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Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

A F	or the	e 2019 calendar year, or tax year beginning 01-01-2018 $$ , and ending 12-31-	2018			
B Che	ck if ap	oplicable: C Name of organization OARS Inc		D Employe	r identif	ication number
		change		04-2963	426	
_	me ch	Daing huginage ag		_		
○ Init		urn John Galliness as victorial to the control of t				
_		return Number and street (or P.O. box if mail is not delivered to street address) Room/suite	1	E Telephone	e number	
		on pending 23 Bradford Street		(978) 36	9-3956	
		City or town, state or province, country, and ZIP or foreign postal code				
		Concord, MA 01742		<b>G</b> Gross red	eipts \$ 42	25,399
		F Name and address of principal officer:	<b>H(a)</b> Is th	is a group ret	urn for	
		Allan Fierce 23 Bradford Street		ordinates?		□Yes ✓No
		Concord, MA 01742	H(b) Are	all subordinate	es	☐ Yes ✓No
I Tax	-exem	npt status:		ided? lo," attach a li	st (soo	
1 W	eheit			ip exemption		
J	20310	incp.//www.ourssivers.org		r r		
<b>K</b> Forn	n of or	ganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	Year of forn		<b>M</b> State MA	of legal domicile:
Pa	rt I	Summary				
	<b>1</b> E	briefly describe the organization's mission or most significant activities: Protect, preserve and enhance the natural and recreational features of the Assabet, Su	dbury and	Concord river	s, their t	ributaries and
Ce	<u>v</u>	vatersheds.				
ja	_					
e e	-					
Governance	_	Check this box ▶ □				•
×8		Number of voting members of the governing body (Part VI, line 1a)		•	3	11
es		Number of independent voting members of the governing body (Part VI, line 1b) .		•	4	11
Activities	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		•	5	4
5	6	Total number of volunteers (estimate if necessary)		•	6	200
4		Total unrelated business revenue from Part VIII, column (C), line 12		•	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		•	7b	
			P	rior Year		Current Year
9	8	Contributions and grants (Part VIII, line 1h)		271,6	80	246,908
Revenue	9	Program service revenue (Part VIII, line 2g)				0
ŝ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )		9,5	31	59,410
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		281,2	11	306,318
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3 )				0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
çç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		178,3	16	172,853
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
ф	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,737				
ŏ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		73,0	58	115,375
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		251,3	74	288,228
	19	Revenue less expenses. Subtract line 18 from line 12		29,8	37	18,090
S 8		•	Beginnin	g of Current Ye		End of Year
Net Assets or Fund Balances						
8ag	20	Total assets (Part X, line 16)		890,4	72	872,101
pt A	21	Total liabilities (Part X, line 26)		3,1	07	29,874
žĒ	22	Net assets or fund balances. Subtract line 21 from line 20		887,3	65	842,227

	- Ik				2019-11-13	
Sign	S	ignature of officer			Date	
Here	P	aul Fitzgerald Treasurer				
	7	ype or print name and title	T	T= .	T	
Paid	J	Print/Type preparer's name	Preparer's signature	Date		N 058582
	oarer	Firm's name  Vallas & Arrison PC	1		self-employed Firm's EIN > 04-32	15625
	Only	Firm's address ▶ 312 Great Road			Phone no. (978) 486	-9855
	_	Littleton, MA 01460			1110110 1101 (370) 100	. 3033
May t	he IRS dis	scuss this return with the preparer sho	wn ahove? (see instructions)			✓ Yes □ No
		k Reduction Act Notice, see the sep	· ,	Cat.	No. 11282Y	Form <b>990</b> (2018
						•
			———— Page 2 ———			
Form	990 (2018	3)				Page 2
Par	•	tatement of Program Service A	Accomplishments			i age •
	CI	neck if Schedule O contains a response	e or note to any line in this Part III			$\square$
1	Briefly de	escribe the organization's mission:				
Protec	ct, preserv	ve and enhance the natural and recrea	tional features of the Assabet, Sud	bury and Concor	rd rivers, their tribu	taries and watersheds.
2	Did the o	rganization undertake any significant	program services during the year v	which were not li	sted on	
	the prior	Form 990 or 990-EZ?				🗌 Yes 💟 No
_	•	describe these new services on Schedu				
3		rganization cease conducting, or make		lucts, any progra	am	☐ Yes 🗸 No
		describe these changes on Schedule O				U Yes • No
4	•	the organization's program service acc		e largest progran	n services, as meas	ured by expenses.
		501(c)(3) and $501(c)(4)$ organizations nue, if any, for each program service r		of grants and all	locations to others,	the total expenses,
	ana reve	nue, ii any, for each program service i				
4a	(Code:	) (Expenses \$	229,583 including grants of \$		) (Revenue \$	)
		lity monitoring, measuring physical paramete ood stewardship of river resources.	ers along the rivers for use in evaluating	water poliution; re	view or development p	rojects; public outreach to
4b	(Code:	) (Expenses \$	including grants of \$		) (Revenue \$	)
	( <u> </u>					
	(C-d-:	) (F	including grants of \$		) (Barrania d	,
4c	(Code:	) (Expenses \$	including grants or \$		) (Revenue \$	)
	-					
4d	Other pro	ogram services (Describe in Schedule (	<u> </u>			
→u	(Expense	•	ng grants of \$	) (Revenue	\$	)
4e	Total pr	ogram service expenses	229,583			

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Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 📆	3		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	Yes	
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? If "Yes," complete Schedule D, Part II	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? If "Yes," complete Schedule D, Part IV	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, VIII, 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> 2	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? If "Yes," complete Schedule D, Part IX	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
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 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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		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	21		No

	government on Part IX, column (A), line 1? It "Yes," complete Schedule 1, Parts 1 and 11			
2	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
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Pai	tiv Checklist of Required Schedules (continued)			
			Yes	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? If "Yes," 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
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	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		
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	<u> </u>
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del>. i</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   5		165	INO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

:	Did the organization comply with backup withholding rules for reportable payments to ve	endors	and	repoi	rtable gar	ning
	(gambling) winnings to prize winners?					

Yes

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orm	990 (2018)			Page <b>5</b>
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			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ì	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	3b		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).		Ì	
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
c	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).		Ì	
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	<u> </u>	No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		Ì	
11	Section 501(c)(12) organizations. Enter:		Ì	
а	Gross income from members or shareholders		Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		Ī	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì	No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		İ	
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	1	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		i	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	i	No

		I	I	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No
		F	orm <b>99</b> 0	<b>0</b> (2018)
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Form	990 (2018)			Da
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to l	Page <b>6</b> lines
	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			<b>✓</b>
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
Ia	1: Like the number of voting members of the governing body at the end of the tax year 1.	L		
	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  1:	L		
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 supervisio of officers, directors or trustees, or key employees to a management company or other person? .	<b>3</b>		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 73	Did the organization have members or stockholders?	6	Yes	
/a	members of the governing body?	7a		No
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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			-110
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		

17 List the States with which a copy of this Fo	orm 990 is requ	ired to	be file	ed►						
<b>18</b> Section 6104 requires an organization to n only) available for public inspection. Indica					f ap				01(c)(3)s	
Own website Another's website										
19 Describe in Schedule O whether (and if so, policy, and financial statements available t						vernin	g do	cuments, conflict o	of interest	
State the name, address, and telephone n  Alison Field-Juma 23 Bradford Street	umber of the pe					the o	rgan	ization's books and	d records:	
- PANDON FIELD SAME 25 BIOGRAPH STREET	2011001 471 11 0 1	7 12 (37	0, 50	,,,	330					Form <b>990</b> (2018)
			Page	7 د						
Form 990 (2018)										Page <b>7</b>
Part VII Compensation of Officers, D		stees	Key	/ En	npl	oyee	s, H	lighest Compe	nsated Employ	
and Independent Contracto  Check if Schedule O contains a resp		o anv lir	ne in t	this	Part	: VII .				$\square$
Section A. Officers, Directors, Truste										
<b>1a</b> Complete this table for all persons required to year.	be listed. Rep	ort com	pensa	atior	n for	the c	alen	dar year ending wi	th or within the or	ganization's tax
<ul> <li>List all of the organization's current officers of compensation. Enter -0- in columns (D), (E), a</li> <li>List all of the organization's current key em</li> </ul>	and (F) if no co	mpensa	tion v	was	paid	١.				
<ul> <li>List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations.</li> </ul>	compensated er	nployee	s (otl	her t	than	an of	ficer	, director, trustee o	or key employee)	
<ul> <li>List all of the organization's former officers,</li> </ul>						sated	emp	loyees who receive	ed more than \$100	,000
of reportable compensation from the organization List all of the organization's <b>former directo</b> organization, more than \$10,000 of reportable co List persons in the following order: individual trus compensated employees; and former such perso	rs or trustees ompensation fro stees or directo	that reom the	ceive organ	d, in iizati	the	and ar	ıy re	lated organizations	5.	
Check this box if neither the organization no		rganizat	tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than d	ne bo	ox, ι n of	t che inles ficer	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Laura Rome Director	3.00 0.00	Х						0	0	0
(2) Dick Lawrence Clerk	5.00	Х		Х				0	0	0
(3) Don Burn Director	3.00 0.00	х						0	0	0
(4) Robert Donelan Treasurer	3.00 0.00	Х		X				0	0	0
(5) Ingeborg Hegemann Vice President	5.00	х		X				0	0	0
(6) Allan Fierce President	5.00	х		X				0	0	0
(7) Paul Goldman Director	3.00 0.00	х						0	0	0
(8) Martin Moran Director	3.00	х						0	0	0

(9) Pam Rockwell

Director	0.00	Х				0	0	0
(10) Peter Shanahan Director	3.00	х				0	0	0
(11) Lisa Vernegaard Director	3.00	х				0	0	0
(12) Alison Field-Juma Executive Director	32.50			х		60,945	0	0

Form **990** (2018)

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<b>(A)</b> Name and Title	(A)  Name and Title  Average hours per week (list any hours for related						ore son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MI3C)	related organizations
Sub-Total	to Part VII, Section	 A .				<b>*</b>				

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\triangleright$  0

		Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes." complete Schedule I for such individual	 1	Nie	

	, ,						i	ا د	INU
<b>4</b> For	any individual listed	on line 1a, is the s	um of reportable cor	mpensation and othe	r compensa	ition from	the		
		d organizations grea	iter than \$150,000?	If "Yes," complete S	chedule J fo	or such			
mai	ividual							4	No
				n from any unrelated					
ser	vices rendered to the	e organization? <i>If "Ye</i>	es," complete Sched	lule J for such person	)			5	No
Sectio	n B. Independe	nt Contractors					•		
1 Con	nplete this table for	your five highest co		dent contractors that				pensation	1
fron	n the organization. F	•	•	ear ending with or wi	thin the org	janization	•		
			A) siness address			Descr	(B) ription of services	Cor	(C) mpensation
								_	
			luding but not limite	d to those listed abo	ve) who red	eived mo	re than \$100,000	) of	
compe	ensation from the or	ganization 🕨 0							
								Form	<b>990</b> (2018)
				Page 9					
Form 990	(2018)								Page <b>Q</b>
Part VIII	<u></u>	of Devenue							Page <b>9</b>
r art VIII			nonce or note to an	y line in this Part VIII					
	Check it Sched	ule O contains a res	sponse of note to an	(A)	(B)		(C)	$\overline{}$	(D)
				Total revenue	Relate		Unrelated		evenue
					exem funct		business revenue		uded from der sections
					rever		revenue		.2 - 514
er	ated campaigns .	. 1a				•		•	
ons, Giffs, Grants Similar Amounts		<u> </u>							
	bership dues	1b							
9 E	40,202								
\$ = dr	raising events	1c							
5 🖺 ో	raising events	10							
ontributions, nd Other Sim	ed organizations	1d							
. <u>5</u> 2	ed organizations	10							
fribution Other									
≣ੂ ਠ ਾ	nment grants (contribut	tions) <b>1e</b>							
<u> </u>	107,296	. 1							
th ها ت	ner contributions, gifts, q milar amounts not inclu	dod							
above		<b>1f</b>							
	99,410								
g									
_	contributions include								
in lines 1		eu							
	Add lines 1a-1f .	<del></del>	246,908	<b>.</b>					
d)			Business Code						
Revenue								1	
- e									
								+	
Service								+	
<u>_</u> 1 −								_	
ogram B : Al	II other program serv	vice revenue.							
20			0	1					
□ ITo	<b>tal.</b> Add lines 2a-2f		<u> </u>			-			
	estment income (income		nterest, and other	10,985					10,985
	ilar amounts)		<b>.</b>						10,903
	come from investme	•		0					
5 Roy	yalties		▶	0					
		(i) Real	(ii) Personal	<u> </u>					
<b>6a</b> G	ross rents								
1				<u> </u>					
		•	•	. '		ļ		•	

	С	Rental income or (loss)						
	d	Net rental income or	(loss)			0		
			(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory	167,506					
	b	Less: cost or other basis and sales expenses	119,081					
	С	Gain or (loss)	48,425		]			
		Net gain or (loss) .		<b>•</b>	48,42	5 48,425		
e iii	)	Gross income from fu (not including \$ contributions reported	of					
Revenu		See Part IV, line 18	a					
		Less: direct expenses	l l					
Other	C	Net income or (loss) f	_	ents b	_	0		
ċ	5	Gross income from ga See Part IV, line 19						
	b	Less: direct expenses	ь		7			
	С	Net income or (loss) f	from gaming activiti	es 🕨	<b></b> 	0		
	10a	Gross sales of inventor						
		returns and anowance	a	l				
	b	Less: cost of goods so	old <b>b</b>		-			
	С	Net income or (loss) f	from sales of invento	ory <b>&gt;</b>		0		
		Miscellaneous	Revenue	Business Code				
	11	a						
	b							
	С							
		All other revenue .						
	е	<b>Total.</b> Add lines 11a-	-11d	•		0		
	12	Total revenue. See	Instructions		306,31	8 48,425		10,985
						•		Form <b>990</b> (2018)
					Dama 10			
orr	n 99	00 (2018)			– Page 10 <del>– – –</del>			Page <b>10</b>
	art I)	Statement of 501(c)(3) and 501(c)	Functional Exp	enses	dumns All other orga	anizations must comp	lete column (A)	
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , 3		line in this Part IX .	·	icte column (A).	
)o	not	include amounts re	•		(A)	(B)	(C)	(D)
b,	8b,	9b, and 10b of Part	VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraisingexpenses
1		ants and other assista mestic governments. S		anizations and	0			
2		ants and other assistant IV, line 22	nce to domestic indi	viduals. See	0			
3	gov	ants and other assista vernments, and foreig d 16.			0			
4	Bei	nefits paid to or for m	embers		0			
5		mpensation of current employees		trustees, and	60,945	45,650	13,627	1,668
	_		ئلم منا مريمام لمم	1:6:   /	0			

**b** Less: rental expenses

U	defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	Ĭ					
7	Other salaries and wages	99,276	74,363		22	2,197	2,716
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits	0					
10	Payroll taxes	12,632	9,462		2	2,824	346
11	Fees for services (non-employees):						
а	Management	0					
b	Legal	780				780	
c	Accounting	2,750			2	2,750	
d	Lobbying	0					
е	Professional fundraising services. See Part IV, line 17	0					
f	Investment management fees	0					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	38,015	38,015				
12	Advertising and promotion	0					
13	Office expenses	0					
14	Information technology	0					
15	Royalties	0					
16	Occupancy	20,895	15,972		4	1,362	561
17	Travel	2,294	2,269				25
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	21				21	
23	Insurance	2,314	1,846			398	70
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 Lab Fees	17,035	17,035				
ا	<b>b</b> Other Expenses	7,746	5,195		2	2,551	
•	c Equipment Renal	7,323	5,649		1	1,399	275
•	<b>d</b> Supplies	6,713	6,140			478	95
	e All other expenses	9,489	7,987			521	981
25	Total functional expenses. Add lines 1 through 24e	288,228	229,583		51	1,908	6,737
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  ☐ if following SOP 98-2 (ASC 958-720).						
							Form <b>990</b> (2018)
Forn	n 990 (2018)	Page 11 ———					Page <b>11</b>
	art X Balance Sheet						raye 11
		and the Doubly					
	Check if Schedule O contains a response or note to any li	ne in this Part IX .	(A) Beginning of ye			•	(B) End of year
	1 Cash-non-interest-bearing		+	56,618	1		43,916
	2 Savings and temporary cash investments		-	309,776	2		340,508
	3 Pledges and grants receivable, net			79,810	3		71,415
	4 Accounts receivable, net			. 5,510	4		71,413
	5 Loans and other receivables from current and former office	ers directors	-		7		
	trustees, key employees, and highest compensated emplo				5		0

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectic contributing employers and sponsoring organizations voluntary employees' beneficiary organizations		6	0		
s		Part II of Schedule L					
ssets	7	Notes and loans receivable, net				7	0
155	8	Inventories for sale or use				8	0
1	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	30,990	2,679	10c	2,658
	11	Investments—publicly traded securities .			440,622	11	412,637
	12	Investments—other securities. See Part IV, line	11			12	0
	13	Investments—program-related. See Part IV, line	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	ıal line 34)		890,472	16	872,101
	17	Accounts payable and accrued expenses			3,107	17	29,874
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
60	21	Escrow or custodial account liability. Complete F	Part IV of Schedule	D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officers, directors	, trustees,			
ab		persons. Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela	ated third parties			23	_
	24	Unsecured notes and loans payable to unrelated	·			24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			3,107	26	29,874
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets	27	745,363			
ala	28	Temporarily restricted net assets			263,143 621,822	28	94,464
1 B	29	Permanently restricted net assets		· · · · <del>                                      </del>	2,400	29	2,400
Fund	23	Organizations that do not follow SFAS 117	(ASC 0E8)		2,100		2,100
9	30	check here and complete lines 30 th	rough 34.			30	
ets	31	Paid-in or capital surplus, or land, building or ed				31	
Assets	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances	•		887,365	33	842,227
Net	34	Total liabilities and net assets/fund balances .			890,472	34	872,101
			Page	L	· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2018)
orm	n 990	(2018)					Page <b>12</b>
Pa	art XI	Reconcilliation of Net Assets					-
		Check if Schedule O contains a response or n	ote to any line in t	his Part XI			$\square$
1	Tota	al revenue (must equal Part VIII, column (A), line				1	306,318
2		al expenses (must equal Part IX, column (A), line				2	288,228
3		enue less expenses. Subtract line 2 from line 1	-			3	18,090
4		assets or fund balances at beginning of year (mu				4	887,365
5		unrealized gains (losses) on investments	•		•	5	-63,228
6		nated services and use of facilities				6	-03,220
						7	
7	THVE	estment expenses				'	

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))

8

10

842,227

Par	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 Accrual 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 on a separate basis, consolidated basis, or both:			
	✓ Separate basis			
b	Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2b		No
	☐ 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 Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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.	3b		
		F	orm <b>99</b>	<b>0</b> (2018)
	990 (2018)  Iditional Data	Datum	n to Fo	
Au		ketur	n to FC	rm
	<b>Software ID:</b> 18007218			
	Software Version: 2018v3.1			
orn	n 990, Special Condition Description:			
	Special Condition Description			

**Special Condition Description** 

TIN: 04-2963426

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.
 Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

		ne organization					Employer identific	ation number			
OARS	ınc						04-2963426				
	rt I	Reason for Public					See instructions.				
	organiz	ration is not a private four					(A) (!)				
1		A church, convention of	•			( )( )	(A)(ı).				
2		A school described in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	i90 or 990-EZ).)					
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).				
4		A medical research organame, city, and state:	·		·			·			
5		An organization operate 170(b)(1)(A)(iv). (Co	d for the benefi mplete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descril	ped in <b>section</b>			
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).				
7	$\checkmark$	An organization that no section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in			
8		A community trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9		An agricultural research non-land grant college o						ege or university or a			
10		An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	ain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organization organiz	ed and operated	l exclusively to test for	r public safety. S	ee <b>section 509</b>	(a)(4).				
12		more publicly supported	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box n lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo							
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the san							
С		Type III functionally supported organization(						ted with, its			
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satis	fy a distribution i	requirement and					
е		Check this box if the orgintegrated, or Type III r				RS that it is a Ty	pe I, Type II, Type III	functionally			
f	Enter	the number of supported					<u></u>				
g		Provide the following inf	ormation about	the supported organiz							
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Tota											
		work Reduction Act No	tice, see the Ir	structions for	Cat. No. 11285	i SF	I Schedule A (Form 9	90 or 990-EZ) 2018			
		or 990-EZ.	,								
				Pa	ge 2 ———						
				ra	3~ <del>2</del>						
Sche	dule A	(Form 990 or 990-EZ) 20	)18					Page <b>2</b>			

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

Part II

(or fiscal year beginning in)	<u></u>	lendar year				I	1	
membership fees received. (On not include say. "unusual grant.").    276,776			(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
include any "unusual grant".)  To reviewed swind for the complete and to recept the complete and to receive and received and recept the complete and to receive and received and recept the complete and received a	1	, , , , , , , , , , , , , , , , , , , ,	276 726	247 100	247 471	271 600	246,000	1 200 005
2 Tax revenues level for the organizations benefit and eighter paid organizations are part of the port of total contributions by each person (other than a part of the port of total contributions by each person (other than a part of the port of total contributions by each person (other than a part of the port of total contributions by each person (other than a part of the port of total contributions by each person (other than a part of the port of the part of the port of th			2/6,/26	347,100	247,471	2/1,680	246,908	1,389,885
The value of services or facilities  Total. Adult inset I through 3  The portion of total contributions by  general time of the public of the property of the amount of the public value of the value of the public value of the public value of the public value of the value of the value of the value of the public value of the value of the value of the public value of the	2							
3 The value of services or facilities furnished by a governmental unit to furnish and the facilities of the facilities o								0
furnished by a governmental unit to the organization without charge.  7 total. Add lines 1 through 3  8 total supported organization included on solvenmental unit or publicly supported organization of the than a governmental unit or publicly supported organization included on shown on line 11, column (f).  9 hublic support. Subtract line 5 from 1,1,89,865  9 hublic support. Subtract line 5 from 1,1,89,865  9 Amounts from line 4.  8 Gross income from interest.  8 Organization of the from line 4.  9 Organization of the from line 4.  9 Organization of the from line 4.  10 Other income. Do not include gain or loss from the sale of capital assets be loss from the sale of capital assets of loss from the sale of capital assets of loss from the sale of capital assets.  10 Other income. Do not include gain or loss from the sale of capital assets of loss from the sale of capital asse	_							
the organization without charge.  1 Total Add inset a through 3  5 The portion of total contributions by governmental unit or publicly supported organization) included on time 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the amount in the 1 that exceeds 2% of the 2018 (f) Total (d) 2017 (e) 2018 (f) Total	3							0
4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a property of total contributions by each person (other than a property of the person (other t								· ·
each person (other than a governmented unit or publicly supported organization).  governmented unit or publicly of the amount shown on line 11, column (f) .  5 Public support. Subtract line 5 from line 4.  2 Control 12 C	4	Total. Add lines 1 through 3	276,726	347,100	247,471	271,680	246,908	1,389,885
governmental unt or publicly supported organization) included on line. I that exceeds 29x of the amount of line 1 that exceeds 29x of the amount of line 1 that exceeds 29x of the amount of line 1 that exceeds 29x of the amount of line 4.  Section B. Total Support  Calendar vear (2020 to 100 to	5							
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Section B. Total Support  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  7 Announts from line 4.  276,778 347,109 247,477 277,680 246,508 1,189,865  8 dividends, payments received on securities loans, rents, reyables and income from similar sources.  8 dividends, payments received on securities loans, rents, reyables and income from similar sources.  9 Net income from unrelated business business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets to the same of the sa								
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Section 8. Total Support Calendary year (or fiscal year beginning in)   7 Amounts from line 4.  8 Gross income from interest, dividends, payments received and income from similar sources.  Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business in regularly certified on a complete from unrelated business and the subject of the state of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 1/12 Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).  16a 33 1/9% support test—2017. Fifthe organization did not check the box on line 13, and line 14 is 33 1/9% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  15 10 Part VI how the organization qualifies as a publicly supported organization.  16 10 Part VI how the organization meets the "facts-and-croumstances" test. The organization qualifies as a publicly supported organization.  17 10 Part VI how the organization meets the "facts-and-croumstances" test. The organization qualifies as a publicly supported organization.  18 Part VI how the organization meets the "facts-and-croumstances" test. The organization failed to qualify under Part II. If the organization meets the "facts-and-croumstances" test. The organization failed to qualify under P	6							1,389,885
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14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage for 2017 Schedule A, Part II, line 14.  16 33 1;3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1;3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 33 1;3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1;3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test, check this and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.  19 Page 3  20 Schedule A (Form 990 or 990-EZ) 2018  21 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.)  22 Section A. Public Support  23 Gross receipts from admissions, merchandises sold or services performed, or facilities furnished in any activity that is related to the organization in an unrelated trade or business		check this box and <b>stop here</b>	<u> </u>			<u> </u>	<u> ▶</u> l	
15 Public support percentage for 2017 Schedule A, Part II, line 14.  16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  c 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test, check because the "facts-and-circumstances" test, check because the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test, check because the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization facts the "facts-and-circumstances" test, check this box and stop here.	S	Section C. Computation of Public	Support Perc	entage				
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and stop here. The organization qualifies as a publicly supported organization.  b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  1/a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.  Page 3  Schedule A (Form 990 or 990-EZ) 2018  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  (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  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 t	15	Public support percentage for 2017 Sc	hedule A, Part II,	line 14			15	98.310 %
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17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  Schedule A (Form 990 or 990-EZ) 2018  Page 3  Schedule A (Form 990 or 990-EZ) 2018  Page	Ŀ	33 1/3% support test—2017. 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 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶□
in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  • 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  • Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.  • Page 3  Schedule A (Form 990 or 990-EZ) 2018  Page 3  Schedule A (Form 990 or 990-EZ) 2018  Page 3  Schedule A (Form 990 or 990-EZ) 2018  Page 3  Schedule A (Form 990 or 990-EZ) 2018  Page 3  Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)  Section A. Public Support  Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and 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 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 admissions are not an unrelated trade or business	17a	10%-facts-and-circumstances test	-2018. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
organization .		is 10% or more, and if the organization	n meets the "facts	s-and-circumstance	es" test, check thi	s box and stop he	ere. Explain	
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, theok this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.  Schedule A (Form 990 or 990-EZ) 2018  Page 3  Schedule A (		in Part VI how the organization meets	the "facts-and-cir	cumstances" test.	The organization	qualifies as a publ	icly supported	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								▶∪
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	15 is 10% or more and if the organia	st—2017. If the o	rganization did no facts and circumst	t check a box on li	ine 13, 16a, 16b,	or 17a, and line	
supported organization		Explain in Part VI how the organization	on meets the "fact	s-and-circumstanc	es" test. The orga	nization qualifies	as a publicly	
Page 3  Schedule A (Form 990 or 990-EZ) 2018  Page 3  Schedule A (Form 990 or 990-EZ) 2018  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)  1 Gifts, grants, contributions, and 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		·			_	•		ightharpoons
Schedule A (Form 990 or 990-EZ) 2018  Page 3  Schedule A (Form 990 or 990-EZ) 2018  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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 2 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	18	Private foundation. If the organization	on did not check a	box on line 13. 1	6a. 16b. 17a. or 1		cand see	
Schedule A (Form 990 or 990-EZ) 2018  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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 2 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	-0	<del>_</del>						ightharpoons
Schedule A (Form 990 or 990-EZ) 2018  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) 2014  I Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  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 not an unrelated trade or business		modractions		<u> </u>	<u> </u>	Schedu	le Δ (Form 990 c	r 990-FZ) 2018
Schedule A (Form 990 or 990-EZ) 2018  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) 1 Gifts, grants, contributions, and 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						Jeneau		,, ,, ,, ,,
Schedule A (Form 990 or 990-EZ) 2018  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) 1 Gifts, grants, contributions, and 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				D 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)  1 Gifts, grants, contributions, and 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				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)  1 Gifts, grants, contributions, and 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								
(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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 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	Sch	edule A (Form 990 or 990-EZ) 2018						Page <b>3</b>
(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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 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		Part III Support Schedule fo	or Organizatio	ns Described i	n Section 509	(a)(2)		
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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 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							d to qualify und	er Part II. If
Calendar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  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 not an unrelated trade or business  (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total								
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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	-		(4) 201.	(2) 2020	(4) 2010	(4) 2017	(5) 2020	(1) 1000.
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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								
organization's tax-exempt purpose  Gross receipts from activities that are not an unrelated trade or business		Decrormed or facilities furnished in	I	I	I	I	I	1
Gross receipts from activities that are not an unrelated trade or business								
		any activity that is related to the						
	3	any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are	е					

4								
	Tax revenues levied for the organization's benefit and either paid							
5	to or expended on its behalf The value of services or facilities						1	
	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 disqualified persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
	Add lines 7a and 7b							
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
	ection B. Total Support	_			_			
	endar year fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	( <b>d)</b> 2017	<b>(e)</b> 2018	(f) Tota	I
9	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							
12	regularly carried on. 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,						1	
14	11, and 12.) First five years. If the Form 990 is fo	r the organization	l's first, second,	third, fourth, or fi	   fth tax year as a se	tection 501(c)(3)	organizatio	n,
	check this box and <b>stop here</b>	_					_	_
_	ection C. Computation of Public			)		1 1		
15 16	Public support percentage for 2018 (lin Public support percentage from 2017 S		-			15 16		
	ection D. Computation of Invest					10		
17	Investment income percentage for 20	•	* *	•		17		
18	Investment income percentage from <b>2 33</b> 1/3 <b>% support tests—2018.</b> If the					18	. 17:	
	more than 33 1/3%, check this box and s			con line 14, and n	ne 15 is more man		e 17 is iio	L
		<b>stop here</b> . The or	rganization guali	fies as a nublicly s	supported organizat	tion	ightharpoons	
b	<b>33</b> 1/3% support tests— <b>2017.</b> If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	3% and lir	e 18 is
b	<b>33</b> 1/3% <b>support tests—2017.</b> If the not more than 33 1/3%, check this box	e organization did and <b>stop here.</b>	not check a box The organization	on line 14 or line qualifies as a pub	19a, and line 16 is Dlicly supported org	more than 33 <sub>1/</sub> anization	3% and lir . ▶□	
b 20	<b>33</b> 1/3% support tests— <b>2017.</b> If the	e organization did and <b>stop here.</b>	not check a box The organization	on line 14 or line qualifies as a pub	19a, and line 16 is blicly supported org	more than 33 <sub>1/</sub> anization	3% and lir . ▶ □ ▶ □	)
b	<b>33</b> 1/3% <b>support tests—2017.</b> If the not more than 33 1/3%, check this box	e organization did and <b>stop here.</b>	not check a box The organization	on line 14 or line qualifies as a pub	19a, and line 16 is blicly supported org	more than 33 1/ anization instructions	3% and lir . ▶ □ ▶ □	)
b	<b>33</b> 1/3% <b>support tests—2017.</b> If the not more than 33 1/3%, check this box	e organization did and <b>stop here.</b>	not check a box The organization	on line 14 or line qualifies as a pub 19a, or 19b, chec	19a, and line 16 is blicly supported org	more than 33 1/ anization instructions	3% and lir . ▶ □ ▶ □	)
b	<b>33</b> 1/3% <b>support tests—2017.</b> If the not more than 33 1/3%, check this box	e organization did and <b>stop here.</b>	not check a box The organization a box on line 14,	on line 14 or line qualifies as a pub 19a, or 19b, chec	19a, and line 16 is blicly supported org	more than 33 1/ anization instructions	3% and lir . ▶ □ ▶ □	)
20 Sche	33 1/3% support tests—2017. If the not more than 33 1/3%, check this box Private foundation. If the organization of the organi	e organization did and <b>stop here.</b> on did not check a	not check a box The organization a box on line 14,	on line 14 or line qualifies as a pub 19a, or 19b, chec	19a, and line 16 is blicly supported org	more than 33 1/ anization instructions	3% and lir . ▶ □ ▶ □	)
20 Sche	and the support tests—2017. If the not more than 33 1/3%, check this box and private foundation. If the organization of the support of the su	e organization did and <b>stop here.</b> on did not check a	not check a box The organization a box on line 14, Page 4	on line 14 or line qualifies as a pub 19a, or 19b, chec	19a, and line 16 is blicly supported org tk this box and see Schedul	anization instructions e A (Form 990	3% and lir . ▶ □ ▶ □ or 990-E	<b>Page 4</b>
20 Sche	and a support tests—2017. If the not more than 33 1/3%, check this box is private foundation. If the organization of the support of the suppo	s a box on line 12 cd	not check a box The organization a box on line 14, Page 4	on line 14 or line qualifies as a pub 19a, or 19b, chec	19a, and line 16 is clicity supported org ck this box and see Schedul	anization instructions e A (Form 990	3% and lir . ▶ □ ▶ □ or 990-E	Page <b>4</b>
20 Schee	and an analysis of the state of	e organization did and stop here. on did not check a  s a box on line 12 c I C. If you checke	not check a box The organization a box on line 14, Page 4	on line 14 or line qualifies as a pub 19a, or 19b, chec	19a, and line 16 is clicity supported org ck this box and see Schedul	anization instructions e A (Form 990	3% and lir . ▶ □ ▶ □ or 990-E	Page <b>4</b>
20 Schee	and a support tests—2017. If the not more than 33 1/3%, check this box is private foundation. If the organization of the support of the suppo	e organization did and stop here. on did not check a  s a box on line 12 c I C. If you checke	not check a box The organization a box on line 14, Page 4	on line 14 or line qualifies as a pub 19a, or 19b, chec	19a, and line 16 is clicity supported org ck this box and see Schedul	anization instructions e A (Form 990	3% and lir . ▶ □ ▶ □ or 990-E	Page <b>4</b> d 12b of applete
20 Schee	adule A (Form 990 or 990-EZ) 2018  Table 10 Supporting Organization  Supporting Organization  (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete control organization  Are all of the organization's supported of "No," describe in Part VI how the sections A sections A in Part VI how the section A. All Support VI how the sections A in Part VI how the section A. All Support VI how the section A. All Support VI how the sections A in Part VI how the section A. All Support VI how the section A. All Supp	s a box on line 12 of l C. If you checke Part V.) ations organizations list upported organization did	not check a box The organization a box on line 14,  Page 4  of Part I. If you c d 12c of Part I, c  ed by name in thetions are design	on line 14 or line qualifies as a pub 19a, or 19b, checon 19b, che	19a, and line 16 is olicly supported orgoverning documen	anization instructions e A (Form 990  ons A and B. If yo checked 12d of	and lir	Page <b>4</b> d 12b of applete
Scher	adule A (Form 990 or 990-EZ) 2018  To Supporting Organization  (Complete only if you checked Part I, complete Sections A and D, and complete Sections A. All Supporting Organization  Are all of the organization's supported If "No," describe in Part VI how the sections the describe the designation. If historic and describe the designation. If historic and post more than the section is supported.	s a box on line 12 of l C. If you checke e Part V.) ations organizations list upported organization of long relations	not check a box The organization a box on line 14,  Page 4  of Part I. If you c d 12c of Part I, c  ed by name in the ations are design cionship, explain.	on line 14 or line qualifies as a pub 19a, or 19b, checked 19a of Par complete Sections are organization's gated. If designate	19a, and line 16 is olicly supported orgoverning documen d by class or purpo	anization instructions e A (Form 990  ons A and B. If you checked 12d of the ch	3% and lir . ▶ □ ▶ □ or 990-E	Page <b>4</b> d 12b of applete
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_	Did the organization ensure that all support to such organizations was used exclusively for section 1/U(c)(2)(b) purposes?		i	
·	If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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	4c		
Ja	(c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	5a		
	amendment to the organizing document).	Ja		
	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	<b>Substitutions only.</b> 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 <b>Part VI</b> .	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).			
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	8		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	90		
100	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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).	10b		
	Schedule A (Form 990	or 99	0-EZ)	2018
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990 or 990-EZ) 2018		F	age <b>5</b>
Par	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		
c	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		
	ection B. Type I Supporting Organizations			
	ector of Type 2 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the ergonization energte for the honefit of any supported expenization other than the event of expenients (-) that	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? If "Yes," explain in <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
_	organization.			
Se	ction C. Type II Supporting Organizations			
			Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
Se	ection D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the		Yes	No	
				1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported organization maintained a close and continuous working relationship with the supported organization."	No," e.	xplain in <b>Part VI</b> how the				
3	By reason of the relationship described in (2), did the organization's supported organicorganization's investment policies and in directing the use of the organization's incompact. If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	e or as	sets at all times during the tax	3			
Se	ection E. Type III Functionally-Integrated Supporting Organizations				ı	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
a	0 3						
b							
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	oorted a government entity (see	instru	ctions)		
_	Astivities Test Anguery (a) and (b) below						
2	Activities Test. Answer (a) and (b) below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th	Part N	/I identify those supported how the organization was				
	substantially all of its activities.			2a			
b	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.						
3	Parent of Supported Organizations. Answer (a) and (b) below.			2b		<del>                                     </del>	
	Did the organization have the power to regularly appoint or elect a majority of the off	icers, o	lirectors, or trustees of each of	3a			
	the supported organizations? Provide details in Part VI.	·	·				
b	<ul> <li>Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organizations?</li> </ul>						
			Schedule A (Form 99	3b 0 or 99	90-EZ)	2018	
					·,		
	Page 6 ———						
Sche	dule A (Form 990 or 990-EZ) 2018				F	Page <b>6</b>	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				•		
	Section A - Adjusted Net Income		i i	(B) Cur	rent Yea	ır	
	•			(opti	onal)		
	Net short-term capital gain  Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
	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	1	(A) Prior Year		rent Yea onal)	r	
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					
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					

Both count claimed for blockage or other foctors (explain in decision in Port VI): Capacitation	d Total (add lines 1a, 1b, and 1c)		1d		
3 Subtract line 2 from line 1d 4 cash december the for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 cash december the for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (old line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for poner year (from Section 8, line 8, Column A) 1 Center 85% of line 1 2 Enter 85% of line 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section 8, line 8, Column A) 3 Minimum asset amount for prior year (from Section 8, line 8, Column A) 4 Center greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 Distributable Amount for line or line 5 center if the current year is the organizations first as a non-functionally-integrated Type III supporting organization (see Schedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 7  Chedule A (form 990 or 990-EZ) 2018 Page 8  Page 8  Page 9  Current Year  1 Minimum scene form activity that directly furthers exempt purposes of supported organizations, in excessed or income from activity in the directly furthers exempt purposes of supported organizations, in excessed or income from activity in the directly furthers exempt purposes of supported organizations, in excessed or income from activity in the directly furthers exempt purpose of supported organizations, in excessed or income from a					
Carrier 1-1/2% of line 3 (for greater amount, see instructions)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Net value of non-exempt-use assets (subtract line 4 from line 4)  Net value of non-exempt-use assets (subtract line 5 from line 4)  Net value not line 1 subtract line 5 from line 4, unless subject to emergency line 2 income lax imposed in prior year (from Section B, line 8, Column A)  Net value of non-exempt-use assets (subtract line 5 from line 4, unless subject to emergency line 2 income lax imposed in prior year (from line 4, unless subject to emergency line 2 income lax imposed in prior year (subtractions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)  Page 7  Page 8  Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in sexcess of income from activity and accomplish exempt purposes of supported organizations, in sexcess of income from activity subtractions and lines 1 through 6.  Ourset Note as amounts (prior IRS approval required)  Our	2 Acquisition indebtedness applicable to non-exempt us	se assets	2		
instructions). 9   4   5   5   6   6   6   6   6   6   6   6	3 Subtract line 2 from line 1d		3		
Multiply line 5 by .035 Recoveries of prior-year distributions Recoveries of prior-year (did line 7 to line 6) Recoveries of prior-year (did line 7 to line 6) Recoveries of line 1 Recoveries of line 1 Recoveries of line 1 Recoveries of line 1 Recoveries of line 2 or line 3 Recoveries of line 3 Recoveries of line 2 or line 3 Recoveries of line 2 or line 3 Recoveries of line 2 or line 3 Recoveries of line 3 Re	·	ine 3 (for greater amount, see			
Recoveries of prior year distributions   7	Net value of non-exempt-use assets (subtract line 4	from line 3)	5		
Minimum Asset Amount (add line 7 to line 6)   8	Multiply line 5 by .035		6		
Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  1 Adjusted net income for prior year (from Section B, line 8, Column A)  2 C  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  3 Income tax imposed in prior year  5 Income tax imposed in prior year  5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency  6 temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see  1 Instructions)  8 Schedule A (Form 990 or 990-EZ) 2018  Page 7  1 Page 7  2 Page 7  3 Page 8  3 Page 8  4 Page 8  4 Page 9  4 Page 7  4 Pag	Recoveries of prior-year distributions		7		
Adjusted net income for prior year (from Section A, line 8, Column A)  2	Minimum Asset Amount (add line 7 to line 6)		8		
Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 55% of line 1  Indiminum asset amount for prior year (from Section B, line 8, Column A)  Interes greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency  Image: Column A (Form 990 or 990-EZ) 2018  Page 7  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations in excess of income from activity that directly furthers exempt purposes of supported organizations in excess of income from activity that directly furthers exempt purposes of supported organizations in excess of income from activity and incitoring the exempt purposes of supported organizations in excess of income from activity and incitoring the exempt purposes of supported organizations.  Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Total annual distributions (accomplish exempt burposes of supported organizations to which the organization is responsive (provide details in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distributable amount for 2018 from Section C, line 6  Line 8 amount amount for 2018 from Section C, line 6  Line 8 amount amount for 2018 from Section C, line 6  Line 8 amount for 2018 from Section C, line 6  Line 8 amount for 2018 from Section C, line 6  Line 8 amount for 2018 from Section C, line 6  Line 8 amount for 2018 from Section C	Section C - Distributable Amount				Current Year
Enter 95% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Enter greater of line 3 or line 3 Enter greater of line 2 or line 3 Enter greater of		ine 8, Column A)	1		
Enter greater of line 2 or line 3  Income tax imposed in prior year  S		· · · · · · · · · · · · · · · · · · ·	2		
Enter greater of line 2 or line 3 Income tax imposed in prior year Interpretation (see instructions) Interpr	Minimum asset amount for prior year (from Section E	3, line 8, Column A)	3		
Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)  Page 7  Page 7  Page 7  Page 7  Page 7  Page 1 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) section D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations.  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributable amount for 2018 from Section C, line 6  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Distributions, if any, for years prior to 2018 seonable cause required-explain in Part VI).  Excess Distributions  Distributions, if any, for years prior to 2018 seonable cause required-explain in Part VI).  Excess Distributions (discributions prior years in Part VI).  From 2013		-,			
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Carryover from 2013 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
	Carryover from 2013 not applied (see				

<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line If the amount is greater than zero, explain in P See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is gr than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add 3j and 4c.	l lines		
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
<b>d</b> Excess from 2017			
e Excess from 2018			
	Page 8	-	
Schedule A (Form 990 or 990-EZ) 2018			Page <b>8</b>
	a, 6, 9a, 9b, 9c, 11a, 11b, IV, Section E, lines 1c, 2a, V, Section E, lines 2, 5, and	and 11c; Part IV, Section B, I 2b, 3a and 3b; Part V, line 1; d 6. Also complete this part fo	
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TIN: 04-2963426 OMB No. 1545-0047

Schedule B

#### Schedule of Contributors

(Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** OARS Inc. 04-2963426 Organization type (check one): Filers of: 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 501(c)(3) exempt private foundation Form 990-PF □ 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 religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . . . . . 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). Schedule B (Form 990, 990-EZ, or 990-PF) (2018) For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X for Form 990, 990-EZ, or 990-PF. Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification number OARS Inc 04-2963426

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	Titalio, addicco, and an		Person
RESTRICTED		-	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Hame, address, and Zii	Total contributions	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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			Noncasii
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	Payroll
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			(Complete Part II for noncash
		Schedule B (Fo	contributions.) orm 990, 990-EZ, or 990-PF) (2018)
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	m 990, 990-EZ, or 990-PF) (2018)		Page 3
Name of organiz OARS Inc	ration	Employer identi	rication number
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is ne	04-2963426	
(a) No. from Part I	(b)  Description of noncash property given	(C) FMV (or estimate (See instruction	
	-	(See manuction	<i>5,</i>
		<u> </u>	\$
(e)	- M-1	(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	FMV (or estima	(d) Date received

(See instructions) (c) (a) (d) FMV (or estimate) No. from Part I Description of noncash property given **Date received** (See instructions (c) (d) (a) (b) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) (c) (a) (b) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) (c) (a) (b) (d) FMV (or estimate) No. from Part Description of noncash property given **Date received** (See instructions) Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Name of organization **Employer identification number** OARS Inc 04-2963426 Part III 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.) ▶ \$ Use duplicate copies of Part III if additional space is needed. (a) (d) Description of how gift is held (b) Purpose of gift (c) Use of gift No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) (c) Use of gift (b) Purpose of gift (d) Description of how gift is held No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee

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

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

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TIN: 04-2963426

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

OMB No. 1545-0047

2018

Open to Public Inspection

		ction 501(c)(3)) organizations: Co	omplete Parts I-A and C below. Do	not complete Part I-B.	
● S of the	Section 527 organizations: Co	omplete Part I-A only. <b>′es'' on Form 990, Part IV, Line</b> 4	1 or Form 990-F7 Part VI line	47 (Lohhving Activities	s) than
		ns that have filed Form 5768 (elec			
• S	Section 501(c)(3) organization	ns that have NOT filed Form 5768	3 (election under section 501(h)):	Complete Part II-B. Do	not complete Part II-A.
	organization answered "Y xy Tax) (see separate instru	es" on Form 990, Part IV, Line 5	5 (Proxy Tax) (see separate inst	ructions) or Form 990	-EZ, Part V, line 35c
		organizations: Complete Part III.			
	ne of the organization			Employer ide	ntification number
OAR	S Inc			04-2963426	
Part	I-A Complete if the	organization is exempt un	der section 501(c) or is a	section 527 organi	ization.
1	Provide a description of the "political campaign activitie	e organization's direct and indirectes")	political campaign activities in P	art IV (see instructions	for definition of
2	Political campaign activity e	expenditures (see instructions)		<b>&gt;</b>	\$
3		l campaign activities (see instruct	ions)		
Parl	I-B Complete if the	organization is exempt un	der section 501(c)(3).		
1	•	ccise tax incurred by the organiza			\$
2		ccise tax incurred by organization			\$
3	If the organization incurred	l a section 4955 tax, did it file For	m 4720 for this year?		🗌 Yes 🔽 No
4a					🗆 Yes 🔽 No
b	If "Yes," describe in Part IV				<b>.</b>
		organization is exempt un			
1	•	expended by the filing organization rg organization's funds contribute	·		\$
2		ng organization's funds contribute			\$
3	Total exempt function expe	nditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, lin	e 17b	\$
4	Did the filing organization f	ile Form 1120-POL for this year	?		☐ Yes ☐ No
5		s and employer identification num its. For each organization listed, e			
	of political contributions red	ceived that were promptly and dir	ectly delivered to a separate poli	tical organization, such	
	fund or a political action co	mmittee (PAC). If additional spac	e is needed, provide information	in Part IV.	
(a) [	Name	(b) Address	(c) EIN	(d) Amount paid fro	
				filing organization's funds. If none, enter	
				-0	and directly delivered
					to a separate political organization. If none,
					enter -0
1					
2					
3					
4					
5					
5					
or Pa	aperwork Reduction Act Notic	e, see the instructions for Form 990	0 or 990-EZ. Cat. N	o. 50084S Schedule C	(Form 990 or 990-EZ) 2018

	Check  if the filing organization belongs to an expenses, and share of excess lobbying		in Part IV each a	illiated group i	nember's name	, address, EIN,
3 (	Check  if the filing organization checked box	g Expenditures	, , ,	Or	(a) Filing ganization's totals	<b>(b)</b> Affiliated group totals
	(The term "expenditures" means	amounts paid or incu	rred.)		totals	
_	Total lobbying expenditures to influence public opinio	, ,,				
b	Total lobbying expenditures to influence a legislative					
c d	Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures					
u e	Total exempt purpose expenditures (add lines 1c and					
	Lobbying nontaxable amount. Enter the amount from columns.	•				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the 6	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,0	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,00	10.		
	Over \$17,000,000	\$1,000,000.				
		<u>                                     </u>				
g	Grassroots nontaxable amount (enter 25% of line 1f	·)				
-	Subtract line 1g from line 1a. If zero or less, enter -	,				
	Subtract line 1f from line 1c. If zero or less, enter -0					
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
	columns below. See t	enditures During 4-			21.)	
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) Total
а	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С						
	Total lobbying expenditures					
d	Total lobbying expenditures  Grassroots nontaxable amount					
e	Grassroots nontaxable amount  Grassroots ceiling amount			Schedu	le C (Form 99	0 or 990-FZ) 201
e	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))			Schedu	le C (Form 99	0 or 990-EZ) 20
e	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Page 3		Schedu	le C (Form 99	0 or 990-EZ) 20
e	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Page 3		Schedu	le C (Form 99	0 or 990-EZ) 20
e f	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018	_			•	<u>,                                      </u>
<b>f</b>	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is of the complete in the	exempt under section	on 501(c)(3)		•	<u>,                                      </u>
f Pa	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is of Form 5768 (election under sect	exempt under section 501(h)).		and has NOT	filed	Page
f Pa	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is of the complete in the	exempt under section 501(h)).		and has NOT	filed (a)	Page
e f Pa	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is a Form 5768 (election under sect each "Yes" response on lines 1a through 1i below, pro	exempt under section 501(h)).  Divide in Part IV a detailed to influence foreign, nat	d description of the	and has NOT  ne lobbying  al legislation,	filed (a)	Page
e f	Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is a Form 5768 (election under sect each "Yes" response on lines 1a through 1i below, provity.  During the year, did the filing organization attempt including any attempt to influence public opinion of	exempt under section 501(h)).  Divide in Part IV a detailed to influence foreign, nation a legislative matter or	d description of the	and has NOT  ne lobbying  al legislation,	filed (a) Yes	Page
e f	Grassroots ceiling amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is a Form 5768 (election under sect each "Yes" response on lines 1a through 1i below, provity.  During the year, did the filing organization attempt including any attempt to influence public opinion o Volunteers?	exempt under section 501(h)).  Divide in Part IV a detailed to influence foreign, nat na legislative matter or	d description of the ional, state or loc referendum, throu	and has NOT  ne lobbying  al legislation, ugh the use of:	filed (a) Yes	Page
e f	Grassroots ceiling amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is a Form 5768 (election under sect each "Yes" response on lines 1a through 1i below, pravity.  During the year, did the filing organization attempt including any attempt to influence public opinion o Volunteers?  Paid staff or management (include compensation in	exempt under section 501(h)).  Divide in Part IV a detailed to influence foreign, nation a legislative matter or in expenses reported on li	ional, state or loc referendum, throu ines 1c through 1	and has NOT  ne lobbying  al legislation, ugh the use of:	Yes Yes	No Amount
Pa or ectiv	Grassroots ceiling amount  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  edule C (Form 990 or 990-EZ) 2018  art II-B Complete if the organization is a Form 5768 (election under sect each "Yes" response on lines 1a through 1i below, provity.  During the year, did the filing organization attempt including any attempt to influence public opinion o Volunteers?	exempt under section 501(h)).  Divide in Part IV a detailed to influence foreign, nation a legislative matter or an expenses reported on line.	ional, state or loc referendum, throu	and has NOT  ne lobbying  al legislation, ugh the use of: i)?	Yes Yes	Page

f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?	Yes				,
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			,	
j	Total. Add lines 1c through 1i	-					
2a	Did the activities in line 1 cause t	ne organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?		No			
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section $501(c)(4)$ , section $501(c)(4)$	(5), o	r sec	tion	W	
	Were substantially all (000/ or me	are) dues resolved pendeductible by members?		ĺ	1	Yes	No
1	, ,	ore) dues received nondeductible by members?			2		
2	,	-house lobbying expenditures of \$2,000 or less?			3		
3		y over lobbying and political expenditures from the prior year? ganization is exempt under section 501(c)(4), section 501(c)					
1	and if either (a) B answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part					
2	Section 162(e) nondeductible lob expenses for which the sectio	oying and political expenditures (do not include amounts of political n 527(f) tax was paid).	_				
a			2a 2b				
b	•		20 2c				
c			3				
3 4		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  unt on line 2c exceeds the amount on line 3, what portion of the excess does	3				
4	the organization agree to carryov	er to the reasonable estimate of nondeductible lobbying and political	4				
5	Taxable amount of lobbying and p	olitical expenditures (see instructions)	5				
Pa	rt IV Supplemental Info	ormation					
		art l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); F , complete this part for any additional information.	art II-	A, line:	s 1 and	d 2 (se	е
	Return Reference	Explanation					
	I-B, Line 1i - Other Activities ription	Volunteers: Encouraged volunteers to contact state legislators regarding state conducted lobbying activities herein described, including background research members to contact state legislators regarding state legislation.Direct contact state and federal legislators and staff regarding legislation; testimony at state	.Mailing : Email	gs: Ele s and	ctronic	Mailin	igs to
		Schedule	C (For	m 990	or 99	OEZ)	2018
Λ.	Iditional Data			Det		Farm	

Additional Data Return to Form

**Software ID:** 18007218 **Software Version:** 2018v3.1

#### efile Public Visual Render

ObjectId: 201903179349303460 - Submission: 2019-11-13

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

TIN: 04-2963426 OMB No. 1545-0047

**Open to Public** Inspection

	ne of the organization S Inc				Empi	oyer identification number
						963426
Pa	rt I Organizations Maintaining Donor Advisor Complete if the organization answered "Yes"					
				sed funds		(b)Funds and other accounts
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
;	Did the organization inform all donors and donor advisors organization's property, subject to the organization's exclusion.					unds are the $igcap \operatorname{Yes} igcap \operatorname{No}$
5	Did the organization inform all grantees, donors, and don charitable purposes and not for the benefit of the donor oprivate benefit?	or donor advisor, o	or for	any other purpo	se conferrir	
Pa	t II Conservation Easements. Complete if the	organization a	nswe	red "Yes" on F	orm 990,	Part IV, line 7.
	Purpose(s) of conservation easements held by the organization	zation (check all t	hat a	oply).		
	Preservation of land for public use (e.g., recreation of	or education)		Preservation o	f an historic	ally important land area
	Protection of natural habitat			Preservation o	f a certified	historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a q easement on the last day of the tax year.	ualified conservat	ion co	ntribution in the	e form of a	conservation  Held at the End of the Year
a	Total number of conservation easements				2a	Held at the End of the Year
a b	Total acreage restricted by conservation easements					
c	Number of conservation easements on a certified historic				2c	
d	Number of conservation easements included in (c) acquire		•	•	2d	
	structure listed in the National Register					
	Number of conservation easements modified, transferred tax year	, released, exting	uished	l, or terminated	by the orga	anization during the
	Number of states where property subject to conservation	easement is loca	ted 🕨			
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds?				ing of violat	ions,
<b>;</b>	Staff and volunteer hours devoted to monitoring, inspecti	ng, handling of v	olatio	ns, and enforcin	ig conservat	
,	Amount of expenses incurred in monitoring, inspecting, h  \$	andling of violation	ns, a	nd enforcing cor	nservation e	asements during the year
3	Does each conservation easement reported on line 2(d) a and section $170(h)(4)(B)(ii)$ ?					)(B)(i)
)	In Part XIII, describe how the organization reports consel- balance sheet, and include, if applicable, the text of the fu- the organization's accounting for conservation easements	ootnote to the or	s in its janiza	revenue and e tion's financial s	xpense stat statements	ement, and that describes
ar	Complete if the organization answered "Yes"				Other Sim	nilar Assets.
а	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for p provide, in Part XIII, the text of the footnote to its financial	ublic exhibition, e	ducat	ion, or research	in furthera	
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public following amounts relating to these items:					
(	i) Revenue included on Form 990, Part VIII, line 1					▶\$
	) Assets included in Form 990, Part X					
`	If the organization received or held works of art, historica following amounts required to be reported under SFAS 11	al treasures, or ot	her si	milar assets for		
а	Revenue included on Form 990, Part VIII, line 1	,	-			<b>&gt;</b> \$
b	Assets included in Form 990, Part X					<b>&gt;</b> \$
or I	aperwork Reduction Act Notice, see the Instructions	for Form 990.		Cat.	No. 52283E	Schedule D (Form 990) 20

Par	t III	Organizations Maintaining C	ollections	of Art, H	listori	ical Tı	easu	res, o	r Othe	r Similar A	ssets (c	ontinued)
3		the organization's acquisition, access (check all that apply):	on, and othe	r records,	check	any of	the foll	lowing	that are	a significant ı	use of its	collection
а		Public exhibition			d		Loan	or exch	ange pro	ograms		
b		Scholarly research			е		Other	·				
С		Preservation for future generations										
4	Provide Part >	de a description of the organization's o	ollections and	d explain l	how the	ey furth	er the	organi	zation's	exempt purpo	se in	
5		g the year, did the organization solicit s to be sold to raise funds rather than									☐ Yes	s 🗆 No
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization an line 21.		s" on Fori	m 990	, Part	IV, lin	e 9, o	r report	ed an amou	ınt on Fo	orm 990, Part X,
1a		organization an agent, trustee, custo led on Form 990, Part X?									☐ Yes	s 🗆 No
b	If "Ye	s," explain the arrangement in Part XI	II and comple	ete the fol	llowing	table:				A	mount	
С	Begin	ning balance							1c			
d	Additi	ons during the year							1d			
е		butions during the year							1e			
f		g balance							1f			
2a		ne organization include an amount on										s 🗆 No
b	If "Ye	s," explain the arrangement in Part XI	II. Check her	e if the ex	cplanati	ion has	been ¡	provide	ed in Part	XIII		
Pa	rt V	Endowment Funds. Complete										
	Dogina	ing of year balance	(a)Curre	nt year	<b>(b)</b> P	rior yea	. (	(c)Two	ears back	(d)Three ye	ars back	(e)Four years back
	-	ing of year balance										
		outions										
		estment earnings, gains, and losses										
		or scholarships										
е		expenditures for facilities ograms										
f	Admini	strative expenses										
g	End of	year balance										
2 a		de the estimated percentage of the cu	rrent year en	d balance	(line 1	g, colui	mn (a)	) held a	as:			
b	Perma	anent endowment 🕨										
-		orarily restricted endowment										
C		ercentages on lines 2a, 2b, and 2c sh	ould equal 10	0%.								
3а	Are th	nere endowment funds not in the possization by:	•		ion tha	t are h	eld and	d admir	nistered f	or the		Yes No
	<b>(i)</b> ur	related organizations									3a	(i)
b		elated organizations ss s" on 3a(ii), are the related organizati		 required o	 on Sche	 edule R	? .					(ii) b
4	Descr	ibe in Part XIII the intended uses of the	ne organizatio	on's endov	vment i	funds.					<u> </u>	
Pa	rt VI	Land, Buildings, and Equipm										
	Descri	Complete if the organization and ption of property (a) Cost or (a)		" on Fori						rm 990, Pardepreciation		e 10. d) Book value
	Descri	(investi		(8) cost	or ourier	Du313 (1	, crici )	(C) AC	cumulated	depreciation	(	a) book value
1a	Land						2,400					2,400
		gs										
		old improvements										
		nent				3	1,248			30,990		258
	Other						,			,		
		ines 1a through 1e.(Column (d) must	equal Form 9	990. Part	X. colui	mn (R)	line 1	0(c) )		<b>•</b>		2 650
. 516	Auu	co ta tinoagn te.(colanni (a) must	equal Forms	, , , , ait )	., corar	( <i>D)</i> ,	mic 1	J(C)./	· ·		edule D	2,658 (Form 990) 2018

Page 3 —————

See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	<b>(b)</b> Boo valu	ok Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests	<u>.</u>	
A)		
3)		
c)		
D)		
=)		
F)		
G)		
н)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>	
Part VIII Investments Program Related. Complete if the organization answered 'Yes' on Form 99	90. Part IV	line 11c. See Form 990 Part X line 13
	<b>(b)</b> Book va	
1)		Cost of the or year market value
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		
Part IX Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
<b>Other Liabilities.</b> Complete if the organization answere See Form 990, Part X, line 25.		
. (a) Description of liability	(b)	) Book value
1) Federal income taxes 2)		
(3)		
	ļ	

(4)		-			4		
(4)							
(5)							
(6)							
(7)							
(0)							
(8)							
(9)							
Total	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				1		
<b>2.</b> Lia	ability for uncertain tax positions. In Part XIII, provide the text of the footn	ote to the	org	janization's fin	ancial stat	ements that	reports the
orgai	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Chec	k here if t	:he t	ext of the foot	note has l	been provide	ed in Part XIII
						Schedule [	O (Form 990) 2018
	Page 4						
	rage 4						
Sche	dule D (Form 990) 2018						Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990				e per Re	eturn	
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	2	а				
b	Donated services and use of facilities	2	b			1	
c	Recoveries of prior year grants	2	c				
d	Other (Describe in Part XIII.)	. 2	d			1	
е	Add lines 2a through 2d					2e	
3	Subtract line <b>2e</b> from line <b>1</b>					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 .	4	а				
b	Other (Describe in Part XIII.)	4	b			1	
C	Add lines <b>4a</b> and <b>4b</b>		•			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.) .			•	5	
Par	t XII Reconciliation of Expenses per Audited Financial St				ses per l	Return.	
1	Complete if the organization answered 'Yes' on Form 990  Total expenses and losses per audited financial statements	, Part IV,	, IIIn	e 12a.		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•			-	
- а	Donated services and use of facilities	2	а				
b	Prior year adjustments		b			1	
c	Other losses		c			1	
d	Other (Describe in Part XIII.)	. 2	d			1	
e	Add lines 2a through 2d		-			2e	
3	Subtract line <b>2e</b> from line <b>1</b>					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	4	а				
b	Other (Describe in Part XIII.)	. 4	b				
c	Add lines <b>4a</b> and <b>4b</b>					4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines)	ne 18.)	<u></u> :			5	
	rt XIII Supplemental Information						
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a se 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi					V, line 4; Pa	rt X, line 2; Part XI,
	Return Reference			Expl	anation		
						Schedule I	O (Form 990) 2018

**Return to Form** 

Software ID: 18007218 Software Version: 2018v3.1

**Additional Data** 

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

TIN: 04-2963426

OMB No. 1545-0047

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

**Open to Public** Inspection

Name of the organization **Employer identification number** 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 independent
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.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

**Additional Data Return to Form** 

> **Software ID:** 18007218 Software Version: 2018v3.1