| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 372,004. 420,488. | x | | Cer | | 29493 | 13519608 |
|--|----------------|---------------|--|---|---------------------------|--|
| Post Description Descrip | , | <u></u> | Return of Organization Exempt Front | om lı | ncome Tax | OMB No 1545-0047 |
| Section Sect | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co | ode (exc | ept private foundation | ons) 2019 |
| Power and the community Power programs Power progra | | | the Transing | | 1// 1/ | |
| Community Com | Intern | al Rever | Go to www.irs.gov/Form990 for instructions and the | | | |
| Accessed to the community Control Contro | A F | or the | | ding U | | |
| DAR OF RICHMOND, THE DAR | | | | | D Employer identif | ication number |
| May | | ¬Addres | S OND of Dichmond Inc | | | |
| State Stat | V | Name | | | 54-09743 | 105 |
| State Stat | <u></u> | Initial | | om/suite | | |
| Chy or town, state or province, country, and ZIP or foreign postal code Richmond, VA 23230 Richmond, VA 23230 Richmond, VA 23220 Richmond, VA 23220 | | Final | , and the second | ioni/suite | • | |
| Richmond VA 23230 | _ | termin- | | | | |
| Rame and address of principal officer Sara E. Dimick Holp Near authorishment processing New Yor Ne | | Ameno | | | | |
| Same as C above | | Applica | | _ | | |
| Website: WWW.oarric.org | | | | 〈ハー | H(b) Are all subordinates | included? Yes No |
| Website: WWW.oarric.org | I T | ax-exe | | 527 | If "No," attach a | a list (see instructions) |
| Repart Summary | | | | | | |
| Barety describe the organization's mission or most significant activities: As the community leader in reentry services, OAR of Richmond provides evidence-based and cheer the provides of th | | | | L Year o | | |
| Teentry services OAR of Richmond provides evidence-based and | | | | | | |
| Notine in independent of the governorm | , _ | 1 | Briefly describe the organization's mission or most significant activities. As the | com | munity lead | ler in |
| Notine in independent of the governorm | ַ טַ | ; | reentry services, OAR of Richmond provides | evi | dence-based | l and |
| Notine in independent of the governorm | ے د ا | | Check this box I if the organization discontinued its operations or disposed | For More | than 25% of its net a | ssets |
| Notine in independent of the governorm | ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | k-USB | 3 | 13 |
| 5 Total number of individuals employed in calendar year 2019 (Part V. 1000 a) 1 6 2020 6 Total number of voluntheers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 39 8 Contributions and grants (Part VIII, line 1h) 9 Proor Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts pard (Part X, column (A), lines 13) 13 Grants and similar amounts pard (Part X, column (A), lines 13) 14 Benefits paid to or for members (Part X, column (A), lines 13) 15 Salares, other compensation, employee benefits (Part X, column (A), lines 5.10) 16 Professional fundraising fees (Part X, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13·17 (must equal Part IX, column (A), lines 5.10) 19 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total assets (Part X, line 16) 22 Total assets (Part X, line 16) 23 Total expenses Subtract line 18 from line 12 24 Total liabilities (Part X, line 16) 25 Total assets (Part X, line 16) 26 Total assets (Part X, line 16) 27 Total assets of und balances. Subtract line 21 from line 20 28 Total liabilities (Part X, line 16) 29 Total assets of und balances. Subtract line 21 from line 20 20 Total assets of und balances. Subtract line 21 from line 20 20 Total assets of und balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 16) 22 Total assets of und balances. Subtract line 21 from line 20 23 Total expense and title 24 Total liabilities (Part X, line 16) 25 Total expense of perint in under the propare of the repart of perint in under the perint of perint in under the perint of per | Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 13 |
| b Net unrelated business taxable income from Form 990-T, line 39 Ogden, UT Prior Year Current Year Prior Year Current Year 1,189,996. 820,986. 820,986. 9 Program service revenue (Part VIII, line 1h) 1,189,996. 820,986. 9 Program service revenue (Part VIII, lone 2n) 0. 424,522. 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,213,234. 1,265,109. | es & | 5 | Total number of individuals employed in calendar year 2019 (Part V, lige) 2a) 🔒 ந | 3 20 | 5 | 23 |
| b Net unrelated business taxable income from Form 990-T, line 39 Ogden, UT Prior Year Current Year Prior Year Current Year 1,189,996. 820,986. 820,986. 9 Program service revenue (Part VIII, line 1h) 1,189,996. 820,986. 9 Program service revenue (Part VIII, lone 2n) 0. 424,522. 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,213,234. 1,265,109. | viţi. | 6 | Total number of volunteers (estimate if necessary) | 120 | 6 | 175 |
| b Net unrelated business taxable income from Form 990-T, line 39 Ogden, UT Prior Year Current Year Prior Year Current Year 1,189,996. 820,986. 820,986. 9 Program service revenue (Part VIII, line 1h) 1,189,996. 820,986. 9 Program service revenue (Part VIII, lone 2n) 0. 424,522. 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,213,234. 1,265,109. | cti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| Prior Year 1,189,996. 820,986. 9 Program service revenue (Part VIII, line 1h) 0. 424,522. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,238. 19,601. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 0. 0. 0. 0. 0 | • | ь | Net unrelated business taxable income from Form 990 T, line 39 Octon 11T | • | 7b | 0. |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 12e) 19 Total sexpenses (Part IX, column (A), line 11e) 10 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 | | | | | Prior Year | Current Year |
| 10 10 11 11 11 12 12 12 | a | 8 | Contributions and grants (Part VIII, line 1h) | | 1,189,996. | 820,986. |
| 10 10 11 11 11 12 12 12 | בר | 9 | Program service revenue (Part VIII, line 2g) | | <u></u> | 424,522. |
| 10 10 11 11 11 12 12 12 | eve | 10 | investment income (Part VIII, column (A), lines 3, 4, and 7d) | | <u>23,238</u> . | 19,601. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under prenatiles of perjuri, I diclare limit 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 to their than officer) is based on all information of which preparer has any knowledge. Primi's name Pilc Moseley, LLC Firm's address 4312 Grove Avenue Richmond, VA 23221 May the IRS discuss this return with the preparer shown above? (see instructions) 372,004. 420,488. 0. 0. 0. 748,513. 819,920. 0. 0. 748,513. 819,920. 0. 0. 748,513. 819,920. | [| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 10 Under penialties of peniarly, I declare the three examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complets, beclaration of prapare other than officer) is based on all information of which preparer has any knowledge. Primity perpearer's name William C. Pilc Preparer Firm's name Pilc & Moseley, LLC Firm's address A312 Grove Avenue Richmond, VA 23221 Phone no. 804-918-8490 May the IRS discuss this return with the preparer shown above? (see instructions) | <u> </u> | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising eses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 15) 18 Total expenses (Part IX, column (A), lines 15) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Indicate the second of period of prepare of their than offset is based on all information of which preparer has any knowledge. Part II Signature Block Under penalties of period, I declare the second of the se | • | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 420,488. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) |) | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 Start | \ s | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 748,513. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 Start | + c | 16a | | | 0, | 0. |
| 19 Revenue less expenses. Subtract line 18 from line 12 Start | xbe | b · | Total fundraising expenses (Part IX, column (D), line 25) 50,663 | <u>3. </u> | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 Start | 7† - E | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 Start | 7 | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | | |
| Under penalties of perjury, I declare that Howe 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 prepare other than officer) is based on all information of which preparer has any knowledge. Sign | -7 | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | <189,521.> |
| Under penalties of perjury, I declare that Howe 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 prepare other than officer) is based on all information of which preparer has any knowledge. Sign | Ses | | | Beg | | |
| Under penalties of perjury, I declare that Howe 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 prepare other than officer) is based on all information of which preparer has any knowledge. Sign | aset aget | 20 | • | | | |
| Under penalties of perjury, I declare that Howe 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 prepare other than officer) is based on all information of which preparer has any knowledge. Sign | nd Asi | 21 | Total liabilities (Part X, line 26) | | | |
| Under penalties of perjure, I declare that there 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. Sign Here Sara E. Dimick, Executive Director Type or print name and title Print/Type preparer's name William C. Pilc Prim's name Pilc & Moseley, LLC Firm's address 4312 Grove Avenue Richmond, VA 23221 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | القير | 22 | | | 1,016,816. | 791,140. |
| true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Sign Here Sara E. Dimick, Executive Director Type or print name and title Print/Type preparer's name William C. Pilc Firm's name Pilc & Moseley, LLC Firm's name Pilc & Moseley, LLC Firm's address 4312 Grove Avenue Richmond, VA 23221 May the IRS discuss this return with the preparer shown above? (see instructions) Proparer Indicate the preparer has any knowledge. Date Oate Date Indicate The print Indicate The preparer has any knowledge. Date Oate Print/Type preparer's name Pilc & Moseley, LLC Firm's EIN Phone no. 804-918-8490 X Yes No | \ Pa | <u>irt II</u> | | | | _ |
| Sign Signature of officer Date Date | | | | | | ny knowledge and belief, it is |
| Sign Signature of officer Date | true, | correc | t, and complete Declaration of prepare Other than officer) is based on all information of which | n preparer | has any knowledge. | |
| Here Sara E. Dimick, Executive Director Type or print name and title | | | fluc that | _ | | ιω |
| Type or print name and title Print/Type preparer's name William C. Pilc Preparer Firm's name Pilc & Moseley, LLC Firm's address 4312 Grove Avenue Richmond, VA 23221 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer Indicate | Sign | 1 | , , | | Date | |
| Print/Type preparer's name William C. Pilc Preparer Firm's name Pilc & Moseley, LLC Firm's address 4312 Grove Avenue Richmond, VA 23221 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's signature II 10/20 firm's EIN 20-1826687 Phone no.804-918-8490 X Yes No | Here | е | | | | · |
| Paid William C. Pilc William C. Pilc Firm's name Pilc & Moseley, LLC Firm's EIN 20-1826687 Use Only Firm's address 4312 Grove Avenue Richmond, VA 23221 Phone no.804-918-8490 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | | | | In |)ata later l | DTIM |
| Preparer Firm's name Pilc & Moseley, LLC Firm's EIN 20-1826687 Use Only Firm's address 4312 Grove Avenue Richmond, VA 23221 Phone no. 804-918-8490 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | _ | | | | ا ا دادهای ا | - |
| Use Only Firm's address 4312 Grove Avenue Richmond, VA 23221 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no. 804-918-8490 X Yes No | | | | | | |
| Richmond, VA 23221 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no. 804 – 918 – 8490 X Yes No | | | | | Firm's EIN | ZU-182008/ |
| May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | Use | Unly | | | | NA 010 0400 |
| 000 | | | | | Phone no. 8 C | |
| The state of the s | | | | _ | | |

| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,316,441. |) | |
|------|---|---------------------|--------------|
| 4d | Other program services (Describe on Schedule O.) | | |
| | | | |
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| 4c | (Code) (Expenses \$ | nue \$ |) |
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| 4b | (Code) (Expenses \$) (Reve | nue \$ |) |
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| | | | |
| | | | |
| | long-term follow-up support services. | | |
| | assistance, referrals for services not directly provided | by OAR, and | l |
| | to 101,236 clients including emergency assistance job sassistance/placement, educational & support groups house | | |
| | Pre/post-Release Services Program - Provides case manage | <u>ement servic</u> | es |
| 4a | (Code) (Expenses \$ 1,316,441. including grants of \$ 420,488.) (Reve | nue \$ 424, | 522.) |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otherwise revenue, if any, for each program service reported | | and |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a | | |
| - | If "Yes," describe these changes on Schedule O | | |
| 3 | If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| | prior Form 990 or 990-EZ? | L Yes | X No |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | impacted by incarceration to find individual success. | | |
| | evidence-based and person-centered approaches to empowe | r those | |
| • | As the community leader in reentry services, OAR of Ric | hmond provid | les |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission | | |
| Pai | rt III Statement of Program Service Accomplishments | | |
| Form | 990 (2019) OAR of Richmond, Inc. | <u>54-0974305</u> | Page 2 |

Form 990 (2019) OAR of Richmond, Inc.
Part 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 | 1 | X | _ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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_ | | X |
| 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 | | _ X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | Х |
| 6 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 0 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | ┡ | | |
| ′ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | _ | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _7 _ | | |
| 0 | Schedule D, Part III | | | Х |
| 9 | | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | - | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 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 | 10 | | |
| • • | as applicable | | | |
| _ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | Part VI | 11a | х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| ٥ | assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII | 11b | ļļ | х |
| _ | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ü | assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | 1 | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _X_ |
| 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 | | _X_ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | į | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| 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 | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> X</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | <u> </u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | •• |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 000 | <u>X</u> |

932003 01-20-20

| | | | 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 | X | ļ |
| 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? If "Yes," complete | | | |
| | Schedule J | _23 | | X |
| 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 | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | | v |
| | Schedule L, Part I | 25b | | X |
| 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% | 00 | | x |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 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 | 27 | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 21 | | |
| 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? If "Yes," complete Schedule L, Part IV | 28a | | x |
| _ | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | |
| C | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | İ |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| O_ | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | 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 | | X |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 1 |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | لـــا |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3 | | | 1 |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | 1 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | _ | 1 |
| | (gambling) winnings to prize winners? | 1c | X | <u> </u> |
| | | Form | 990 | (2019) |

| | | | Yes | No |
|-----|--|------------|-----|--------------|
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| Lu | filed for the calendar year ending with or within the year covered by this return 2a 23 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | 7 11 11 11 11 11 11 11 11 11 11 11 11 11 | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | D. II | | | |
| | any contributions that were not tax deductible as charitable contributions? | _6a | | X |
| 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 | | <u>X</u> |
| þ | 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 | | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 4 | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | - |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 <u>g</u> | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 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 | - | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| b | | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter. Gross income from members or shareholders | | | |
| a | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | | |
| O | amounts due or received from them.) | | | |
| 122 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | | l |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 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 | | <u>X</u> |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | <u> X</u> |
| | If "Yes," complete Form 4720, Schedule O | <u> </u> | | <u> </u> |
| | | Form | 990 | (2019) |

932005 01-20-20

| | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | rough | 7b below, and for | a "No" r | espon | se | | | |
|---|--|---------------------------------------|-----------------------|------------|-----------|----------|--|--|--|
| - | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule | | | | ,- | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | |
| Sec | tion A. Governing Body and Management | | | - | | | | | |
| - | and the determined body and management | | | | Yes | No | | | |
| 10 | Enter the number of voting members of the governing body at the end of the tax year | 1a | 1 | 3 | | | | | |
| ıa | 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 on Schedule O. | | | | | | | | |
| h | Enter the number of voting members included on line 1a, above, who are independent | 1 _b | 1 | 3 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | | Ť | | | | | |
| _ | officer, director, trustee, or key employee? | ·F ······· | , c | 2 | | Х | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direc | t supervision | | | | | | |
| • | of officers, directors, trustees, or key employees to a management company or other person? | | , | 3 | | X | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | 990 wa | s filed? | 4 | | X | | | |
| 5 | - Bank and the second of the s | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or a | ppoint | one or | | | | | | |
| | more members of the governing body? | | | 7a | | X | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockh | olders, or | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by th | e following: | | | | | | |
| а | The governing body? | | | 8a | X | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | | | | |
| 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? If "Yes," provide the names and addresses on Schedule O | | | 9 | | <u> </u> | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | Revenue | Code.) | | | | | | |
| | | | | | Yes | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | | • | 10a | | <u> </u> | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of | hapter | s, affiliates, | 10b | | | | | |
| and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | |
| Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| | b 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 | o to oon | fluoto? | 12a 12b | X | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "1 | | | 120 | | | | | |
| C | in Schedule O how this was done | 163, 0 | SSCribe | 12c | х | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | х | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | al by ır | dependent | <u> </u> | | | | | |
| . • | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | • | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X | | | |
| b | Other officers or key employees of the organization | | | 15b | | X | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment v | vith a | | | | | | |
| | taxable entity during the year? | | | 16a | | X | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic | ınızatıo | n's | | | | | | |
| | exempt status with respect to such arrangements? | · · · · · · · · · · · · · · · · · · · | | 16b | | <u> </u> | | | |
| | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | nd 000 | T (Section 501/-) | (2)0 00! | /\ n\ (n) | able . | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | anu 990 | o-i (oechon ou i(c) | S)S ONI) | ı, avall | aule | | | |
| | for public inspection Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain | on Sr | hedule (1) | | | | | | |
| 40 | Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c | | • | ind fina | ncıal | | | | |
| 19 | | Jimbl | or interest policy, a | ary iiidi | icial | | | | |
| 20 | statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's bo | noke ar | nd records | | | | | | |
| 20 | The - Organization - 804-643-2746 | . U.N.U EII | | | _ | | | | |
| | 3111 West Cary Street, Richmond, VA 23230 | | | | | | | | |
| | TILL HOLD OUT! DOTOGO! TILDITAL TIL TOTOG | | | | | | | | |

932006 01-20-20

Form **990** (2019)

15073__1

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, 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, and 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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) | |
|----------------------------------|--|--------------------------------|-----------------------|--------------|------------------|--------------------------------|----------|-------------------------|-------------------------|------------------------------|--|
| Name and title | Average | | not c | | more | than o | | Reportable compensation | Reportable compensation | Estimated amount of | |
| | hours per week | offic | unle cer an | ss pe dad | rson i irecto | on is both an ctor/trustee) | | from | from related | other | |
| | (list any | ctor | | | | | | the | organizations | compensation | |
| | hours for | or dire | | | | ated | | organization | (W-2/1099-MISC) | from the | |
| | related | ustee | truste | | 82 | Suadi | | (W-2/1099-MISC) | | organization | |
| | organizations below | ual fr | bonal | | ptoy. | st com | _ | | | and related organizations | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Keyen | Highest compensated employee | Forme | | | | |
| (1) Travis Sarkees | 1.00 | | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | <u> </u> | |
| (2) Charles Munford | 1.00 | | | | | | | | | • | |
| Board Member | | X | _ | | ļ | | | 0. | 0. | 0. | |
| (3) Erika Battle | 1.00 | i | | | | | | | | • | |
| Vice President | | X | <u> </u> | X | | <u> </u> | | 0. | 0. | 0. | |
| (4) Ethan Lindbloom | 1.00 | l | | | | | | | | 0 | |
| Secretary | 1 00 | Х | | Х | _ | | | 0. | 0. | 0. | |
| (5) Leonard McCall | 1.00 | | | | | | | | | 0 | |
| Board Member | 1 00 | X | <u> </u> | | | _ | <u> </u> | 0. | 0. | 0. | |
| (6) Sandy Ting | 1.00 | ,, | | | | | | | 0. | 0. | |
| Board Member | 1 00 | X | | _ | | | | 0. | | | |
| (7) Cara Mellanson | 1.00 | x | | | | | | 0. | 0. | 0. | |
| Board Member | 1.00 | Λ | - | <u> </u> | | | | 0. | | <u> </u> | |
| (8) Milton Brown, Jr. | 1.00 | x | | x | | | | 0. | 0. | 0. | |
| Treasurer | 1.00 | ^ | | | | - | - | 0. | | | |
| (9) Doyle Tunnell | 1.00 | x | | | | 1 | | 0. | 0. | 0. | |
| Board Member | 1.00 | ^ | | | | ł | | | | | |
| (10) Cecelia Garner Board Member | 1:00 | x | | | | | | 0. | 0. | 0. | |
| (11) Peter Henry | 1.00 | - | <u> </u> | | | - | | | | | |
| President | 1100 | x | | x | | | | 0. | 0. | 0. | |
| (12) Suzanne Gore | 1.00 | | | | | | | | | | |
| Board Member | | x | | | | | | 0. | 0. | 0. | |
| (13) David Smith | 1.00 | | - | | | | | | | | |
| Board Member | | X | | | | | | 0. | 0. | 0. | |
| (14) Sara E Dimick | 40.00 | | | | | | | | | | |
| Executive Director | | | <u>_</u> | X | | | <u> </u> | 85,898. | 0. | 1,718. | |
| | | | | | | | | | | | |
| | | | - | | _ | - | <u> </u> | | _ | <u></u> | |
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| | | | | | | | | | | | |

| rai | Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees | , an | <u>d Hi</u> | gne | st C | compensated Employe | es (continuea) | т | | |
|----------|---|--|-------------------------------|-----------------------|--|--------------|-------------------------------|-------------|---------------------------------------|---------------------------------------|----------|---------------|-------------|
| | (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| | Name and title | Average | 140 | | Pos | | than | | Reportable | Reportable | E | stimat | ed |
| | | hours per | box, | , unle | ss pe | rson | ıs bot | h an | compensation | compensation | а | mount | of |
| | | week | offic | cer an | d a d | irecto | or/trus | tee) | from | from related | | other | • |
| | | (list any | ector | | | l | ł | | the | organizations | cor | npens | ation |
| | | hours for | or dir | بو | | | ated | | organization | (W-2/1099-MISC) | | from th | |
| | | related | stee | ruste | | | Bens | | (W-2/1099-MISC) | | | ganıza | |
| | | organizations below | Indindual frustee or director | Institutional trustee | | Key employee | High est compensated employee | | | | 1 | nd rela | |
| | | line) |) pup | that | Officer | y em | 문 동 동 | Former | | | org | janızat | ions |
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| | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | > | 85,898. | 0 | | <u>1,7</u> | 18. |
| С | Total from continuation sheets to Part VI | I, Section A | | | | | | > | 0. | 0 | , | | <u>0.</u> |
| d | Total (add lines 1b and 1c) | | | | | | | > | 85,898. | 0 | . | 1,7 | 18. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d at | oove | e) wh | o re | eceived more than \$100 | ,000 of reportable | | | |
| | compensation from the organization | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director truste | e. k | ev e | mol | ove | e. or | hia | hest compensated emp | lovee on | | | |
| _ | line 1a? If "Yes." complete Schedule J for s | | , | , - | | -,- | -, | 5 | , | , | 3 | | x |
| 4 | For any individual listed on line 1a, is the su | | ۰. | mn | nes | tion | anc | Loti | her compensation from t | he organization | | | |
| • | and related organizations greater than \$150 | • | | • | | | | | · | ne organization | 4 | | X |
| _ | · · | • | | • | | | | | | dual for convoca | — | | |
| 5 | Did any person listed on line 1a receive or a | = | | | | - | | eiat | ed organization or indivi | dual for services | _ ا | | - · |
| <u> </u> | rendered to the organization? If "Yes," com | piete Schedule | Jto | or su | <u>ich j</u> | oers | on | | | | 5 | <u> </u> | X |
| | tion B. Independent Contractors | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 | Complete this table for your five highest co | | | | | | | | | | sation | from | |
| | the organization Report compensation for | the calendar ye | ear e | endir | ng w | /ith o | or w | thir | the organization's tax y | ear. | | | |
| | (A) | | | | | | | ı | (B) | | | C) | |
| _ | Name and business | adoress | NC | NE | <u>: </u> | | | _ | Description of s | ervices | Compe | ensatio | <u></u> |
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| | Total number of independent contractors (ii | neludine but s | at lin | nıtor | 1 10 | thor | مرا م | ted | ahove) who received m | ore than | | | |
| 2 | | |) (III) | ı ıı ce (| 0 | 11103 | | ıou | above, will received in | ora triair | | | • |
| | \$100,000 of compensation from the organiz | Lation P | _ | | | | | | | | | 990 | 2019) |
| | | | | | | | | | | | ⊢orm | ・フざし (| ZU 19) |

54-0974305 Page 9 OAR of Richmond, Inc. Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenuè excluded Unrelated Total revenue from tax under business revenue function revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1,264 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 468,800. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 350,922. similar amounts not included above 1f 43,820. g Noncash contributions included in lines 1a-1f 1g \$ 820,986 h Total. Add lines 1a-1f **Business Code** 2 a Richmond City Justice <u>227,835</u> 900099 227,835 158,999 900099 158,999. **b VASAVOR** 900099 37,688. 37,688 c HOPES f All other program service revenue 424,522 q Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,336. 10,336. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents 6a 6b **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of 7a 185,206. assets other than inventory b Less cost or other basis 7ь 175,941 Other Revenue and sales expenses 9,265 c Gain or (loss) 9,265. 9,265 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9b **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue

12

265,109.

424,522.

d All other revenue e Total. Add lines 11a 11d

Total revenue. See instructions

| | 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response | | this Part IX | | |
|--------------|---|---|------------------------------------|---|---|
| | include amounts reported on lines 6b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 G | rants and other assistance to domestic organizations | | | | |
| ar | nd domestic governments. See Part IV, line 21 | | | | |
| 2 G | rants and other assistance to domestic | | | | |
| ın | dividuals See Part IV, line 22 | 420,488. | 420,488. | | |
| | rants and other assistance to foreign | | | | |
| | rganizations, foreign governments, and foreign | | | | |
| | dividuals See Part IV, lines 15 and 16 | | | | • |
| | enefits paid to or for members | | | | |
| | ompensation of current officers, directors, | 05 005 | 05 760 | 20.064 | 20 064 |
| | ustees, and key employees | 85,897. | 25,769. | 30,064. | 30,064 |
| | ompensation not included above to disqualified | | | | |
| | ersons (as defined under section 4958(f)(1)) and | | | | |
| - | ersons described in section 4958(c)(3)(B) | COE 454 | | 26 025 | 4 106 |
| | ther salaries and wages | 605,474. | 575,333. | 26,035. | 4,106 |
| | ension plan accruals and contributions (include | | | | |
| | ection 401(k) and 403(b) employer contributions) | 75,240. | 65,459. | 6,019. | 2 762 |
| | ther employee benefits | | | 4,265. | 3,762 2,665 |
| | ayroll taxes | 53,309. | 46,379. | 4,405. | 2,005 |
| | ees for services (nonemployees) | | | | |
| | lanagement | - | | | |
| | egal | 13,200. | 9,768. | 2,904. | 528 |
| | ccounting | 13,200. | 9,700. | | |
| | obbying rofessional fundraising services. See Part IV, line 17 | | <u>-</u> | | |
| | envestment management fees | | | | |
| | ther. (If line 11g amount exceeds 10% of line 25, | | | | |
| - | olumn (A) amount, list line 11g expenses on Sch O.) | 23,304. | 17,371. | 4,966. | 967 |
| | dvertising and promotion | 20,0010 | / • • | | |
| • | office expenses | | | | |
| | information technology | *************************************** | | | *************************************** |
| | oyalties | | | | |
| | occupancy | 73,221. | 65,000. | 5,059. | 3,162 |
| | ravel | 4,971. | 4,316. | 397. | 258 |
| | ayments of travel or entertainment expenses | • | | | · · · · · · · · · · · · · · · · · · · |
| | or any federal, state, or local public officials | | | | |
| | onferences, conventions, and meetings | 1 | _ | | |
| | nterest | | | | *************************************** |
| | ayments to affiliates | | | | |
| 22 D | epreciation, depletion, and amortization | 38,718. | 33,685. | 3,097. | 1,936 |
| 23 In | surance | | | | |
| at Iır | ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.) | | | | |
| | Contract Services | 14,835. | 13,012. | 1,122. | 701 |
| _ | Insurance | 10,976. | 9,645. | 819. | 512 |
| | Celephone | 7,625. | 6,634. | 610. | 381 |
| | Repairs and Maintenance | 7,467. | 6,496. | 597. | 374 |
| | Il other expenses | 19,905. | 17,086. | 1,572. | 1,247 |
| | otal functional expenses. Add lines 1 through 24e | 1,454,630. | 1,316,441. | 87,526. | 50,663 |
| | pint costs Complete this line only if the organization | | | - | |
| | eported in column (B) joint costs from a combined | | | | |
| | ducational campaign and fundraising solicitation. | | | | |
| | heck here if following SOP 98-2 (ASC 958-720) | | | | |

| Pai | τX | Balance Sheet | | | |
|-----------------------------|----------|---|--------------------------|----------|---------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 114,082. | 1 | 134,044. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 126,002. | 4 | 120,566. |
| | 5 | Loans and other receivables from 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 | | 5 | <u> </u> |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| Ş. | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 4,797. | 8 | 100. |
| ä | 9 | Prepaid expenses and deferred charges | 21,418. | 9 | 21,680. |
| | 10a | | | | |
| | | basis Complete Part VI of Schedule D 10a 388,159. | • | | |
| | b | Less accumulated depreciation 10b 180,039. | 234,493. | 10c | 208,120. |
| | 11 | Investments - publicly traded securities | 571,783. | 11 | 494,626. |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 4 545 | 14 | 4 515 |
| | 15 | Other assets See Part IV, line 11 | 4,517. | 15 | 4,517. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,077,092. | 16 | 983,653. |
| | 17 | Accounts payable and accrued expenses | 60,276. | 17 | 192,513. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 21 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | · |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ξ | | trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| Lia | | Secured mortgages and notes payable to unrelated third parties | | 23 | · · · · · · · · · · · · · · · · · · · |
| | 23 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | · | 2-7 | |
| | 23 | 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 | 60,276. | 26 | 192,513. |
| | | Organizations that follow FASB ASC 958, check here ► X | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | |
| aŭ | 27 | Net assets without donor restrictions | 963,919. | 27 | 747,259. |
| Bal | 28 | Net assets with donor restrictions | 52,897. | 28 | 43,881. |
| 2 | | Organizations that do not follow FASB ASC 958, check here | | | 1 |
| Ĭ. | | and complete lines 29 through 33. | | | _ |
| s o | 29 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid in or capital surplus, or land, building, or equipment fund | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 1,016,816. | 32 | 791,140. |
| _ | 33 | Total liabilities and net assets/fund balances | 1,077,092. | 33 | 983,653. |

| Form | OAR of Richmond, Inc. | 54-09 | 74305 | Pag | ge 12 | | | |
|------|---|-------------|-------|------|------------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | - | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,26 | 5,1 | 09. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,45 | 4,6 | 30. | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <18 | 9,5 | 21.> | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,01 | 5,8 | 16. | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 55. > | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | 10 | 79: | 1,1 | 40. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | _ | | * | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul | e O | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | _2a | | _X_ | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | ed on a | | | | | | |
| | separate basis, consolidated basis, or both | | | ĺ | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b_ | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | ite basis, | | | * | | | |
| | consolidated basis, or both | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | ., . | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t | he audıt, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on So | hedule O | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ingle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req | uired audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Public Charity Status and Public Support

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

| | | | | <u>f Richmon</u> | | | | | | <u>4-0974305</u> | | | |
|------------|----------|---|------------------|---------------------|---|---------------------------------------|----------------|--|----------------|---|--|--|--|
| Par | ŧΙ | Reason for Pub | lic Ch | arity Status (| All organizations must c | omplete thi | s part) Se | ee instructions | i | | | | |
| The c | rgan | zation is not a private for | oundation | on because it is. | (For lines 1 through 12, | check only | one box.) | | | . 1 | | | |
| 1 [| | A church, convention of | of churc | hes, or association | on of churches describe | d in section | n 170(b)(1 | 1)(A)(i). | | 1 | | | |
| 2 | \equiv | • | | | Attach Schedule E (Forr | | | | | U^{-1} | | | |
| 3 | 一 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 | 一 | • | | | njunction with a hospita | | | • | (iii). Enter | the hospital's name. | | | |
| + (| | city, and state | ja nzan | operated in 60 | manetion with a noopito | . dooonbod | 30000 | ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (111). = 1110. | ino ricopital o riamo, | | | |
| ا ء | \neg | • | and for t | he honofit of a co | ollege or university owne | d or operat | ad by a d | overnmental u | nit describ | ned in | | | |
| 5 l | | _ | | | mege of university owne | u oi operati | eu by a g | overninental u | ini descrit | Jed III | | | |
| _ [| | section 170(b)(1)(A)(r | | | | | | | | | | | |
| 6 l | _ | | _ | | mental unit described in | | | | | | | | |
| 7 [| X | • | • | | antial part of its support | from a gove | ernmental | unit or from th | ne general | public described in | | | |
| | | section 170(b)(1)(A)(vi | i). (Com | plete Part II) | | | | | | | | | |
| 8 | | A community trust des | cribed i | n section 170(b) | (1)(A)(vi). (Complete Par | t II) | | | | | | | |
| 9 | | An agrıcultural research | h organ | ızatıon described | In section 170(b)(1)(A) | (ix) operate | d in conju | inction with a | land-grant | college | | | |
| | | or university or a non-la | and-grai | nt college of agric | culture (see instructions) | . Enter the i | name, city | y, and state of | the colleg | je or | | | |
| | | university | | | | | | | | | | | |
| 10 | | An organization that no | ormally | receives (1) more | than 33 1/3% of its suj | port from o | contribution | ons, members | hip fees, a | and gross receipts from | | | |
| | | activities related to its | exempt | functions - subje | ct to certain exceptions | , and (2) no | more tha | n 33 1/3% of | ts suppor | t from gross investment | | | |
| | | income and unrelated l | busines | s taxable income | (less section 511 tax) fr | om busines | ses acqu | ured by the or | ganization | after June 30, 1975 | | | |
| | | See section 509(a)(2). | | | | | | - | - | | | | |
| 11 [| | | | - | ively to test for public sa | afety See s | ection 50 | 09(a)(4). | | | | | |
| 12 | | An organization organization | zed and | operated exclus | ively for the benefit of, t | o perform t | he functio | ons of, or to ca | rry out the | purposes of one or | | | |
| | | | | | ed in section 509(a)(1) o | | | | | | | | |
| | | | | | of supporting organization | | | | | | | | |
| а | | _ | | | supervised, or controlled | | | | | , aivina | | | |
| u | | | | | gularly appoint or elect | | | | | | | | |
| | | organization You mi | | | | a majomy c | | 0.0.0 000.0 | | | | | |
| _ | | | | • | d or controlled in connec | tion with its | e eunnarti | ed organizatio | n(e) by ba | wing | | | |
| b | _ | | | | anization vested in the | | | | | | | | |
| | | | | | | same perso | iis tiiat ct | ontion or mana | ge the sup | ported | | | |
| | | organization(s) You | | • | | | | | | and weekla | | | |
| С | | •• | _ | | g organization operated | | | | iy integrat | ea with, | | | |
| | | , ,, | , , | • | s). You must complete | • | • | • | | -1 (-) | | | |
| d | | | • | • | porting organization ope | | | | - | | | | |
| | | | | • | zation generally must sa | - | | | l an attent | iveness | | | |
| | _ | , ' ' | | - | mplete Part IV, Section | - | | | | | | | |
| e | | Check this box if the | organiz | ation received a | written determination fro | om the IRS | that it is a | a Type I, Type | II, Type III | | | | |
| | | functionally integrate | ed, or Ty | /pe III non-functio | nally integrated support | ing organiz | ation | | | | | | |
| f | Ente | r the number of suppor | ted orga | anızatıons | | | | | | | | | |
| _g_ | | ide the following inform | iation at | | | 1 /iv\ le the ornan | ization lieted | | | T () A | | | |
| | (1 |) Name of supported | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) is the organ in your governin | | (v) Amount of support (see in | - | (vi) Amount of other support (see instructions) | | | |
| | | organization | | | above (see instructions)) | Yes | No | support (see in | Structions) | support (see instructions) | | | |
| | | | | | |] | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total | | | | | | | - | | | | | | |

Schedule A (Form 990 or 990 EZ) 2019 OAR of Richmond, Inc. 54-09743 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec | ction A. Public Support | | | | | | | | | | |
|------|---|-----------------------------------|---------------------|---------------------------|------------------------------|---------------------|-----------------|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | | |
| 1 | Gifts, grants, contributions, and | | | | · | _ | | | | | |
| | membership fees received. (Do not | | | | | | | | | | |
| | ınclude any "unusual grants ") | 657,912. | 896,338. | 947,687. | 1189996. | 820,986. | 4512919. | | | | |
| 2 | Tax revenues levied for the organ- | ax revenues levied for the organ- | | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | | | |
| | or expended on its behalf | | | _ | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | | |
| | the organization without charge | | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 657,912. | 896,338. | 947,687. | 1189996. | 820,986. | 4512919. | | | | |
| 5 | The portion of total contributions | | • | | | | | | | | |
| | by each person (other than a | | | İ | | i | | | | | |
| | governmental unit or publicly | • | | | | | | | | | |
| | supported organization) included | | | | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | | | | |
| | amount shown on line 11, | | | | | | | | | | |
| | column (f) | | | | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | , | | | 4512919. | | | | |
| | ction B. Total Support | | | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | | |
| 7 | Amounts from line 4 | 657,912. | 896,338. | 947,687. | 1189996. | 820,986. | 4512919. | | | | |
| 8 | Gross income from interest, | | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | | |
| | and income from similar sources | 5,086. | 15,709. | 17,396. | 17,094. | 10,336. | 65,621. | | | | |
| 9 | Net income from unrelated business | | | | | | | | | | |
| | activities, whether or not the | | | | | | | | | | |
| | business is regularly carried on | | | | | | | | | | |
| 10 | Other income Do not include gain | | | | | 15 | | | | | |
| | or loss from the sale of capital | | | | | | | | | | |
| | assets (Explain in Part VI) | | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | • | | | 4578540. | | | | |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | | | | | |
| | First five years. If the Form 990 is for | | | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | | | | | |
| | organization, check this box and stop | | | | | | | | | | |
| Se | ction C. Computation of Publ | ic Support Per | rcentage | | | | . | | | | |
| 14 | Public support percentage for 2019 (I | ine 6, column (f) di | vided by line 11, o | column (f)) | | 14 | 98.57 % | | | | |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | <u>98.60 %</u> | | | | |
| 16a | 33 1/3% support test - 2019. If the c | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | 1 | | | ▶ X | | | | |
| b | 33 1/3% support test - 2018. If the c | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | | | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2019. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, | | | | |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check th | nis box and stop h | i ere. Explain in Pai | rt VI how the organ | ization | | | | |
| | meets the "facts-and-circumstances" | test The organization | tion qualifies as a | publicly supported | dorganization | | | | | | |
| b | 10% -facts-and-circumstances tes | t - 2018. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or | | | | |
| | more, and if the organization meets th | ne "facts-and-circui | mstances" test, cl | neck this box and | stop here. Explain | in Part VI how the | | | | | |
| | organization meets the "facts-and-circ | cumstances" test | The organization of | qualifies as a publi | cly supported orga | anızatıon | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | ind see instruction | s > | | | | |
| - | | | | | Sche | dule A (Form 990 | or 990-EZ) 2019 | | | | |

| Schedule A (Form 990 or 990 EZ) 2019 O | AR of Ric | <u>imiona, in</u> | | ···· | 54-097 | 4305 Pa |
|---|--|---|---|---|--|----------------|
| Part III Support Schedule for C | - | | | | | |
| (Complete only if you checked | | | organization failed | to qualify under | Part II. If the organiz | ation fails to |
| qualify under the tests listed be | elow, please comp | lete Part II) | | | | |
| Section A. Public Support | | | | | | / |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received (Do not | • | I | | | | |
| include any "unusual grants.") | | I | | | | |
| , , , | | | - | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- | | I | | | | |
| formed, or facilities furnished in | | I | | | | , |
| any activity that is related to the | | I | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | I | | | | |
| are not an unrelated trade or bus- | | I | | | | |
| iness under section 513 | | I | | | | |
| | | | | | | |
| 4 Tax revenues levied for the organ- | | I | | | | |
| ization's benefit and either paid to | | I | | | / | |
| or expended on its behalf | | | | | / | |
| 5 The value of services or facilities | | I | 1 | / | / | |
| furnished by a governmental unit to | | I | [| | | |
| the organization without charge | | I | 1 | | | |
| 6 Total. Add lines 1 through 5 | | İ | | | | • |
| · · · · · · · · · · · · · · · · · · · | | | 1 | | | _ |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | - | / | · · · · · · · · · · · · · · · · · · · | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from tine 6) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 Amounts from line 6 | | | \vee | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, and income from similar sources | | | ļ | | | |
| b Unrelated business taxable income | | | | | - | |
| | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | / | - | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain | | - | | | <u> </u> | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI) | / | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | <u>, </u> | | | | <u> </u> | |
| 14 First five years. If the Form 990 is for | the organization's | s first, second, the | rd, fourth, or fifth ta | x year as a secti | on 501(c)(3) organız | ation, |
| THE THE PERIOD HERE TO THE POPULATION | | , ot, ooooa, | | | | <u> </u> |
| check this box and stop here | | | | | | |
| check this box and stop here | | | | | | |
| check this box and stop here Section C. Computation of Publi | ic Support Pe | rcentage | column (fl) | | 15 | |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li | ic Support Pe | rcentage livided by line 13, | column (f)) | | 15 | |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 | ic Support Pe ine 8, column (f), d Schedule A, Part | rcentage divided by line 13, III, line 15 | | | 15 16 | |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves | ic Support Pel ine 8, column (f), d Schedule A, Part stment Incom | rcentage divided by line 13, III, line 15 e Percentage | | | 16 | |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage from 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves | ic Support Pel ine 8, column (f), d Schedule A, Part stment Incom | rcentage divided by line 13, III, line 15 e Percentage | | | 16 | |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves 17 Investment income percentage for 20 | ic Support Per ine 8, column (f), d Schedule A, Part stment Income 19 (line 10c, colum | rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I | | | 16 | |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage from 2018 (In Public support percentage from 2018 Section D. Computation of Investigation of Investigation of Investment income percentage from 2018 Investment income percentage from 2018 | ic Support Per ine 8, column (f), d Schedule A, Part stment Income 19 (line 10c, colum 2018 Schedule A, | rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 | ine 13, column (f)) | 15 is more than | 16 17 18 | 7 is not |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves 17 Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2019. If the | ic Support Perine 8, column (f), dischedule A, Partistment Incomental 9 (line 10c, column 2018 Schedule A, lorganization did n | rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box | ine 13, column (f)) on line 14, and line | | 16 17 18 33 1/3%, and line 1 | 7 is not |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2019. If the more than 33/1/3%, check this box ar | ic Support Perine 8, column (f), dischedule A, Partistment Incomental 9 (line 10c, column 2018 Schedule A, organization did nind stop here. The | rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali | ine 13, column (f)) on line 14, and line fies as a publicly su | pported organiz | 16 17 18 33 1/3%, and line 1 zation | > |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage from 2018 (In Public support percentage from 2018 Section D. Computation of Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2018. If the | ic Support Per ine 8, column (f), d Schedule A, Part stment Income 19 (line 10c, colum 2018 Schedule A, organization did n ind stop here. The organization did n | rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization qualinot check a box or | on line 14, and line fies as a publicly su n line 14 or line 19a, | ipported organiz and line 16 is m | 16 17 18 33 1/3%, and line 1 cation nore than 33 1/3%, a | > |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2019. If the more than 33/1/3%, check this box ar b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che | ic Support Per ine 8, column (f), description (f), descri | rcentage divided by line 13, Ill, line 15 e Percentage Inn (f), divided by line 17 Into the check the box organization qualitation the check a box or op here. The organization | on line 14, and line fies as a publicly su in line 14 or line 19a, inization qualifies as | ipported organiz and line 16 is m s a publicly supp | 16 17 18 33 1/3%, and line 1 zation here than 33 1/3%, a ported organization | > |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage from 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2018. If the | ic Support Per ine 8, column (f), description (f), descri | rcentage divided by line 13, Ill, line 15 e Percentage Inn (f), divided by line 17 Into the check the box organization qualitation the check a box or op here. The organization | on line 14, and line fies as a publicly su in line 14 or line 19a, inization qualifies as | ipported organiz and line 16 is m s a publicly supp | 16 17 18 33 1/3%, and line 1 zation here than 33 1/3%, a ported organization | > |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization | ic Support Per ine 8, column (f), description (f), descri | rcentage divided by line 13, Ill, line 15 e Percentage Inn (f), divided by line 17 Into the check the box organization qualitation the check a box or op here. The organization | on line 14, and line fies as a publicly su in line 14 or line 19a, inization qualifies as | ipported organia and line 16 is m is a publicly supp is box and see in | 16 17 18 33 1/3%, and line 1 zation here than 33 1/3%, a ported organization | and |
| check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2019 (li 16 Public support percentage from 2018 Section D. Computation of Inves 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2019. If the more than 33/1/3%, check this box ar b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che | ic Support Per ine 8, column (f), description (f), descri | rcentage divided by line 13, Ill, line 15 e Percentage Inn (f), divided by line 17 Into the check the box organization qualitation the check a box or op here. The organization | on line 14, and line fies as a publicly su in line 14 or line 19a, inization qualifies as | ipported organia and line 16 is m is a publicly supp is box and see in | 16 17 18 33 1/3%, and line 1 zation nore than 33 1/3%, a corted organization instructions | and |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

| Section A. | . All Supporti | ng Organizati | ons | |
|------------|----------------|---------------|-----|--|
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| | | | | |

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below
 - 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.)

| | | Yes | No |
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| m 9 | 10b 90 or 99 | 90-EZ | 2019 |
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Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2019 OAR of Richmond, Inc. 54-0974305 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e 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 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3 and 4c 8 Breakdown of line 7. a Excess from 2015 b Excess from 2016 c Excess from 2017

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

| Schedule A | (Form 990 or 990-EZ) 201 | 9 OAR of Ri | <u>chmond, In</u> | C | 54-0974305 P |
|------------|--|--|--|---|---|
| Part VI | Supplemental Info Part IV, Section A, lines line 1, Part IV, Section D | rmation. Provide t 1, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3, Part I | he explanations requ a, 6, 9a, 9b, 9c, 11a, V, Section E, lines 1c | ured by Part II, line 10, Part 11b, and 11c, Part IV, Sect 2, 2a, 2b, 3a, and 3b; Part V, | II, line 17a or 17b, Part III, line 12; ion B, lines 1 and 2, Part IV, Section C line 1, Part V, Section B, line 1e, Part v r any additional information |
| | (See instructions) | | | | |
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932028 09-25-19

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Employer identification number

Name of the organization

OAR of Richmond, Inc. 54-0974305

| Par | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the | | | | | | | |
|-----|---|---|--|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | | |
| 4 | Aggregate value at end of year | | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets held in donor advi | sed funds | | | | | |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can be | e used only | | | | | |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for any other purpose | e conferring | | | | | |
| | ımpermissible private benefit? | | Yes No | | | | | |
| Par | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, | Part IV, line 7 | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | | | | | |
| | Preservation of land for public use (for example, recreat | tion or education) U Preservation o | f a historically important land area | | | | | |
| | Protection of natural habitat | Preservation o | f a certified historic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualification | ied conservation contribution in the form | of a conservation easement on the last | | | | | |
| | day of the tax year | | Held at the End of the Tax Year | | | | | |
| а | Total number of conservation easements | | 2a | | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | | |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c | | | | | |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and not on a historic struc | ture | | | | | |
| | listed in the National Register | | 2d | | | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by th | e organization during the tax | | | | | |
| | year ▶ | | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | | |
| 5 | Does the organization have a written policy regarding the peri | iodic monitoring, inspection, handling of | | | | | | |
| | violations, and enforcement of the conservation easements it | | └── Yes | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cor | servation easements during the year | | | | | |
| | | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserve | ation easements during the year | | | | | |
| _ | Day and the second and the Old above | | 0/5\/4\/D\/\) | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | Yes No | | | | | |
| _ | and section 170(h)(4)(B)(ii)? | on accompate in the revenue and evenue | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn | | | | | | | |
| | organization's accounting for conservation easements | lote to the organization's imancial statem | nerits that describes the | | | | | |
| Par | t III Organizations Maintaining Collections of | Art. Historical Treasures, or C | Other Similar Assets. | | | | | |
| | Complete if the organization answered "Yes" on Form | | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | and balance sheet works | | | | | |
| | of art, historical treasures, or other similar assets held for pub | | | | | | | |
| | service, provide in Part XIII the text of the footnote to its finan | | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | | | | | | |
| _ | art, historical treasures, or other similar assets held for public | · | | | | | | |
| | provide the following amounts relating to these items | , | , | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | | | |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ | | | | | |
| 2 | If the organization received or held works of art, historical trea | asures, or other similar assets for financi | al gain, provide | | | | | |
| - | the following amounts required to be reported under FASB A | | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | | | |
| | Assets included in Form 990, Part X | | > \$ | | | | | |
| | <u> </u> | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

| | | Richmond, | | | | | | | 74305 | | |
|----------|--|----------------------|---------------|------------|----------------|-------------|------------|---------------|-------------|-------------|--|
| Par | art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) | | | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, check a | ny of the | following that | make si | ignificant | use of its | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | C | | | nange progra | m | | | | | |
| b | Scholarly research | • | e L Otl | her | | | | | | | |
| С | Preservation for future generations | | | | | | | _ | | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | r sımılar | assets | | 1 | — | |
| . | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No_ | |
| Par | t IV Escrow and Custodial Arran | • | ete if the or | ganizatio | n answered " | Yes" on | Form 990 |), Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | - | | -4 | a az athaz aac | nata nat | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other interme | diary for co | ntribution | s or other ass | sets not | inciuaea | | 7 v | □ Na | |
| | on Form 990, Part X? L Yes No If "Yes," explain the arrangement in Part XIII and complete the following table | | | | | | | | | | |
| b | if "Yes," explain the arrangement in Part XIII | and complete the to | ollowing tab | ne | | | | | Amount | | |
| | Passaga balanca | | | | | | 1c | - | Amount | | |
| C | Beginning balance | | | | | | 1d | | | | |
| d | Additions during the year Distributions during the year | | | | | | 1e | | · · · | | |
| 4 | Ending balance | | | | | | 1f | | | | |
| ' 2а | - | orm 990 Part X line | 21 for esc | erow or ci | istodial accor | ınt lıabılı | | | Yes | □ No | |
| | Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. | | | | | | | | | | |
| | Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 | | | | | | | | | | |
| | | (a) Current year | (b) Prio | | (c) Two years | | | ears back | (e) Four ye | ars back | |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | _ | | | | | | | |
| g | End of year balance | · | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | ce (line 1g, | column (a | i)) held as. | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiz | ation that a | are held a | nd administei | red for th | ne organiz | ation | | | |
| | by. | | | | | | | | | es No | |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | owment tur | 105 | | | | | | | |
| rai | Complete if the organization answere | | 0 Part IV I | ine 11a S | See Form 990 | Part X | line 10 | | | | |
| | Description of property | (a) Cost or o | | (b) Cost | | | cumulate | ed . | (d) Book v | value | |
| | Description of property | basis (invest | | | (other) | | reciation | . | (u) Dook . | 4.00 | |
| 10 | Land | 223.5 (| , | | | | | - | | | |
| | Buildings | | | | | | | | | | |
| 0 | Leasehold improvements | | | 29 | 5,950. | 1 | 17,0 | 44. | 178 | ,906. | |
| d | Equipment | | | | 2,209. | | 62,9 | | | ,214. | |
| | Other | | | | | | | | | <u> </u> | |
| | Add lines 1a through 1e. (Column (d) must e | gual Form 990. Par | t X. column | (R) line 1 | (OC.) | | | ightharpoonup | 208 | ,120. | |

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 | OAR | of | Richmond, | Inc |
|----------------------------|----------|------|-----------|-----|
| Part VII Investments - | Other Se | curi | ties. | |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation. Cost or end | l-of-year market value |
|--|---------------------------|--|------------------------|
|) Financial derivatives | | | |
| Closely held equity interests | | | |
| Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | - · - | | |
| (H) | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | - | | |
| art VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | n Form 990. Part IV. line | 11c See Form 990. Part X. line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | I-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| | | | • |
| (4) | | - | |
| (5) | | | |
| (6) | | · · · · · · · · · · · · · · · · · · · | |
| (7) | | | |
| (8) | | | |
| (9) a1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX Other Assets. | | | |
| | n Form COO Dort IV Inc | 11d Can Form 000 Bort V June 15 | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 111d See Form 990, Part X, line 15 | (b) Book value |
| | escription | | (b) Book value |
| (1) | | - | |
| (2) | ·· | <u> </u> | |
| (3) | | | |
| (4) | | | |
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| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| tal. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | |
| art X Other Liabilities. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11e or 11f See Form 990, Part X, line 25 | |
| (a) Description of liability | | | (b) Book value |
| (a) Becomplies of substitute | | | |
| (1) Federal income taxes | | | |
| (1) Federal income taxes | | | |
| (1) Federal income taxes (2) | | | |
| (1) Federal income taxes (2) (3) | - | | |
| (1) Federal income taxes (2) (3) (4) | | | |
| (1) Federal income taxes (2) (3) (4) (5) | | | |
| (1) Federal income taxes (2) (3) (4) (5) | | | |
| (1) Federal income taxes (2) (3) (4) (5) (6) (7) | | | |
| (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | | | |
| (1) Federal income taxes (2) (3) (4) (5) (6) (7) | 25.) | | |

932053 10-02-19

| | dule D (Form 990) 2019 OAR of Richmond, Inc. | | | 0974305 Page | e 4 |
|------------|--|---------------------------|----------------------|---------------------|---|
| Par | • | | iue per Return | • | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a | | 1,228,954 | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1_ | 1,440,934 | <u>+ •</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 2ء ا ہوا | 6,155. | | |
| | Net unrealized gains (losses) on investments | 1 - 1 | 0,133. | | |
| b | Donated services and use of facilities | 2b | | | |
| _ | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | <36,15 | _ |
| _ | Add lines 2a through 2d | | 2e | | |
| 3 | Subtract line 2e from line 1 | | 3 | 1,265,109 | <u>" • </u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | 1 . 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | <u>4a</u> | | | |
| b | Other (Describe in Part XIII) | 4b | | , | ^ |
| | Add lines 4a and 4b | | 4c | | <u>0.</u> |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | amanta Mith Evna | 5 | 1,265,109 | <u> </u> |
| Par | t XII Reconciliation of Expenses per Audited Financial State | | nses per Hetu | rn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a | | 1 454 637 | |
| 1 | Total expenses and losses per audited financial statements | | 1 1 | 1,454,630 | <u>J.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | _2b | | | |
| C | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | _ | _ |
| е | Add lines 2a through 2d | | 2e | | <u>0 .</u> |
| 3 | Subtract line 2e from line 1 | | 3 | 1,454,630 | <u>).</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| С | Add lines 4a and 4b | | 4c | | 0. |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 1,454,630 | <u>).</u> |
| Par | t XIII Supplemental Information. | | | | |
| Provid | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, | Part IV, lines 1b and 2b, | Part V, line 4; Part | X, line 2, Part XI, | |
| lines 2 | 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any | additional information | | | |
| | | | | | |
| | | | | | |
| <u>Par</u> | t X, Line 2: | | | | |
| _ | | | | | |
| The | organization adopted the accounting st | <u>andard regar</u> | <u>ding "acco</u> | ounting for | <u>r_</u> |
| | | | | | |
| unc | eratin tax positions". This accounting | standard pro | <u>vides deta</u> | iled | |
| | | | | | |
| gui | dance for financial statement recogniti | on, measurem | ent, and c | <u>lisclosure</u> | |
| _ | | | | | |
| of_ | uncertain tax positions recognized in t | <u>he organizat</u> | <u>ion's fina</u> | ancial | |
| | | | | | |
| <u>sta</u> | tements. It requires an entity to recog | <u>nize the fin</u> | <u>ancial sta</u> | <u> tement</u> | |
| | | | | | |
| imp | act of a tax position when it is more 1 | <u>ikely than n</u> | <u>ot that th</u> | <u>ne position</u> | <u>1</u> |
| | | | | | |
| <u>wil</u> | 1 not be sustained upon examination. Th | <u>e tax years</u> | <u>2017 to 20</u> | <u>)19 remain</u> | |
| _ | | | | | |
| sub | ject to examination by the taxing autho | rities | | | |
| | | | | | |
| | | _ | - | | |
| | | | | | |
| The | organization includes penalties and in | terest asses | sed by inc | come taxing | <u></u> |
| | | . | _ | | |
| <u>aut</u> | <u>horities in operating expenses. No pena</u> | <u>Ities or inte</u> | | | |
| 932054 | 10-02-19 | | Sched | ule D (Form 990) 20 |)19 |

| Schedi | ule D (Fo | orm 990) 2 | 019 | OAR | of_ | Richmo | ond, | Inc. | | | | <u>54-09</u> | <u>74305</u> | Page 5 |
|--------|-----------|-------------|------------|-------------|---------|-------------|------|-------------|---|----------------|--------------|--------------|--------------|-------------|
| Part | XIII S | upplem | ental Info | rmation | (contin | nued) | | | | | | | | |
| | | | | | | | | | | - | | | | |
| for | the | year | ended | <u>June</u> | 30, | 2020 | and | 2019. | | | | | | |
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Inspection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Inc. General Information on Grants and Assistance OAR of Richmond, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partl

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

criteria used to award the grants or assistance?

| OMB No 1545-0047 | 2019 | Open to Public | |
|------------------|------|----------------|--|
| | | | |

Employer identification number 54-0974305 **2**

X Yes

| Part II | Describe III rail to the oldarization's procedures for inclining the use of grant forms in the orner states Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete | Cedures for monital | zations and Domestic | Governments. Co | omplete if the organia | nization answered "Y | Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any | IV. line 21, for any |
|---------|---|---------------------|-----------------------------------|---------------------------|-----------------------------------|---|--|------------------------------------|
| | recipient that received more than \$5,000 Part II can be duplicated if additional space is needed | 5,000 Part II can | be duplicated if addition | onal space is need | , pa | | | |
| 1 (a) | 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 3 Ent | Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table | nd government or | ganizations listed in the 1 table | isted in the line 1 table | | : | | |
| ہ ا | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | , see the Instructi | ions for Form 990. | | | | | Schedule I (Form 990) (2019) |

Schedule I (Form 990) (2019) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Cash Cash 0 Cash 0 Cash 0, Cash 0 (d) Amount of non-cash assistance 41,042 46,974 5,016 155,684 70,275 32 (c) Amount of cash grant 1105 1564 105 (b) Number of recipients medication, clothing, shoes, hygiene items, DMV ID items for work, quarters for laundry, job training DMV ID, Client financial assistance - birth certificates, training, bus tickets to and from work and rental clothing, tools for work, bus tickets and hygiene assistance, medication asssitance, bus tickets, Violent offender rentry initiative - housing certifications, clothing, hygiene items and medication assistance, birth certificates, Scholarships - employment and educational Mental health program - housing stipends, (a) Type of grant or assistance assistance for those starting to work Client transportation - bus tickets 932102 10-28-19

Page 2

54-0974305

OAR of Richmond,

Schedule I (Form 990) (2019)

Part III

| Schedule I (Form 990) OAR of Richmond, Inc. Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) | 1, Inc. | ed States (Schedule | I (Form 990), Part II | (1) | 54-0974305 Page 2 |
|--|--------------------------|--------------------------|---------------------------------------|---|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| Ride 2 Rentry - bikes, helmets, lights, locks and bike safety and maintenance training | 98. | 41,832, | 0 | Савһ | |
| Client incentives - provided to working clients from 30 days of employment up to 3 years with 30 hours or more of verifiable employment | 117, | . 047, 7 | •0 | Савћ | |
| HOPES Expenses | 12, | 8,092, | • 0 | Савћ | |
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| | | | | | - 13. |
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| | | | | | Schedule I (Form 990) |

. SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization OAR of Richmond, Inc. Employer identification number 54-0974305

| Pai | t I Types of Property | | - | | | | | | | |
|-----|--|-------------------------------|--|--|---------------|------------|------------------------------------|----------|--------|----------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts report Form 990, Part VII | ted on | | (d) lethod of do ash contrib | etermın | - | S |
| | Art - Works of art | | items contributed | 1 01111 550,1 art vii | ii, iii e i g | | | - | | |
| 1 2 | Art - Works of art Art - Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | - | | | - | | | |
| 4 | Books and publications | | | - | - | | | | | |
| 5 | Clothing and household goods | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | | |
| • • | trust interests | | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | - | | | | | | |
| | Historic structures | | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | | |
| 15 | Real estate · Residential | - | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | | |
| 17 | Real estate · Other | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | ••• | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | - | | | |
| 25 | Other ► (Supplies) | | 99 | 43 | ,820. | Fair | Value | | | |
| 26 | Other | | | | | | | | | |
| 27 | Other (| • | | | | | | | | |
| 28 | Other (| | | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | zation durin | g the tax year for c | ontributions | | | | | | |
| | for which the organization completed Form 828 | 33, Part IV, | Donee Acknowled | gement | 29 | | | | | |
| | | | | | | | | , | Yes | No |
| 30a | During the year, did the organization receive by | y contribution | on any property rep | oorted in Part I, line | es 1 throu | gh 28, tha | t it | | | |
| | must hold for at least three years from the date | of the initia | al contribution, and | d which isn't require | ed to be u | ised for | | | | |
| | exempt purposes for the entire holding period? | > | | | | | | 30a | | _X_ |
| b | If "Yes," describe the arrangement in Part II | | | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that r | equires the review | of any nonstandar | d contribu | utions? | | 31 | | <u> </u> |
| 32a | Does the organization hire or use third parties | or related o | rganizations to soli | cit, process, or sel | l noncash | | | | | |
| | contributions? | | | | | | | 32a | | <u>X</u> |
| b | If "Yes," describe in Part II | | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | or a type of propert | y for which column | ı (a) ıs che | ecked, | | | | |
| | describe in Part II. | | | | | | | 1 | | |
| LHA | For Panerwork Reduction Act Notice, see | the instruc | tions for Form 99 | 0. | | | Schedule I | M (Forr | n 990) | 2019 |

| Schedule M | (Form 990) 2019 | OAR of | Richmond, | Inc. | 54-0974305 Page 2 |
|------------|----------------------|---------------------------------------|----------------------|--|-------------------------------|
| Part II | Supplemental | Information | on. Provide the info | ormation required by Part I, lines 30b, 32b, and 33, | |
| | is reporting in Part | I, column (b), | the number of cont | tributions, the number of items received, or a comb | ination of both Also complete |
| | this part for any ac | ditional inform | mation | | |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

OAR of Richmond, Inc.

Employer identification number 54-0974305

| Form 990, Part I, Line 1, Description of Organization Mission: |
|--|
| person-centered approaches to empower those impacted by incarceration |
| to find individual success. |
| |
| Form 990, Part VI, Section B, line 11b: |
| The tax return is discussed with the executive director and |
| administrator/fiscal manager. Any questions or concerns are reconciled |
| before the return is filed. |
| |
| Form 990, Part VI, Section B, Line 12c: |
| The conflict of interest policy is reviewed with Directors and key |
| employees annually. No conflicts of interest have been reported. |
| Form 990, Part VI, Section C, Line 19: |
| Information regarding the organization is available upon request. |
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COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

ARTICLES OF AMENDMENT

CHANGING THE NAME OF A VIRGINIA NONSTOCK CORPORATION
By Unanimous Consent of the Members or by the Directors Without Member Action

The undersigned, on behalf of the corporation set forth below, pursuant to § 13.1-888 of the Code of Virginia, executes these articles and states as follows:

| 1. | The current name of the corporation is Official And + Restoration |
|----|--|
| | of Richmond, Inc. |
| 2. | The name of the corporation is changed to OAR of Richmond, Inc. |
| 3. | The foregoing amendment was adopted on 3/24/2020 (mark appropriate box): |
| | By the unanimous consent of the members with voting rights. |
| | <u>OR</u> |
| | By a vote of at least two-thirds of the directors in office. Member action on the amendment was not required because (mark appropriate box): |
| | There are no members; or |
| | ☐ There are no members with voting rights. |
| Ev | ecuted in the name of the corporation by: |
| | 3 25/2020 |
| | Peter Henry Board President |
| | (corporate title) 015 29 89 0 804 - 643-2740 |
| | (corporation's SCC ID no.) (telephone number (optional)) |

(The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.)

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

AT RICHMOND, MAY 8, 2020

The State Corporation Commission has found the accompanying articles of amendment submitted on behalf of

OAR of Richmond, Inc.

(formerly known as OFFENDER AID AND RESTORATION OF RICHMOND, INC.)

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective May 8, 2020.

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

Mark C. Christie Commissioner