efile	Ρι	ublic Visເ	ual Render	ObjectId: 2020	012769349300101	- Submissi	on: 2020-10	)-02	T)	IN: 04-2963426
,	0		Re	eturn of Orga	nization Exer	not Fron	n Income	Tax	(	OMB No. 1545-0047
Form S	93	90	Under sectio	n 501(c), 527, or 494	<b>17(a)(1) of the Interna</b> security numbers on thi	• I Revenue Cod	e (except priv	ate foundatio	ns)	2019
		f the Treasury nue Service			/Form990 for instruct				ĺ	Open to Public Inspection
A Fe	or th	ne 2019 ca			ng 01-01-2019 ,and	ending 12-3	1-2019	-		
_		applicable:	C Name of organ OARS Inc	nization				D Employer	identif	fication number
		change hange						04-29634	26	
O Ini		-	Doing busines	s as						
_		rn/terminated						E Telephone r	number	
		ed return tion pending	23 Bradford St		is not delivered to street ad	dress) Room/su	ite	(978) 369	-3956	i i i i i i i i i i i i i i i i i i i
			City or town, s	state or province, country	, and ZIP or foreign postal o	code		(0.0)000		
			Concord, MA	01742				G Gross recei	pts \$ 2	47,892
			F Name and Allan Fierce	address of principal o	fficer:		H(a) Is this	a group retu	n for	
			23 Bradford S					dinates? I subordinates		🗌 Yes 🗹 No
I Tax	-exe	mpt status:	Concord, MA		0		includ	ed?		□ Yes □No
		-	<b>5</b> 01(c)(3)	└ 501(c) ( ) ◀ (ins	ert no.) 🗌 4947(a)(1)	or 🗌 527		," attach a list exemption n		
JW	edsi	te: 🕨 nttp	o://www.oars3r	ivers.org					шы	
<b>K</b> Form	n of c	organization:	Corporation	Trust 🗌 Associa	tion 🗌 Other 🕨		L Year of forma	ntion: 1987 M		of legal domicile:
Pa	irt I	Sum	mary					I		
Activities & Governance	_	Number o Total num	of voting memb of independent nber of individu	voting members of th	body (Part VI, line 1a) e governing body (Part dar year 2019 (Part V, I sary)	VI, line 1b) .			3 4 5 6	10 10 4 200
A					ll, column (C), line 12				7a	0
	b	Net unrel	ated business t	axable income from F	orm 990-T, line 39 .			•	7b	
	_	Contribut					Pri	or Year	0	Current Year
onu								246,90	8	211,166
Revenue		-			es 3, 4, and 7d )			59,41	0	19,684
æ			-		6d, 8c, 9c, 10c, and 11e			,		0
	12	Total reve	enue—add lines	8 through 11 (must	equal Part VIII, column (	A), line 12)		306,31	8	230,850
	13	Grants an	nd similar amou	ints paid (Part IX, colι	ımn (A), lines 1-3 ) 🔒					0
	14	Benefits p	oaid to or for m	embers (Part IX, colu	mn (A), line 4) . .					0
88		,		, , ,	fits (Part IX, column (A)	, ,		172,85	3	171,710
Exp enses		6a Professional fundraising fees (Part IX, column (A), line 11e)								0
Exp				Part IX, column (D), line				115.27	_	77.020
		-						288,22	-	77,929 249,639
					line 12			18,09	-	-18,789
or Ces						· •	Beginning	of Current Yea	-	End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X line	16)				872,10	1	903,874
t As d B				ne 26)				29,87	-	3,849
Pun					from line 20			842,22	-	900,025
D	rt II	Ciana	atura Black				1			

 Part II
 Signature Block

 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<u></u> ,	ionicaye.					
					2020 10 02	
	Sic	gnature of officer			2020-10-02 Date	
Sign	'				-	
Here	Fa					
	ly	pe or print name and title				
		Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN
Paid					self-employed	P00058582
	barer	Firm's name 🕨 Vallas & Arrison PO		•	Firm's EIN 🕨 0	4-3215625
	Only					
036	Only	Firm's address 🏲 312 Great Road			Phone no. (978	3) 486-9855
		Littleton, MA 0140	50			
	TDC II					
		cuss this return with the preparer				. 🗹 Yes 🗌 No
For Pa	aperwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y	Form <b>990</b> (2019)
			Page 2			
Form	990 (2019)	)				Page <b>2</b>
Par	t III St	atement of Program Servic	e Accomplishments			
		eck if Schedule O contains a respo	-	+ 111		$\cap$
1		scribe the organization's mission:				
-	,	5	reational features of the Accel	Sudhum and Car	nd mixers that	
Protec	., preserve	e and enhance the natural and rec	reational reatures of the Assabet,	Subury and Conco	iu rivers, their	undutaries and watersheds.
2	Did the or	ganization undertake any significa	nt program services during the ye	ar which were not l	isted on	
	the prior F	Form 990 or 990-EZ? • • •				🗌 Yes 🗹 No
	If "Yes," d	escribe these new services on Sch	edule O.			
		ganization cease conducting, or m		conducts, any progr	am	
			2 2			. 🗌 Yes 🗹 No
		escribe these changes on Schedul	• • • • • • • •			
4		he organization's program service				
		)1(c)(3) and 501(c)(4) organization ue, if any, for each program servion		unt of grants and a	locations to otr	iers, the total expenses,
4a	(Code:	) (Expenses \$	198,114 including grants of	\$	) (Revenue \$	)
		ty monitoring, measuring physical para			, ,	,
		od stewardship of river resources.	5	5 1 1		
4b	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)
			5.5			,
4.0	(Codo:	) (Expenses \$	including grants of	¢	) (Povonuo ¢	)
4c	(Code:	) (Expenses \$	including grants of	Þ	) (Revenue \$	)
4d	Other prog	gram services (Describe in Schedu	ıle O.)			
	(Expenses	s \$ incl	uding grants of \$	) (Revenue	\$	)
4e	Total pro	gram service expenses 🕨	198,114			

Page **3** 

Par	t IV 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 $\mathfrak{B}$	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		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <b>1</b>	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 $\mathfrak{B}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗐	11d		No
e	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
	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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?	201		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic overnment on Part IX column (A) line 12 If "Yes " complete Schedule I Parts I and II	20b 21		No

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Form 990 (2019)

## Part IV Checklist of Required Schedules (continued)

government on Fatting column (n), me 1. 11 (co, complete Senedule 1, ratio 1 and 11 1

Page 4	4
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			

Check if Schedule O contains a response or note to any line in this Part V	•	•	•	•	•	
						ì

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . .

 ${\bm b}~$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~ .

5	
0	

1a

1b

 $\square$ 

No

Yes

с	Did the organization comply with backup	o w	vithh	olding	rul	es for	rep	ortab	le p	aym	ents	s to	veno	dors	and	d re	port	able gar	ning
	(gambling) winnings to prize winners?	•	•	• •				•	•	•	•	•	•	•	•	•			

Yes

1c

—— Page 5 —

Form	990 (2019)			Page <b>5</b>
Pa	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)			-
	Enter the number of employees reported on Form W-3, Transmittal of Wage and         Tax Statements, filed for the calendar year ending with or within the year covered by         this return       2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
53	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?			No
		5b		NO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\ldots$ .	14b		
15	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?	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>	<b>0</b> (2019)
	Page 6			
	rage 0			
orm	990 (2019)			Page <b>6</b>
Par	[V] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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			
	<b>1b</b> 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			NO
	of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_		
b	members of the governing body?	7a 7b	Yes	No
	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
L6a	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	ction C. D	Disclosure	<u> </u>
17	List the sta	ates with which a copy of this Form 990 is required to be filed MA	
18		.04 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s able for public inspection. Indicate how you made these available. Check all that apply.	
	🗌 Own w	website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)	
19		n Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest I financial statements available to the public during the tax year.	
20		name, address, and telephone number of the person who possesses the organization's books and records: eld-Juma 23 Bradford Street Concord, MA 01742 (978) 369-3956	
		Fc	orm <b>990</b> (2019)
		Page 7	
Form	990 (2019)		Page <b>7</b>
Pa		mpensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees d Independent Contractors	5,
	Che	eck if Schedule O contains a response or note to any line in this Part VII	🗆
Se	ction A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
year.	List all of th	s table for all persons required to be listed. Report compensation for the calendar year ending with or within the organ ne organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount . Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ization's tax
• 1	ist all of the	e organization's current key employees, if any. See instructions for definition of "key employee."	

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours	ge Position (do not check m per than one box, unless per (list is both an officer and director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	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)	related organizations	
(1) Paul Fitzgerald	5.00	v		v							
Treasurer	0.00	х		х				U	0	0	
(2) Dick Lawrence	5.00										
Clerk	0.00	х		х				0	0	0	
(3) Don Burn	3.00										
Director	0.00	х						0	0	0	
(4) Robert Donelan Director	3.00	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	3.00										
Director	0.00	х						0	0	0	
(8) Martin Moran Director	3.00	х						0	0	0	
	0.00										

) Pam Rockwell		3.00	х							0		0
rector		0.00				$\square$						
0) Lisa Vernegaard		3.00	v							0		0
rector		0.00	Х							0		0
												Form <b>990</b> (201
												Form <b>990</b> (201
				Page	- 8							
				ruge								
rm 990 (2019)												Page
Part VII Section A. Officers, Di	rectors, Trustee	es, Key	Emp	oloye	es,	and	Higł	nest C	Compensat	ted I	Employees (cor	ntinued)
(A)	(B)			(C)	<b>`</b>				(D)	Т	(E)	(F)
Name and title	Average	Posi	tion (c	lo no	t che	eck m	ore		eportable		Reportable	Estimated
	hours per week (list	than	one t both	oox, ι an of	inles ficer	and a	son a		npensation from the		compensation from related	amount of othe compensation
	any hours			tor/t			-	orgai	nization (W-	- or	ganizations (W-	from the
	for related organizations	9 J	=	đ	Ke	en Hig	Fo	2/1	099-MISC)		2/1099-MISC)	organization an related
	below dotted	or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					organizations
	line)	e dua	utio	-	mp	st o vee	æ					
		٦ đ	nal		oye	m						
		ste	Trus		Ф	pen						
		ψ	tee			sate						
						ă						
										╈		
o Sub-Total												

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

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations gre individual	ater than \$150,000?	If "Yes," complete S	chedule J for such			Ι
5 Did any person listed on line 1a receive or services rendered to the organization?If ")					4	No
Section B. Independent Contractors						
1 Complete this table for your five highest c from the organization. Report compensation					pensatior	1
· · · · · (	(A) usiness address			(B) cription of services	Co	(C) mpensation
-						
2 Total number of independent contractors (inc compensation from the organization ► 0	cluding but not limited	d to those listed abo	ve) who received m	ore than \$100,000	of	
· · · · · · · · · · · · · · · · · · ·					Form	n <b>990</b> (2019
		Page 9				
Form 990 (2019)		5				
Part VIII Statement of Revenue						Page
Check if Schedule O contains a re	sponse or note to any				<u></u>	. 🗆
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excl tax un	(D) evenue uded from ider sections 12 - 514
erated campaigns 1a mbership dues 1b 35,955 draising events 1c studies organizations 1d ernment grants (contributions) 1e 85,425 ther contributions, gifts, grants, and similar amounts not included above 1f 89,786 g Noncash contributions included in lines 1a - 1f:\$ 1g						
h Total. Add lines 1a-1f	211,166					

4	2a					
100 000 00	nuava					
dia o	Nice H					
0.000	1 261					
	ogran					
ć	f	All other program service revenue.				
	g	Total. Add lines 2a–2f 🕨	0			
	<b>3</b> I si	nvestment income (including dividends, inte imilar amounts)	rest, and other	16,790		16,790
	<b>4</b> I	ncome from investment of tax-exempt bond	proceeds 🕨 🕨	0		
	<b>5</b> F	Royalties		0		

				(i) Real		(ii) Personal	ļ		
e	5a	Gross rents	6a						
ł	)	Less: rental expenses	6b						
d		Rental income or (loss)	6c						
		Net rental income	or (	loss)			0		
		Γ		(i) Securit	ies	(ii) Other			
7		Gross amount from sales of assets other than inventory	7a	1	.9,936				
ł		Less: cost or other basis and sales expenses	7b	1	.7,042				
c	2	Gain or (loss)	7c		2,894				
		Net gain or (loss)			•	🕨	2,894	2,894	
Other Revenue	b	Gross income from fur (not including \$ contributions reported See Part IV, line 18 Less: direct expens Net income or (loss	on li • ses	of ne 1c).	8a 8b g ever	nts 🕨	0		
đ	b	Gross income from g See Part IV, line 19 Less: direct expens Net income or (loss	ses	· · ·	9a 9b tivitie	s	0		
1		Gross sales of inver returns and allowar	nces		10a				
		Less: cost of goods		L	10b		]		
-	С	Net income or (loss Miscellaneo			vento	ry P Business Code	-		
ī	11	a							
	b								
	с								
	d	All other revenue	•						
	e	Total. Add lines 11	a-1	1d			0		 
1	12	Total revenue. Se	e in	structions .	•	🕨	230,850		16,790

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Form 990 (2019)				Page <b>10</b>						
Part IX Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations mus	t complete all columns	. All other organizati	ons must complete co	olumn (A).						
Check if Schedule O contains a response or note to any line in this Part IX $\ldots$ $\ldots$										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0									
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0									
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	n 0									

4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	59,827	46,988	10,840	1,999
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	97,518	73,829	17,986	5,703
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
<b>10</b> Payroll taxes	14,365	11,030	2,632	703
<b>11</b> Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	0			
c Accounting	2,875		2,875	
<b>d</b> Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,688	10,688		
12 Advertising and promotion	0			
<b>13</b> Office expenses	1,873	1,444	20	409
14 Information technology	0			
15 Royalties	0			
<b>16</b> Occupancy	19,546	15,520	3,240	786
<b>17</b> Travel	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
<b>19</b> Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24		24	
23 Insurance	2,386	1,894	396	96
<b>24</b> 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 0.)				
a Lab Fees	19,257	19,257		
<b>b</b> Other Expenses	6,262	3,734	2,466	62
c Printing and Publications	5,398	5,398		
<b>d</b> Utilities	3,372	2,577	664	131
e All other expenses	6,248	5,755	344	149
25 Total functional expenses. Add lines 1 through 24e	249,639	198,114	41,487	10,038
<ul> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> <li>Check here ► □ if following SOP 98-2 (ASC 958-720).</li> </ul>				

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Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX .			🗆
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	43,916	1	48,317
2	Savings and temporary cash investments	340,508	2	305,527
3	Pledges and grants receivable, net	71,415	3	57,152

4       Accounts receivable, net	1	-			· .	· · · · ·	-	,
specified         <		4	Accounts receivable, net				4	0
section 4958(1)(1)), and persons described in section 4958(c)(3)(8).         6         0           7         Notes and loans receivable, net .         7         00           8         Inventories for sale or use .         7         00           9         Prepaid expenses and deferred charges .         9         00           10         Land, buildings, and equipment: cost or other basis. Complete Part V1 of Schedule D         100         31.014         2.688         10C         2.684           11         Investments—opticity traded securities .         11         412.637         11         489.277           12         Investments—oprogram-related. See Part IV, line 11 .         13         00         14         00           15         Other assets. See Part IV, line 11 .         13         0         9         0           16         Total assets . Add lines 1 through 15 (must equal line 33)         872.101         16         903.874           19         Deferred revenue .         .         19         20         20         20           21         Escrow or custodial account liability. Complete Part IV of Schedule D         21         20         20         20         20         20         20         20         20         20         20         20		5	employee, creator or founder, substantial contri	butor, o	r 35% controlled entity		5	0
S       Inventories for sale or use       Image: Second S		6				6	0	
S       Inventories for sale or use       Image: Second S	6	7	Notes and loans receivable, net				7	0
IDE         Land, buildings, and equipment: cost or other b         IDE         33.648           b         Less: accumulated depreciation         IDE         33.648         IDE         2.658         IDC         2.634           11         Investments—publicly traded securities .         412.637         11         4492.077           12         Investments—program—related. See Parl IV, line 11         12         00           13         Investments—program—related. See Parl IV, line 11         13         0           14         Intangible assets. 401 lines 11 trough 15 (must equal line 33)         872.101         16         9067           15         Other assets. 401 lines 1 through 15 (must equal line 33)         872.101         16         903.874           16         Total assets. 401 lines 1 through 15 (must equal line 33)         872.101         16         903.874           19         Deferred revenue         19         10         20         20         21           21         Escrow or custodial account liability. Complete Parl IV of Schedule D         21         23         23         24           22         Loans and other payables to any current or former officer, director, trustee, keer only only substantial contributor, or 35% concroled entity or family member of any of these persons .         23         23 <td< td=""><th>ets</th><td>8</td><td></td><td></td><td></td><td></td><td>8</td><td>0</td></td<>	ets	8					8	0
IDE         Land, buildings, and equipment: cost or other b         IDE         33.648           b         Less: accumulated depreciation         IDE         33.648         IDE         2.658         IDC         2.634           11         Investments—publicly traded securities .         412.637         11         4492.077           12         Investments—program—related. See Parl IV, line 11         12         00           13         Investments—program—related. See Parl IV, line 11         13         0           14         Intangible assets. 401 lines 11 trough 15 (must equal line 33)         872.101         16         9067           15         Other assets. 401 lines 1 through 15 (must equal line 33)         872.101         16         903.874           16         Total assets. 401 lines 1 through 15 (must equal line 33)         872.101         16         903.874           19         Deferred revenue         19         10         20         20         21           21         Escrow or custodial account liability. Complete Parl IV of Schedule D         21         23         23         24           22         Loans and other payables to any current or former officer, director, trustee, keer only only substantial contributor, or 35% concroled entity or family member of any of these persons .         23         23 <td< td=""><th>SS</th><td>9</td><td>Prepaid expenses and deferred charges .</td><td></td><td></td><td></td><td>9</td><td>0</td></td<>	SS	9	Prepaid expenses and deferred charges .				9	0
11       Investments-publicly traded securities .       412,637       11       489,277         12       Investments-other securities. See Part IV, line 11	٩	10a		10a	33,648	48		
12       Investments—other securities. See Part IV, line 11       12       0         13       Investments—other securities. See Part IV, line 11       13       0         14       Intangible assets       14       0         15       Other assets. See Part IV, line 11       13       0         16       Total assets. Add lines 1 through 15 (must equal line 33)       872,101       16       903,874         16       Total assets. Add lines 1 through 15 (must equal line 33)       872,101       16       903,874         17       Accounts payable and accrued expenses       29,874       17       3,849         19       Deferred revenue       19       20       20       20       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21       20         22       Loans and other payables to any current or former officer, director, trustee, key error founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22       23         23       Secured mortgages and notes payable to unrelated third parties       23       24         25       Other liabilities not included on lines 17 - 24).       25       3       3849         27       Net assets without donor restrictions       745,		b	Less: accumulated depreciation	10b	31,014	2,658	10c	2,634
13       Investments_program-related. See Part IV, line 11		11	Investments—publicly traded securities	LI		412,637	11	489,277
14       Intangible assets       14       Intangible assets       14       0         15       Other assets. See Part IV, line 11       967       15       967         15       Other assets. See Part IV, line 11       967       15       967         16       Total assets. Add lines 1 through 15 (must equal line 33)       872,101       16       903,874         17       Accounts payable and accrued expenses       29,874       17       3,849         19       Deferred revenue       18       0       19       0         20       Tax-exempt bond liabilities       20       20       18       0         21       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       23       20       23         22       Loans and other payables to unrelated third parties       23       23       24       23         24       Unsecured notes and loans payable to unrelated third parties       24       24       25         25       Other liabilities not included on lines 17 - 24).       25       29,874       26       3,849         27       Net assets without donor restrictions       12       31       36 <td< td=""><th></th><td>12</td><td>Investments-other securities. See Part IV, line</td><td>11 .</td><td></td><td></td><td>12</td><td>0</td></td<>		12	Investments-other securities. See Part IV, line	11 .			12	0
15       Other assets. See Part IV, line 11		13	Investments-program-related. See Part IV, line	e 11 .			13	0
16       Total assets. Add lines 1 through 15 (must equal line 33)       872,101       16       903,874         17       Accounts payable and accrued expenses       29,874       17       3,849         18       Grants payable       19       19         20       Tax-exempt bond liabilities		14	Intangible assets				14	0
17       Accounts payable and accrued expenses       29,874       17       3,849         18       Grants payable       19       19       19         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       20         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       23         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties .       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).       25         26       Total liabilities. Add lines 17 through 25       29,874       26       3,849         27       Net assets with donor restrictions       745,363       27       807,040         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         20       Paid-in or capital surplus, or land, building or		15	Other assets. See Part IV, line 11			967	15	967
18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key or family member of any of these persons       23         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17 - 24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 12 through 25       29.874       26         27       Net assets without donor restrictions       745,363       27         8       Net assets with donor restrictions       96,864       28       92,987         29       Corganizations that do not follow FASB ASC 958, check here        0       29       29         29       Capital stock or trust principal, or current funds       29       29       29         20       Capital stock or trust principal, or current funds       30       30       30         29       Paid-in or capital surplus, or land, building or equipment fund       31		16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	872,101	16	903,874
19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       23         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities on included on lines 17 - 24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       29,877         27       Net assets with donor restrictions       745,363       27         8       Net assets with donor restrictions       96,864       28       92,985         0rganizations that do not follow FASB ASC 958, check here        and complete lines 29 through 33.       29       29       29         29       Capital stock or trust principal, or current funds       30       30       30         30       Retained earnings, endowment, accumulated income, or other funds       31       31         30       Paid-in or capital storfu, balances       842,227       32		17	Accounts payable and accrued expenses			29,874	17	3,849
20       Tax-exempt bond liabilities		18	Grants payable				18	
21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		19	Deferred revenue				19	
22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       29.874       26         27       Net assets without donor restrictions       745,363       27         28       Net assets with donor restrictions       96,864       28       92,985         0rganizations that follow FASB ASC 958, check here ▶       and complete lines 27, 78, 32, and 33.       27       807,040         29       Capital stock or trust principal, or current funds       29       29         30       Paid-in or capital surplus, or land, building or equipment fund       30       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       872,101       33       903,874		20	Tax-exempt bond liabilities				20	
23       Secured infortgages and notes payable to unrelated third parties 1.       23         24       Unsecured notes and loans payable to unrelated third parties 1.       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25 .       29,874       26         27       Net assets without donor restrictions .       745,363       27         28       Net assets with donor restrictions .       96,864       28       92,985         Organizations that do not follow FASB ASC 958, check here ▶       and complete lines 29 through 33.       29       29         29       Capital stock or trust principal, or current funds .       30       30         30       Paid-in or capital surplus, or land, building or equipment fund .       842,227       32       900,025         33       Total liabilities and net assets/fund balances .       872,101       33       903,874	s	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
23       Secured infortgages and notes payable to unrelated third parties 1.       23         24       Unsecured notes and loans payable to unrelated third parties 1.       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25 .       29,874       26         27       Net assets without donor restrictions .       745,363       27         28       Net assets with donor restrictions .       96,864       28       92,985         Organizations that do not follow FASB ASC 958, check here ▶       and complete lines 29 through 33.       29       29         29       Capital stock or trust principal, or current funds .       30       30         30       Paid-in or capital surplus, or land, building or equipment fund .       842,227       32       900,025         33       Total liabilities and net assets/fund balances .       872,101       33       903,874	abilitie	22	employee, creator or founder, substantial contri	r 35% controlled entity		22		
25Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D252526Total liabilities. Add lines 17 through 2529,874263,84927Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.745,36327807,04028Net assets without donor restrictions		23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D       26       Total liabilities. Add lines 17 through 25       29,874       26       3,849         26       Total liabilities. Add lines 17 through 25       29,874       26       3,849         27       Net assets without donor restrictions		24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
Organizations that follow FASB ASC 958, check hereImage: Complete lines 27, 28, 32, and 33.Image: Complete lines 27, 28, 32, and 33.27Net assets without donor restrictions		25	and other liabilities not included on lines 17 - 24	to related third parties,		25		
Organizations that do not follow FASB ASC 958, check here > □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current fundsand 2930 Paid-in or capital surplus, or land, building or equipment fund3031 Retained earnings, endowment, accumulated income, or other funds 		26	Total liabilities. Add lines 17 through 25 .			29,874	26	3,849
Organizations that do not follow FASB ASC 958, check here > □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current fundsand 2930 Paid-in or capital surplus, or land, building or equipment fund3031 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	ances	27	complete lines 27, 28, 32, and 33.	heck he	ere 🕨 🗹 and	745 363	27	807.040
Organizations that do not follow FASB ASC 958, check here > □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current fundsand 2930 Paid-in or capital surplus, or land, building or equipment fund3031 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	Sal			•••		,		
Organizations that do not follow FASB ASC 958, check here > 1 and complete lines 29 through 33.2929Capital stock or trust principal, or current funds	P	28		• •	· · · · · ·	90,004	28	92,905
30Paid-in or capital surplus, or land, building or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances842,22733Total liabilities and net assets/fund balances872,101	Fur	29	complete lines 29 through 33.	heck here ► □ and		29		
				t fund			<u> </u>	
	Se						<u> </u>	
	As			come, u		842 227		900 025
	Vet							
	-	55	ista nabilities and het assets/fullu balalltes			012,101		Form <b>990</b> (2019)

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Form 990 (2019) Page **12 Reconcilliation of Net Assets** Part XI  $\Box$ Check if Schedule O contains a response or note to any line in this Part XI  $% \left( {{{\rm{A}}} \right)_{\rm{A}}} \right)$  . . . Total revenue (must equal Part VIII, column (A), line 12) . 230,850 1 1 . . . . Total expenses (must equal Part IX, column (A), line 25) . 2 2 249,639 . . . . . . . Revenue less expenses. Subtract line 2 from line 1 . . . . 3 -18,789 3 . . . . . . 4 842,227 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 5 Net unrealized gains (losses) on investments . . 5 76,587 . . . . 6 6 Donated services and use of facilities . . . . . . . . . 7 Investment expenses . . . 7 . . . . . . . . . 8 8 Prior period adjustments . . . . . . . . . . . . . . . 9 9 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 32, column (B)) <b>10</b>			900,02
Pa	TXII 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 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:			
	$oxed{2}$ Separate basis $igcap$ Consolidated basis $igcap$ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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			
3a	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.	Зb		

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Form 990 (2019)

Additional Data

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**Software ID:** 19009920 **Software Version:** 2019v5.0 **Return to Form** 

Form 990, Special Condition Description:

Special Condition Description

efil	e Pub	olic Visual	Render	ObjectId: 2	2020127693493	00101 - Subm	ission: 2020-	10-02	TIN: 04-2963426
<b>(Fori</b> Depart	<b>m 990</b> ment of th	ULE A or 990EZ)		nplete if the o	Charity Stat rganization is a ser 4947(a)(1) nonex Attach to Form	ction 501(c)(3) xempt charitable 1 990 or Form 99	organization or trust. 90-EZ.	a section	OMB No. 1545-0047
Interna	Revenue	e Service		Go to <u>www.irs</u>	<u>s.gov/Form990</u> for	instructions and	d the latest info	ormation.	Open to Public Inspection
Nam OARS		ne organiza	tion					Employer identi 04-2963426	fication number
Ра	rt I	Reason	for Public	Charity Stat	<b>us</b> (All organizatio	ons must comple	ete this part.) S		
					e it is: (For lines 1 th				
1		A church, c	onvention of	churches, or as	sociation of churche	s described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach S	chedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	or a cooperati	ive hospital ser	vice organization des	cribed in section	170(b)(1)(A)(	iii).	
4		A medical r name, city,		nization operat	ed in conjunction wit	h a hospital descr	ibed in <b>section</b> :	L70(b)(1)(A)(iii)	Enter the hospital's
5 6		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)	t of a college or univ ) · governmental unit o		. , -		cribed in <b>section</b>
7		An organiza	, ation that nor	5	a substantial part of				eral public described in
8					n 170(b)(1)(A)(vi)	. (Complete Part I	II.)		
9									ollege or university or a
10		An organiza from activit investment	ation that nor ies related to income and	mally receives: ts exempt fur unrelated busin	ee instructions. Ente (1) more than 331/3 nctions—subject to ce ness taxable income ( pomplete Part III.)	% of its support f ertain exceptions,	rom contribution and (2) no more	s, membership fees than 331/3% of its	, and gross receipts
11	$\square$			• • • • •	d exclusively to test f	for public safety. S	See section 509	(a)(4).	
12		more public	ly supported	organizations		509(a)(1) or se	ction 509(a)(2	). See section 509	the purposes of one or (a)(3). Check the box
а		<b>Type I.</b> A so organizatio	supporting or n(s) the powe	ganization oper	ated, supervised, or appoint or elect a ma	controlled by its s	supported organiz	zation(s), typically	by giving the supported ganization. <b>You must</b>
b		Type II. A manageme	supporting o nt of the sup	rganization sup	pervised or controlled ation vested in the same				
с		Type III f	unctionally i	integrated. A s	supporting organizat				grated with, its
d		Type III n functionally	on-function	ally integrate The organizatio	ions). You must con d. A supporting orga n generally must sat rt IV, Sections A ar	nization operated isfy a distribution	in connection wir requirement and	th its supported or	panization(s) that is not equirement (see
e		Check this	box if the org	anization recei	ved a written determ integrated supportin	nination from the I		ре I, Туре II, Туре	III functionally
f	Enter			l organizations					
g	(i) N	Provide the lame of supp		ormation about (ii) EIN	the supported organ (iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	• •	organizatior		(,,	organization (described on lines 1- 10 above (see instructions))	in your govern	ing document?	monetary suppor (see instructions	t other support (see
						Yes	No		
Tota	1					-	+		
For F	Paperv	vork Reduc or 990-EZ.	tion Act Not	ice, see the I	nstructions for	Cat. No. 1128	5F S	Schedule A (Form	990 or 990-EZ) 2019
					F	Page 2			
Scho	dulo A	(Form 000 -	r 000 EZ) 20	10					
	nt II		r 990-EZ) 20		zations Describe	d in Sections 1	170(h)(1)(A)	(iv) and 170(b)	Page 2
1. C		(Comple	ete only if y	ou checked the		, or 8 of Part I	or if the organi	zation failed to q	ualify under Part III.
		A. Public	Support						
çale	endar y	year 	⊾	<b>(a)</b> 201	5 <b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	<b>(e)</b> 2019	(f) Total

(or fiscal year beginning in) 🏲			× / ·	<b>.</b>	<b>x x</b> -	
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").</li> </ol>	347,100	247,471	271,680	246,908	211,166	1,324,325
<b>2</b> Tax revenues levied for the						
organization's benefit and either paid						0
to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to						0
the organization without charge						Ŭ
<b>4</b> Total. Add lines 1 through 3	347,100	247,471	271,680	246,908	211,166	1,324,325
5 The portion of total contributions by						
each person (other than a						
governmental unit or publicly supported organization) included on						0
line 1 that exceeds 2% of the amount						
shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from						1,324,325
line 4.						
Section B. Total Support Calendar year						<u> </u>
(or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	347,100	247,471	271,680	246,908	211,166	1,324,325
8 Gross income from interest,						
dividends, payments received on securities loans, rents, royalties and	4,240	8,774	9,531	10,985	16,790	50,320
income from similar sources.						
9 Net income from unrelated business						
activities, whether or not the						0
business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets						0
(Explain in Part VI.).						Ŭ
<b>11 Total support.</b> Add lines 7 through						1,374,645
10 12 Gross receipts from related activities, e	etc. (see instruction	ns)			12	
13 First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) or	Janization,
check this box and <b>stop here</b>					• [	
Section C. Computation of Public						
14 Public support percentage for 2019 (lir	ne 6, column (f) di	ivided by line 11,	column (f))		14	96.340 %
15 Public support percentage for 2018 Scl		-			15	97.590 %
<b>16a 33</b> 1/3% support test-2019. If the						
and <b>stop here.</b> The organization quali <b>b 33</b> 1/3% <b>support test—2018.</b> If the						
	-					
box and <b>stop here.</b> The organization <b>17a 10%-facts-and-circumstances test</b>	-2019. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
is 10% or more, and if the organization in Part VI how the organization meets						_
organization	<b>t—2018.</b> If the or ation meets the "f	rganization did no facts-and-circums	t check a box on li tances" test, checl	ine 13, 16a, 16b, 6 k this box and <b>sto</b>	p here.	► 🗆
<ul><li>supported organization</li><li><b>Private foundation.</b> If the organization</li></ul>	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this boy	and see	
instructions	<u></u> .	<u></u> .	<u></u>	<u></u> .	<u></u>	🕨 🗆
				Schedu	le A (Form 990 o	or 990-EZ) 2019
		Page 3				

Schedule A (Form 990 or 990-EZ) 2019

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page **3** 

	(Complete only if you on the organization fails to				5		nder Part II. If
Se	ection A. Public Support						
	endar year fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) 2019	(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 under section 513						
4	Tax revenues levied for the organization's benefit and either naid						

		I	1	I		l		ı		
5	to or expended on its behalf The value of services or facilities									
	furnished by a governmental unit to the organization without charge									
6	<b>Total.</b> Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
b	3 received from disqualified persons 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	Public support. (Subtract line 7c									
50	from line 6.) ction B. Total Support									
	ndar year	(a) 2015	<b>(b)</b> 2016	(a) 2017	(d) 2018	(e) 2019	0	(f) 1	Total	
-	fiscal year beginning in) 🕨	(a) 2015	<b>(B)</b> 2016	(c) 2017	( <b>a</b> ) 2018	(e) 2011	9	(1)	lotai	
9 10a	Amounts from line 6 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,									
-	1975.									
с 11	Add lines 10a and 10b. Net income from unrelated business									
	activities not included in line 10b,							1		
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or loss from the sale of capital assets									
	(Explain in Part VI.) .									
13	Total support. (Add lines 9, 10c, 11, and 12.).									
14	First five years. If the Form 990 is fo	-						-		
	check this box and <b>stop here</b>								. 🕨	
<u>Se</u> 15	ction C. Computation of Public Public support percentage for 2019 (lir	<b>Support Perce</b> ne 8. column (f) d	ivided by line 13.	column (f))		15				
16	Public support percentage from 2018 S					16				
Se	ction D. Computation of Invest									
17	Investment income percentage for 20:	• •	., ,			17				
18	Investment income percentage from 2					18				
	<b>33</b> 1/3% support tests-2019. If the o								_	
	nore than 33 1/3%, check this box and <b>s</b> 33 1/3% support tests—2018. If the									18 is
-	not more than 33 1/3%, check this box									
20	Private foundation. If the organization								_	
					Schedule	e A (Forr	n 990 o	or 990	)-EZ)	2019
			Page 4							
<b>C</b> - I+ -										-
	dule A (Form 990 or 990-EZ) 2019								Р	age <b>4</b>
Par	t IV Supporting Organization (Complete only if you checked a		f Part I. If you ch	ecked 12a of Part	L complete Sectio	ns A and	B. If you	u cheo	-ked 1	2h of
	Part I, complete Sections A and	C. If you checked								
Se	Sections A and D, and complete ction A. All Supporting Organiz									
								Γ	Yes	No
1	Are all of the organization's supported						Г			
	If "No," describe in <b>Part VI</b> how the su describe the designation. If historic an			ted. If designated	by class or purpos	se,	_	_		
2	-	2	., .	on IDC data	tion of status us d		. ⊢	1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>P</b>									
	described in section 509(a)(1) or (2).				-		┢	2		<u> </u>
3a	Did the organization have a supported	organization desc	cribed in section 5	01(c)(4), (5), or	(6)? If "Yes," answ	er (b) an	d (c)			<u> </u>
	below.							3a		
b	Did the organization confirm that each									
	the public support tests under section <i>determination.</i>	509(a)(2)? If "Yes	s," describe in <b>Pa</b>	rt VI when and h	ow the organization	n made ti		21		
с	Did the organization ensure that all su	port to such ora:	anizations was us	ed exclusively for	section 170(c)(2)(	B) purpo		3b		
	If "Yes," explain in <b>Part VI</b> what contr					5, purpo		20		

С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.

		30	1 1	
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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 amendment to the organizing document).	5a		
b	<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		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	0.0		
		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		
с	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 certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	90 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			2012

Page 5

Page 5

Yes

No

Schedule A (Form 990 or 990-EZ) 2019

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

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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.			
		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			
	organization.	2		

Section C.	Type I	I Supporting	Organizations
------------	--------	--------------	---------------

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	Γ	
supporting organization was vested in the same persons that controlled or managed the supported organization(s).		1

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

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#### Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

r r

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

2b

3a

3b

No

Page 6

Yes

#### Page 6

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	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 organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1		
2	Acquisition indehtedness annlicable to non-exempt use assets	2		İ

~	Acquisition indeptedness applicable to non-exempt use assets	- 1	1
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

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\_\_\_\_\_ Page 7 —

### Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrate	u Sustar(S) Supporting		
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	h exempt purposes		
<b>2</b> Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	irposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI). See instructi	ons		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to w details in <b>Part VI</b> ). See instructions	hich the organization is respon	sive (provide	
<b>9</b> Distributable amount for 2019 from Section C, line 6			
<b>10</b> Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years	-		
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1		
<b>4</b> Distributions for 2019 from Section D, line 7:	1		
\$			
		1	
a Applied to underdistributions of prior years			
<ul><li>a Applied to underdistributions of prior years</li><li>b Applied to 2019 distributable amount</li></ul>			

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.	
3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2015	
<b>b</b> Excess from 2016	
<b>c</b> Excess from 2017	
<b>d</b> Excess from 2018	
e Excess from 2019	

Schedule A (Form 990 or 990-EZ) (2019)

#### Schedule A (Form 990 or 990-EZ) 2019

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

**Facts And Circumstances Test** 

**Return Reference** 

Explanation

Schedule A (Form 990 or 990-EZ) 2019

**Additional Data** 

**Software ID:** 19009920 Software Version: 2019v5.0

**Return to Form** 

Page 8

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efile Public Visual Ren	der Objectld: 202012769349300101 - Submission: 2020-10-02	TIN: 04-2963426
Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)	2019	
Department of the Treasury Internal Revenue Service	2013	
Name of the organization OARS Inc	Employer	identification number
	04-296342	6
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	□ 527 political organization	
Form 990-PF	□ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	$\Box$ 501(c)(3) taxable private foundation	

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

#### **General Rule**

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

## **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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.

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

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

_			_
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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person     Payroll     Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person     Payroll     Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

------ Page 3 ----

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)						
Name of org OARS Inc	ganization	Employer identification	n number			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			

. =		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
·  =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
· =		\$\$\$\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
· =		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		Schedule B (Form S	990, 990-EZ, or 990-PF) (2019)
	Page 4		
Schedule B (Form 9	990, 990-EZ, or 990-PF) (2019)		Page 4

# Name of organization OARS Inc

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.) \$

**Employer identification number** 

(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No from (h) Purnose of aift (c) lise of aift (d) Description of how diff is held

Part I	(8) 1 819030 01 911			(0) 000 01 girt	
.  =					
	Transferee's name, address, an	d ZIP 4	(6	e) Transfer of gift Relations	hip of transferor to transferee
			_		
(a) No. from Part I	(b) Purpose of gift			(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, an	d ZIP 4	(€	e) Transfer of gift Relations	hip of transferor to transferee
_	,,		_		

# Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

**Additional Data** 

**Return to Form** 

 Software ID:
 19009920

 Software Version:
 2019v5.0

efile Public Visual Render ObjectId: 202012769349300101 - Submission: 2020-10-02					TIN: 04-2963426		
SC	SCHEDULE D Supplemental Financial Statements						OMB No. 1545-0047
(For	2 <b>0</b> 1						
				ganization answered "Yes," on F LO, 11a, 11b, 11c, 11d, 11e, 11f,			2013
	tment of the Treasury al Revenue Service			Attach to Form 990. <u>1990</u> for instructions and the late		on	Open to Public Inspection
	me of the organ		0 to <u>www.irs.gov/rom</u>				ification number
	RS Inc					2963426	
Pa	rt I Organi	zations Mai	ntaining Donor Advis	sed Funds or Other Similar F	-		
				s" on Form 990, Part IV, line 6.			
	Total and the state			(a) Donor advised funds		(b) Funds a	and other accounts
1 2		•	 ns to (during year)				
2	Aggregate value		,				
4							
5		•		rs in writing that the assets held in a	donor advised	funds are the	
				clusive legal control?			🗆 Yes 🗌 No
6				onor advisors in writing that grant fu			
				or donor advisor, or for any other p		ring impermis	Sible
Pa	rt II Conser	vation Ease	ements.				U Yes U No
				s" on Form 990, Part IV, line 7.			
1	Purpose(s) of co	onservation ea	sements held by the orgar	nization (check all that apply).			
	Preservation	on of land for p	oublic use (e.g., recreation	n or education) 🗌 Preservati	on of an histoi	rically import	ant land area
	Protection	of natural hab	itat	Preservation	on of a certifie	d historic str	ucture
	Preservation	on of open spa	ce				
2				qualified conservation contribution in	n the form of a		
а	easement on the				2a	Held at t	he End of the Year
a b					-		
c	-	•		c structure included in (a)			
d	Number of conse structure listed i			red after 7/25/06, and not on a hist	oric 2d		
3	Number of const tax year <b>&gt;</b>	ervation easer	nents modified, transferre	d, released, extinguished, or termin	ated by the or	ganization du	iring the
4	Number of state	es where prope	erty subject to conservatio	n easement is located 🕨		_	
5				ne periodic monitoring, inspection, h	andling of viol	ations,	
	and enforcemen	it of the conse	rvation easements it holds	5?			Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enfo	orcing conserv	ation easeme	ents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservation	easements o	luring the year
8				above satisfy the requirements of s			Yes 🗌 No
9	balance sheet, a	and include, if	5	ervation easements in its revenue an footnote to the organization's financ ts.		,	es
Par				of Art, Historical Treasures,	or Other Si	milar Asse	ts.
1a				s" on Form 990, Part IV, line 8. C 958, not to report in its revenue s	tatement and	balance shee	t works of art.
14	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for publ ote to its financial statem	lic exhibition, education, or research ents that describes these items.	in furtherance	e of public se	rvice, provide, in
b		res, or other s	imilar assets held for publ	C 958, to report in its revenue state lic exhibition, education, or research			
(	( <b>i)</b> Revenue includ	ed on Form 99	00, Part VIII, line 1			▶\$	
<b>(</b> i	ii)Assets included	in Form 990,	Part X			. ▶\$_	
2				cal treasures, or other similar assets ASC 958 relating to these items:	for financial <u>c</u>	gain, provide	the
а	Revenue include	ed on Form 99	), Part VIII, line 1			. ►\$	
b							<u></u>
For	Paperwork Redu	ction Act No	tice, see the Instructior	ns for Form 990.	Cat. No. 5228	3D Sched	le D (Form 990) 2019

Sche	dule D	(Form 990) 2019											Page <b>2</b>
Part	III	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tr	easures,	or Other	Similar A	ssets (co	ntinued)	
3		the organization's acqu (check all that apply):		n, and other	records,	check a	any of t	he following	g that are a	significant u	use of its c	ollection	
а		Public exhibition				d		Loan or exc	hange prog	grams			
b		Scholarly research				e		Other					
С		Preservation for future	e generations										
4	Provid Part X	le a description of the c III.	organization's coll	lections and	explain h	low the	y furth	er the orgar	nization's e	xempt purpo	ose in		
5		g the year, did the orga s to be sold to raise fun									🗌 Yes		lo
Par	t IV	Escrow and Custo Complete if the org line 21.			' on Forn	n 990,	Part 1	V, line 9,	or reporte	d an amou	int on For	m 990,	Part X,
1a		organization an agent, ed on Form 990, Part X									🗌 Yes		lo
b	If "Ye	s," explain the arrange	ment in Part XIII	and comple	te the foll	lowina	table			Α	mount		
c		ning balance				5			1c				
d	-	ons during the year .							1d				
е		outions during the year							1e				
f	Ending	g balance							1f				
2a	Did th	e organization include	an amount on Fo	rm 990. Par	t X. line 2	1. for e	escrow	or custodia	account li	ability?			
b		s," explain the arranger									_		
	rt V	Endowment Fund						p			_		
		Complete if the org	ganization answ										
1-1	Boginni	ing of year balance .		(a) Curren	it year	(b) Pi	rior year	(c) Two	years back	(d) Three ye	ars back (e	e) Four yea	ars back
	-	utions											
		estment earnings, gain	s and losses										
		or scholarships											
		expenditures for facilitie											
		grams											
f	Adminis	strative expenses .											
g	End of	year balance											
2 a		le the estimated percer designated or quasi-er	-	ent year end	balance (	(line 1g	j, colun	nn (a)) held	as:				
b	Perma	anent endowment 🕨											
с	Term	endowment 🕨											
	The p	ercentages on lines 2a,	, 2b, and 2c shou	ld equal 100	)%.								
3a		ere endowment funds ization by:	not in the posses	sion of the o	organizati	on that	are he	ld and adm	inistered fo	r the		Yes	No
	• •	related organizations			• • •	• •	•		•		3a(	-	
b	• •	elated organizations • s" on 3a(ii), are the rela									3a(i 3b	-	
4	Descr	ibe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds.						
Par	t VI	Land, Buildings, a			on Form	~ 000	Do et 1	1/ line 11			rt V line	10	
	Descri	Complete if the orc ption of property	(a) Cost or oth (investme	ier basis	(b) Cost o	,			ccumulated			Book valu	le
1a	Land							2,400					2,400
		gs											
		old improvements											
		ent					3	1,248		31,014			234
		ines 1a through 1e. (C	olumn (d) must e	equal Form 9	90, Part 2	X, colui	mn (B),	line 10(c).	)	►			2,634

— Page 2 —

Schedule D (Form 990) 2019

Part VII	Investments Other Securities. Complete if the organization answered "Yes" on Form 990, F	Dart IV/ line	- 11h	Soo Form 000 Do	rt V	
	(a) Description of security or category (including name of security)	(b) Book	<u>e 110</u> .	(c) Methor Cost or end-of-	d of va	luation:
	(including hance of security)	value			yeari	
	al derivatives					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments Program Related. Complete if the organization answered 'Yes' on Form 990, F	Dart IV/ lin/	- 11c	Soo Form 000 B	ort V	ling 12
	(a) Description of investment	at IV, inte	<u>= 11C.</u>	(b) Book value	(c)	Method of valuation: or end-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
·	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11d.	See Form 990, Part	X, line	15.
(2)	(a) Description					(b) Book value
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)						<u>.</u>
(9)						
(10)						
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Form 990, P				90 <i>.</i> Pa	art X, line 25.
1.	(a) Description of liability					(b) Book value
(1) Federal	income taxes					

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	l

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

— Page 4 —

Schedule D (Form 990) 2019

Scheo	lule D (Form 990) 2019			Page <b>4</b>			
Par	Part XI         Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.           Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b	_				
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines <b>2a</b> through <b>2d</b>		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	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines <b>4a</b> and <b>4b</b>		4c				
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5				
Par	XII Reconciliation of Expenses per Audited Financial Statem		Retur	n.			
	Complete if the organization answered 'Yes' on Form 990, Part			Г			
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines <b>2a</b> through <b>2d</b>		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	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	5				
Par	t XIII Supplemental Information						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		V, line	4; Part X, line 2; Part XI,			
iines	3 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	,					
	Return Reference	Explanation					

Schedule D (Form 990) 2019

 Software ID:
 19009920

 Software Version:
 2019v5.0

efile Public Visual	Render ObjectId: 202012769349300101 - Submiss	ion: 2020-10-02	IN: 04-29634
			OMB No. 1545-00
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form Complete to provide information for responses to sp		2019

# 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.

Employer identification number

**Open to Public** 

Inspection

**Return to Form** 

Name of the organization OARS Inc

Department of the Treasury

**Additional Data** 

Internal Revenue Service

		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 ine	dependent
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 a	are independent
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	All governing documents, policies and financial statements are availabe upon request.	
or Paperwork Reduc	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K	Schedule O (Form 990 or 990-EZ) 2019

**Software ID:** 19009920 Software Version: 2019v5.0