ule D (Form 990) 2017

Sche	dule D	(Form 990) 2017											Page 2
Parl	: III	Organizations Mair	ntaining Col	lections of A	rt, Histori	ical Tı	easu	res, o	r Othe r	Similar As	ssets ((continued)	
3		the organization's acquis (check all that apply):	ition, accessior	n, and other rec	ords, check	any of	the fol	lowing t	hat are a	a significant ι	use of it	s collection	
а		Public exhibition			d		Loan	or excha	ange pro	grams			
b		Scholarly research			е		Other						
С		Preservation for future ge	enerations										
4	Provi Part >	de a description of the org (III.	anization's coll	lections and exp	plain how the	ey furth	ner the	organiz	ation's e	xempt purpo	se in		
5		g the year, did the organiz s to be sold to raise funds									v	es 🗆 N	lo
Par	t IV	Escrow and Custod Complete if the organ line 21.	nization answ	vered "Yes" or		-		-	-		nt on I	Form 990,	Part X,
1a		e organization an agent, tr led on Form 990, Part X?									□ Y	es 🗌 N	lo
b	If "Ye	s," explain the arrangeme	ent in Part XIII	and complete t	he following	table:				A	mount		-
с	Begir	ning balance							1c				_
d	Addit	ions during the year \ldots							1d				
e	Distri	butions during the year .						•	1e				_
f	Endin	g balance						·	1f				_
2a	Did tl	ne organization include an	amount on Fo	rm 990, Part X,	line 21, for	escrow	or cu	stodial a	ccount li	ability?	Ο Υ	es 🗌 N	o
b		s," explain the arrangeme											
Pa	rt V	Endowment Funds	. Complete if	-					-	-			
1a	Reginn	ing of year balance		(a)Current yea	ar (b)P	rior yea	r	(c)Two y	ears back	(d)Three yea	ars back	(e)Four year	rs back
	-	outions											
		vestment earnings, gains,	and losses										
		or scholarships											
		expenditures for facilities											
	and pr	ograms											
f	Admini	strative expenses	• •										
g	End of	year balance											
2		de the estimated percenta		ent year end bal	lance (line 1	g, colui	mn (a)) held a	s:				
а		l designated or quasi-ende	owment 🖻										
b		anent endowment 🕨											
с	-	orarily restricted endowm		ld agual 1000/									
3a		ercentages on lines 2a, 2 nere endowment funds no		•	nization tha	t aro hi	ald and	d admin	istorod fa	or the			
54		ization by:		sion of the orge		curc n		a aannin				Yes	No
	(i) u	nrelated organizations .				•		• •				a(i)	
	• •	elated organizations					•	• •			3	a(ii)	<u> </u>
ь 4		s" on 3a(ii), are the relate ibe in Part XIII the intend	-	•			· •	• •	• •			3b	<u> </u>
	t VI	Land, Buildings, an		5	endownend	unus.							
i ui		Complete if the organ			Form 990	, Part	IV, lin	ne 11a.	See For	rm 990, Par	т X, lir	ne 10.	
	Descri	ption of property	(a) Cost or oth (investme		Cost or other	basis (d	other)	(c) Acc	umulated	depreciation		(d) Book valu	e
1a	Land						2,400						2,400
b	Buildin	gs											
с	Leaseh	old improvements											
d	Equipn	nent				3	81,248			30,969			279
-	Other												
Tota	I. Add	lines 1a through 1e.(Colu	mn (d) must eo	qual Form 990,	Part X, colui	mn (B),	, line 1	0(c).)	• •	•			2,679
										Sch	edule	D (Form 99	0) 2017

—— Page 3 ——

Schedule D (Form 990) 2017

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(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 990,	Part IV, line :	11c. See Form 990, Part	X, line 13.
) Book value	(c) Method of Cost or end-of-yea	f valuation:
(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' on Fo (a) Description	orm 990, Part I	V, line 11d. See Form 990, I	Part 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 answered See Form 990, Part X, line 25.	'Yes' on Form	990, Part IV, line 11e or	- 11f.
1. (a) Description of liability	(b) Book	value	
(1) Federal income taxes			
(2)			
(3)			

(4)					
(5)					
(6)					
(7)					
(8)					
(8)					
(9)					
Total	• (Column (b) must equal Form 990, Part X, col.(B) line 25.)				
2. Lia	ability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the c	rganization's fina	incial stateme	nts that reports the
orgai	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	nere if the	e text of the foot		
				Sche	edule D (Form 990) 20
	Page 4				
	dule D (Form 990) 2017				Page
Pa	rt XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, P			e per Retur	n
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	1		
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			40	:
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.) .		5	
Par	t XII Reconciliation of Expenses per Audited Financial State			es per Retu	ırn.
-	Complete if the organization answered 'Yes' on Form 990, P Total expenses and losses per audited financial statements	art IV, I	ne 12a.		
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •		1	
2	Donated services and use of facilities	2a	1		
a b	Prior year adjustments	2a 2b			
c	Other losses	20 2c			
d	Other (Describe in Part XIII.)	20 2d			
e	Add lines 2a through 2d			2e	A
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ĺ		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			40	:
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Pai	tt XIII Supplemental Information				
Pai		nd 4; Par	t IV, lines 1b and	2b; Part V, lin	

Return Reference

Schedule D (Form 990) 2017

Explanation

Additional Data

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efile Public Visual	Render ObjectId: 201822399349300407 - Submission: 2018-08-27	TIN: 04-2963426
SCHEDULE O		OMB No. 1545-0047
(Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	² 2017
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information. 	Open to Public Inspection

Go to www.ms.gov/ronnggo	v.irs.gov/Form990 for the latest information
--------------------------	--

Inspection Employer identification number

Name of the organization OARS Inc

		04-2963426
Return Reference	Explanation	
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	The Organization has over 800 members who represent the general public.	
Form 990, Part VI, Line 11b: Form 990 Review Process	A copy 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	Board of Directors annually review the executive directors salary. All board members are in	idependent
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Board of Directors annual review the compensation of key employees. All Board members	are independent
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	All governing documents, policies and financial statements are availabe upon request.	
⊢or Paperwork Reduc	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K	Schedule O (Form 990 or 990-EZ) 201

Additional Data

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