(Rev January 2020)

Return of Organization Exempt From Income Tax

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

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

2019 Open to Public

OMB No 1545-0047

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 2019, and ending Aug 31 **20**20 For the 2019 calendar year, or tax year beginning Sep D Employer identification number Check if applicable C Name of organization American Recorder Society, Address change Doing business as 13-2930296 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change (704)509-1422 PO Box 480054 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Charlotte, NC 28269-5300 G Gross receipts \$ 250,047. Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer Application pending H(b) Are all subordinates included? Yes No PO Box 480054, Susan Burns, Charlotte, NC **X** 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status Website: ▶ www.americanrecorder.org H(c) Group exemption number ▶ Form of organization X Corporation Trust Association 1939 M State of legal domicile NC L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: To promote music education and skill 1 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 13 4 13 Number of independent voting members of the governing body (Part VI, line 1b) 5 2 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 16 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b Ο. Current Year 8 Contributions and grants (Part VIII, line 1h) 165,904 215,786. Revenue Program service revenue (Part VIII, line 2g) 5,098. 3,784. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 <u>11,1</u>58 9,535. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 23,750 20,942. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 205,910 250,047. 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 24,959 5,010 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) 63,707 67,033 Professional fundraising fees (Part IX, column (A), line 11e) . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ h 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 102,145 88,067 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 170,862 180,059. Revenue less expenses. Subtract line 18 from Ine 12 19 35,048 69,988 End of Year eginning of Current Year 20 Total assets (Part X, line 16) 253,179 327,083. <u>34,</u>490. 21 Total liabilities (Part X, line 26) <u>19,2</u>67. Ine 20N 1 9 2021 Net assets or fund balances Subtract line 21 from 22 233,912 292,593. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including according thedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is has any knowledge Sian Here Susan Burns, Administrative Director Type or print name and title Print/Type preparer's name Check 🔀 ıf Paid self-employed P00631301 01/05/2021 Lori L Strawbridge CPA **Preparer** Firm's EIN ▶ 26-2079520 Firm's name Lori L Strawbridge CPA Use Only Phone no (314) 963-8340 Firm's address ▶ 8780 Big Bend Blvd Ste F, Saint Louis,

For Paperwork Reduction Act Notice, see the separate instructions. BAA

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

REV 10/27/20 PRO

X Yes □ No Form **990** (2019)

		•••••		•••••	
••••				•••••	
•••••					
		•••••			

Other program services (D	escribe on Sche	dule O.)			
(Expenses \$	including gran	nts of \$) (Revenue \$)	
Total program service exp	enses >	87,649.			
		REV 10/27/20	PRO	<u>-</u> -	Form 990 (2019)

Part IV ' Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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	×	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>×</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
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		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			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	×	
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Form 9	90 (2019)			Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).	1200		
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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year		200	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	KHAN-TRIM-	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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	30 () - 30	XXXX
9	Sponsoring organizations maintaining donor advised funds.		466	
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	7 12225	\$ /4. A. }	MAY
а	Initiation fees and capital contributions included on Part VIII, line 12	3300	re vent	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			1865 A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		البيد المتحدد
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	704 54	STATES	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		× Mig	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1 100 1 11
h	Note: See the instructions for additional information the organization must report on Schedule O. 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			
C 14a	Enter the amount of reserves on hand	● 新科技	J Ha. 12	松森森
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
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	Paragor	* 4 25 5 × 14
46	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? If "Yes " complete Form 4720, Schedule O.	16	795°275	MATE A

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗵
Secti	ion A. Governing Body and Management			
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			野湖
	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.	2.4		
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 13	7.67 7.67		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	25757		1,000
_	any other officer, director, trustee, or key employee?	2	EL-MENTHEN N	×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>×</u>
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	mari Mari	沿級	
	the year by the following	152.2	37.00	
a	The governing body?	8a	×	
ь 9	Each committee with authority to act on behalf of the governing body?	8b		$\vdash \vdash$
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
11a	affiliates, 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?	10b 11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Salta.		40.7 K
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	المناه المناه
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		×
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			334
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	373		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	× de	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and results and Burns, PO Box 480054, Charlotte, NC 28269 (844)509-1422	cords	>	

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

☐ Check this box if neither the organization n	or any relate	d org	anız	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	st compe st compe yee mployee r r tronal trustant		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) David Podeschi	6.00			┢	\vdash		_			
President				×				0.	0.	0.
(2) Ruth Seib Vice President	5.00			×				0.	0.	0.
(3) Wendy Powers Treasurer	5.00			×				0.	0.	0.
(4) Carol Mishler Secretary	5.00			×				0.	0.	0.
(5) Alice Derbyshire Board Member	3.00	×						0.	0.	0.
(6) Peter Faber Board Member	3.00	×						0.	0.	0.
(7)Eric Haas Board Member	3.00	×						0.	0.	0.
(8) Mollie Habermeier Board Member	3.00	×						0.	0.	0.
(9) Philip Hollar Board Member	3.00	×						0.	0.	0.
(10) David Melanson Board Member	3.00	×						0.	0.	0.
(11) Judith Smutek Board Member	3.00	×						0.	0.	0.
(12)Greta Haug-Hryciw Board Member	3.00	×						0.	0.	0.
(13) Susan Burns Administrative Director	40.00				×			52,133.	0.	0.
(14) Barbara Prescott Board Member	3.00	×						0.	0.	0.

Part	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
	` (A)	(B)			Pos	C) ition			(D)	(E)	(F)
	Name and title	Average hours per week (list any	box,	unles er and	s pe	rson lirect	e than on some some some some some some some some	n an tee)	Reportable compensation from the organization	Repor comper from re organiz	table isation elated	Estimated amount of other compensation from the
•		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/109		organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)											•	
(22)												
(23)												
(24)												
(25)												
1b c	Subtotal Total from continuation sheets to Part	-	 n A					>	52,133.		0.	0.
d	Total (add lines 1b and 1c)				list	ed :	above	<u>►</u> e) w	52,133. ho received more	e than \$1	00,000	of
	reportable compensation from the organi	zation >										Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							mpl	oyee, or highes	t compe	ensated	
4	For any individual listed on line 1a, is the organization and related organizations individual .											
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc	dıvıdual	5 ×
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Report											
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation
		<u> </u>									_	
2	Total number of independent contractor received more than \$100,000 of compens.							th	ose listed abov	e) who	Canonines anns	mms arone - some manomorphis * - Arone

-	90 (2019	9)						<u></u>		Page 9
Par	VIII '	Statement of Rev								
		Check if Schedule	Осо	ntains a re	spor	ise or note to ar	ny line in this Pa	art VIII		<u> </u>
	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts its	1a	Federated campaign	ns .	•	1a					
irar	b	Membership dues			1b	92,086.	et isa ngajarah			
S, E	C	Fundraising events			1c_					
凯	d	Related organization			1d					
S, E	e	Government grants			1e					
Contrib Litions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts no	ot incli	uded above	1f	123,700.	onimis spidiplyminimis bah	-1997 A. S.		
혈	g	Noncash contribution lines 1a-1f .	ons in	cluded in	4	1 100				
Cont	h	Total. Add lines 1a-	_1f	•	1g	\$ 1,128.	215,786.			
	'	Total. Add lines ra-	-11	•		Business Code	215,766.	118 10 (10 11 11 11 11 11 11 11 11 11 11 11 11 1		AND THE RESERVE OF THE
e .	2a	Program Servi	ce F	ees		813000	3,784.	3,784.	0.	0.
ړه ₹	b						3,701.	3,,01.	<u> </u>	
Se	С									
gram Ser Revenue	d									
Program Service Revenue	е									
F.	f	All other program se		revenue						
	9	Total. Add lines 2a-				. •	3,784.			
	3	Investment income		-			0 535	0.535		
		other similar amoun Income from investing					9,535.	9,535.	0.	0.
	4 5	D 11				ond proceeds				
	,	rioyaities	•	(i) Rea		(II) Personal	APPENDENCE OF STATE OF			
_	6a	Gross rents .	6a	()		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
-	b	Less rental expenses	6b	-						
	С	Rental income or (loss)	6c							
*	d	Net rental income of	r (loss	s)		🕨				
,	7a	Gross amount from		(i) Sccunt	ذعا	(ii) Other		n griffin drahmladistik in dramwad		
		sales of assets								
		other than inventory	7a							
ıne	b	Less cost or other basis				-				
evenue		and sales expenses	7b 7c							
Re	c d	Gain or (loss) Net gain or (loss)	76				and an analysis of the control of th	(1) 2015年10日 (1) 2.70 · · · · · · · · · · · · · · · · · · ·	788-4 (2888-34-137a)	\$4.75.200 tables \$50,000 - 40,000
Other R	8a	Gross income from	n fu	ndraisina		<u> </u>				
ō	Qu	events (not including		noralon ig						
-		of contributions rep	oorted	on line			gradio a se			
		1c). See Part IV, line	18		8a					
	b	Less: direct expense			8b					
,	С	Net income or (loss)			g eve	nts >	M. B. CATTER P. M. CHAS BRANCH SANS		estanda de mar de marconoculos anen	Version and the contract of the second of
	9a	Gross income f			_					
		activities. See Part I		e 19	9a					
	b	Less: direct expense Net income or (loss)			9b				(1965年)(1975年)(1975年)	
ř	C 10a	, ,			LIVILIE	,				
	10a	Gross sales of in returns and allowand		ny, icos	10a					
	b	Less. cost of goods			10b					
	c	Net income or (loss)				ory >	The second second second second second	to the state of th	Security of the second security of the second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>s</u>						Business Code	thera wer	对部分47 6区		
eor e	11a	Advertising R	ever	ue	 .	541800	20,942.	20,942.	0.	0.
Miscellaneous Revenue	b									
je je	С		_:		·					<u> </u>
iš E	d	All other revenue		· - ` • •		,	00.000	Sugar States of Manageria of	ON THE PARTY OF TH	E SCHOOL ALTERATORIST AND STATE
	<u>e</u>	Total. Add lines 11a				. •	20,942.	34 361		
	12	Total revenue. See	ınstri	actions .		🕨	250,047.	34,261.	0.	0.

Part IX Statement of Functional Expenses

Section	501(c)(3)) and	501(c)(4)	orga	inizations	must	com	olete a	all colum	ns. A	VII other	r orga	anızatıd	ons mu	st com	plete	columi	n (A	i).

	 Check if Schedule O contains a respons 	e or note to any line	e in this Part IX .	<u>.</u> <u>.</u>	🔲
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	2,900.	2,900.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	22,059.	22,059.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,			
¹ 4	Benefits paid to or for members				# 240° NO 1282 N
5	Compensation of current officers, directors, trustees, and key employees	52,133.	44,313.	5,213.	2,607.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,143.	0.	10,143.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,757.	3,390.	1,175.	192.
11	Fees for services (nonemployees)				
а	Management				1
b	Legal	324.	0.	324.	0.
c	Accounting	915.	0.	915.	0.
d	Lobbying		<u> </u>	, , , ,	
e	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees		The part away. A man word of water them	, Creed City half, of Strangule Name, 5	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				,
12	Advertising and promotion				, ,
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	154.	0.	154.	0.
17	Travel		<u> </u>	131.	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	753.	0.	753.	0.
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,170.	0.	3,170.	0.
23	Insurance	1,998.	0.	1,998.	0.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Publication/Program Expenses	59,397.	59,397.	0.	0.
b	Other Expenses	17,632.	5,359.	9,321.	2,952.
C	Bank Charges	3,724.	0.	3,724.	0.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	180,059.	137,418.	36,890.	5,751.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				-
	following SOP 98-2 (ASC 958-720)			,	

Р	art X	Balance Sheet			,
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u> . 🗆
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	20,552.	1	70,719.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	501.	4	1,752.
	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	
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a			eta (tibale Alaman)
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	232,126.	15	254,612.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	253,179.	16	327,083.
	17	Accounts payable and accrued expenses	3,832.	17	17,655.
	18	Grants payable		18	
	19	Deferred revenue	15,435.	19	16,835.
	20	Tax-exempt bond liabilities		20	L <u>.</u>
	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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	,
	26	Total liabilities. Add lines 17 through 25	19,267.	26	34,490.
nces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	173,617.	27	220,061.
B	28	Net assets with donor restrictions	60,295.	28	72,532.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	233,912.	32	292,593.
Ž	33	Total liabilities and net assets/fund balances	253,179.	33	327,083.

٠.	4	2
'age		~

Part	XI `Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>	X
1	`Total revenue (must equal Part VIII, column (A), line 12)	1	2	50,0	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	80,0	59.
3	Revenue less expenses Subtract line 2 from line 1	3		69,9	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	2	<u>33,9</u>	12.
5	Net unrealized gains (losses) on investments	5		9,4	89.
6		6			
7	Investment expenses	7			
8		В			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		13,6	94.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
		0	3	27,0	83.
Part	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				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın			•,
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or		,	'
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both				i
	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 overs	_			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	laın on	-		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the			
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	lits .	3b		
	REV 10/27/20 PRO		Forr	n 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization 13-2930296 American Recorder Society, Inc

Par	t	Reason for Public Cha	rity Status (All	organizations must	comple	ete this p	art.) See instruction	ons.			
The c	organiza	ation is not a private found	ation because it i	is (For lines 1 through	n 12, che	ck only o	ne box)	1 ~			
1	□ A c	hurch, convention of churc	hes, or associati	on of churches descr	ıbed ın s ı	ection 17	′0(b)(1)(A)(i).	+u			
2	☐ A s	chool described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	()			
3		ospital or a cooperative ho									
4	hospital's name, city, and state.										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6		ederal, state, or local gover									
7											
8	□Ас	ommunity trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)						
9	or t	agricultural research organ university or a non-land-gra versity									
10	·										
11	☐ An	organization organized and	d operated exclus	sively to test for public	c safety	See sect	ion 509(a)(4).				
12											
а		Type I. A supporting organithe supported organization supporting organization Y	n(s) the power to	regularly appoint or e	lect a ma	yority of t	- ' '				
b		Type II. A supporting orga control or management of organization(s) You must	the supporting o	rganızation vested in	the same		· · · —	• • •			
С		Type III functionally integits supported organization(ally integrated with,			
d		Type III non-functionally that is not functionally integrequirement (see instructionally integrated in the contraction of the c	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement ar	• , ,			
е		Check this box if the organ functionally integrated, or	ization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III			
f		the number of supported of	• •	monany integrated bap	sporting .	or garnizat					
g		de the following information	-	orted organization(s).	•		• •				
	(i) Name	e of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)								_			
(C)											
(D)											
(E)											
Total											

Schedu	ile A (Form 990 or 990-EZ) 2019						Page 2
Part	**Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support						/
Caler	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 include any "unusual grants")						
2	Tax revenues levied for the organization'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 .						, and the second
4	Total. Add lines 1 through 3.					/	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4	广泛, 大线	The Cart of the Cart		皇生生 心理樂	類的自己的關	
	on B. Total Support	1	r	r	/	τ	,
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4				_/		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		では、大学の	部的公共建制	學也可測	野水。不過數	
12	Gross receipts from related activities, etc	-	-	/		12	
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he		<u> </u>		•	•	> 🗀
	on C. Computation of Public Suppor						 -
14	Public support percentage for 2019 (line		-7	1, column (f))		14	<u>%</u>
15	Public support percentage from 2018 Sch			l 10		15	<u>%</u>
16a	33 ¹ / ₃ % support test—2019. If the organ box and stop here. The organization qua				iu iirie 14 IS 33	57370 Or more,	cneck this
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		is 33 ¹ /3% or m	_
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means the "organization meets the "organization".	019. If the orga	anization did n and-circumsta	ot check a bo ances" test, ch	x on line 13, 10 neck this box a	ind stop here.	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation méets th neets the "fact 	e "facts-and-c ts-and-circums 	circumstances' stances" test	' test, check t The organizati 	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization di	a not check a	box on line 13,	16a, 16b, 17a	i, or 17b, checl	k this box and	see ▶ □
	instructions	<u> </u>				•	🕨 📋

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	The strain strains to quant	,		, [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	on A. Public Support					,	
Calen	dar 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 include any "unusual grants")	139,165.	147,584.	163,545.	171,002.	215,786.	837,082.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .	24,291.	26,516.	22,153.	23,750.	20,942.	117,652.
3	Gross receipts from activities that are not an	21,0321	20,0201		307.331		
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
~	organization's benefit and either paid to						
	or expended on its behalf						
_	· ·						
5	The value of services or facilities						~
	furnished by a governmental unit to the						
	organization without charge .			 			
6	Total. Add lines 1 through 5	163,456.	174,100.	185,698.	194,752.	236,728.	954,734.
7a	• •						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified				İ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	CASSANCE CASSO	NATO FOLLO			To Carrie Control	
	line 6.)						954,734.
Secti	on B. Total Support					[14]	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 .	163,456.	174,100.	185,698.	194,752.	236,728.	954,734.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	7,015.	6,270.	8,728.	11,158.	9,535.	42,706.
ь	Unrelated business taxable income (less		0,270.	0,720.	11,130.	7,333.	
	section 511 taxes) from businesses		i				
	acquired after June 30, 1975						
_	Add lines 10a and 10b	7 015	6 270	0.720	11 150	9,535.	42,706.
		7,015.	6,270.	8,728.	11,158.	9,535.	42,706.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on				-		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	170,471.			205,910.		997,440.
14	First five years. If the Form 990 is for the	_	i's first, second	d, third, fourth	, or fifth tax ye	ear as a sectioi	n 501(c)(3)
	organization, check this box and stop he						. ▶ 🗀
Secti	on C. Computation of Public Suppo	rt Percentage	e				
15	Public support percentage for 2019 (line	8, column (f), d	ivided by line 1	3, column (f))		15	95.72 %
16	Public support percentage from 2018 Sc			<u> </u>	<u> </u>	16	95.52 %
Secti	on D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2019	(line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	4.28 %
18	Investment income percentage from 2018	8 Schedule A, F	Part III, line 17			18	4.48 %
19a	331/3% support tests-2019. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizatio	on 🕨 🔀
b	331/3% support tests - 2018. If the organiz						
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	=	-	•		· ·	=

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 Supporting Organizations

- 1 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 of this toric 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," 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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er		# 1235	354	
d ie				
3)	3b	SURTER SURTER		
lf	3c 4a	# !		
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n d 3)				
," N n,	4c			
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Part	IV Supporting Organizations (continued)			
11 a	`Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	Yes	No State
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
		and data had	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No Services
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instruc	tions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons).
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 b		
3	Parent of Supported Organizations Answer (a) and (b) below.	经系	激号	第二科
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	ができた。		
a Average monthly value of securities	1a	_	, , , , , , , , , , , , , , , , , , ,
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		ing the second of the second s	
2 Acquisition indebtedness applicable to non-exempt-use assets	2	Statement in the contraction of	pertringgers of entire policy some morphism sous
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		-
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)			organization (see

Schedule A (Form 990 or 990-EZ) 2019

Paru		o, cupporting organ	indication (continued)	0
Secti	on D—Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	inizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			`
	Total annual distributions. Add lines 1 through 6	b the eventation is ver	-	^
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	sponsive	,
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	zino o umount dividos by imo o umount		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	是以對關係的計劃的反於	编数数据数据	
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			
	instructions		afficient on a phroadheistic on submits in terms ?	and the second s
3	Excess distributions carryover, if any, to 2019		FRANCISCO CONTRACTOR CONTRACTOR OF THE CONTRACTO	To position and the control of the c
<u>a</u>	From 2014			
b	From 2015			
<u> </u>	From 2016	The state of the s	PROCESSOR TO THE PROCES	
d	From 2017		TO THE PARTY OF TH	
<u>e</u> f	From 2018	SHALL STORES CONTROLL AND	252.76172857-17-22-27-27-27-27-27-27-27-27-27-27-27-27	of epth-admiratelyses Medical action and belief
g	Applied to underdistributions of prior years		118755	
<u> </u>	Applied to 2019 distributable amount			Integrate when it show bounds to see some years
i	Carryover from 2014 not applied (see instructions)	man of charter and common placements and and		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Program Prantical Control and	
4	Distributions for 2019 from		X5-74-24-16-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-17-18-1	
	Section D, line 7 \$			
а	Applied to underdistributions of prior years	SALES OF COMMENTS		心理 "经验"关键。
b	Applied to 2019 distributable amount	的深刻和 深处的对方是	国都公司的 对外的	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	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		engo	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	Donald of the horizontal		
-			CONTROL CARDING SAME CALABORY	[n. 45 74]
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c.			
8	Breakdown of line 7			
а	Excess from 2015	REPORTATION OF THE RESERVE	建设设置的	建筑水流流水流流
b	Excess from 2016 .			的。 1985年2月2日 - 1986年2月1日 - 1986年1月1日 - 1
С	Excess from 2017	第四十四十二十二十二十二	企業的政策 以及	地图的过程是对位的
d	Excess from 2018 .			深的特许公司。257
е	Excess from 2019		THE STATE OF THE S	Particle And Action Constitution

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990

► 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.

OMB No 1545-0047

2019

Open to Public Inspection

Name o	of the organization			Employer	identification number
Ame	rican Recorder Society, Inc			13-293	0296
Par	Organizations Maintaining Donor Advi	sed Funds or O	ther Similar Fund	s or Acc	ounts.
	Complete if the organization answered "				
			advised funds	(b)	Funds and other accounts
1	Total number at end of year	(4)			
	Aggregate value of contributions to (during year)				
2					
3	Aggregate value of grants from (during year)	<u></u>			
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the				
6	Did the organization inform all grantees, donors, an				
	only for charitable purposes and not for the benefit	of the donor or c	donor advisor, or for	any othe	er purpose
	conferring impermissible private benefit?				· 🗌 Yes 🗌 No
Par	Conservation Easements.				
	Complete if the organization answered "\	es" on Form 99	0, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the o				
·	Preservation of land for public use (for example, recreations)	- '		f a historio	cally important land area
	Protection of natural habitat	and or daugation,	_		d historic structure
			reservation of	a cerune	a mistoric structure
•	Preservation of open space	.1 15 1			
2	Complete lines 2a through 2d if the organization heli	a a qualified conse	ervation contribution	In the for	
	easement on the last day of the tax year				Held at the End of the Tax Year
а	Total number of conservation easements			. <u>2a</u>	
b	Total acreage restricted by conservation easements			. 2b	
С	Number of conservation easements on a certified his	storic structure ind	cluded in (a) .	2c	
d	Number of conservation easements included in (o	c) acquired after	7/25/06, and not o		
	historic structure listed in the National Register			_2d	
3	Number of conservation easements modified, trans	ferred, refeased, e	extinguished, or term	ninated by	the organization during the
	tax year ▶				
4	Number of states where property subject to conserv				
5	Does the organization have a written policy rega	-	= :		
	violations, and enforcement of the conservation eas				L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of vio	lations, and enforcing	conservat	ion easements during the year
	>				
7	Amount of expenses incurred in monitoring, inspecting	, handling of violat	tions, and enforcing o	conservation	on easements during the year
	▶\$				
8	Does each conservation easement reported on line 2	(d) above satisfy t	he requirements of s	ection 17	O(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	. (0, 0.0010 00			. ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports of	neervation eacer	nante in ite ravanua s	and evnen	
3	balance sheet, and include, if applicable, the text of				
	organization's accounting for conservation easemen		e organization s ima	i iciai state	ments that describes the
			al Transcriptor and	Mhor Cir	miles Assets
Part				Julet Sii	illar Assets.
	Complete if the organization answered "\	res on Form 99	o, Part IV, line 8.		
1a	If the organization elected, as permitted under FASI	3 ASC 958, not to	report in its revenue	e stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets				
	service, provide in Part XIII the text of the footnote to	o its financial state	ements that describe	es these it	ems.
b	If the organization elected, as permitted under FAS	B ASC 958, to rer	port in its revenue st	tatement	and balance sheet works o
_	art, historical treasures, or other similar assets held				
	provide the following amounts relating to these item	•	,		,
					▶ \$
	(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,			assets for	tinancial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relati	ing to these items:		- ^
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				> \$

REV 10/27/20 PRO

Pag	6	2

. .

3		the organization's acquisition,										
	001100	tion items (check all that apply)	accession, and or	ther reco	rds, chec	k any of th	e follov	ving that make	sign	ificant u	se o	fıts
а	☐ Pu	blic exhibition		d		or exchang						
b	☐ Sc	holarly research		е	Other	, 						
С		eservation for future generations										
4	Provid XIII.	de a description of the organizat	tion's collections	and expl	ain how t	hey further	the org	janization's ex	empt	purpose	e in f	⊃art
5		g the year, did the organization s to be sold to raise funds rather	than to be mainta							Yes		No
Part	IV	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on For	m 990, I	Part IV, line	e 9, or	reported an a	amou	ınt on F	orm	
	includ	organization an agent, trustee, led on Form 990, Part X?					ions or	other assets		 ☐ Yes		No
b	If "Ye:	s," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing t	able.			Amo	unt		
c	Begin	nıng balance					10					
d	Addıtı	ons during the year	,				1d					
e	Distrib	outions during the year					1e					
f	Endin	g balance					1f					
2a b		e organization include an amoui s," explain the arrangement in Pa							ity?	☐ Yes		No
Part		Endowment Funds.			<u> </u>							
		Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, line	e 10.					
			(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years ba	ack (e) Four ye	ars ba	ıck
1a	Begin	ning of year balance									_	_
ь	-	butions .										_
С	Net in	vestment earnings, gains, and										
d	Grant	s or scholarships .										_
		expenditures for facilities and										
f	Admir	nistrative expenses										
g	End o	f year balance										
2		de the estimated percentage of t	he current year er	nd balanc	e (line 1g	j, column (a)) held	as:				
а		designated or quasi-endowmer		%								
b		anent endowment >	%									
С		endowment ► %	•••									
	The p	ercentages on lines 2a, 2b, and	2c should equal 1	00%.								
3a		ere endowment funds not in the ization by:	e possession of th	ne organı	zation th	at are held	and ad	ministered for	the	Y	es l	No
	(i) U	nrelated organizations							. '	3a(i)		
	(ii) Re	elated organizations .								3a(ii)	$\neg au$	
b	If "Yes	s" on line 3a(ii), are the related o	rganizations listed	l as requi	red on Si	chedule R?				3b		
4	Descr	ibe in Part XIII the intended uses	of the organization	on's endo	wment f	unds						
Part	VI	Land, Buildings, and Equip	ment.		-							_
		Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, line	e 11a.	See Form 99	0, Pa	irt X, lin	e 10	١.
		Description of property	(a) Cost or of (investment)		, ,	or other basis other)		Accumulated epreciation	(d) Book v	alue	
1a	Land											
b		ngs										
c		hold improvements							_			_
ď	Equip											
e	Other											
		nes 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	(, columr	n (B), line 10)c.)	>				

Part VII	Investments—Other Securities.	000 D-411/ Iv-	- 141- 0 - 5	000 P-+V 10
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial				
• • •	neld equity interests			
(3) Other				
(A)				
				
			<u> </u>	
(F) (G)				
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meti	nod of valuation of-year market value
(1)		-		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
400	(a) Description			(b) Book value
(1) Fidel:	ity			254,612.
(2)				
(3)				
(4)				
(5) (6)				
(7)				.
(8)		-	•	
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15) .			254,612.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)		<u></u>		
(4)		<u> </u>		
(5)				
(6)				
(7)				<u>-</u>
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> ▶</u>	
	uncertain tax positions. In Part XIII, provide the text of the footnot			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	nere if the text of the	rootnote has been p	provided in Part XIII . 🔲

Part	ΧI	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,	· · · · · · · · · · · · · · · · · · ·	r Return.
	Total	revenue, gains, and other support per audited financial statements		T • 1
1			• • • •	1
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	2a	
a		nrealized gains (losses) on investments	2b	-∤
b			2c	-
G		veries of prior year grants	2d	-
d				
е 3		ract line 2e from line 1		3
4		unts included on Form 990, Part VIII, line 12, but not on line 1:		
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	
b		(Describe in Part XIII)	4b	1
		ines 4a and 4b		4c
5		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part		Reconciliation of Expenses per Audited Financial Staten		er Return.
		Complete if the organization answered "Yes" on Form 990,		
1	Total	expenses and losses per audited financial statements		1
2		ints included on line 1 but not on Form 990, Part IX, line 25:		
а	Dona	ted services and use of facilities	2a	
b	Prior	year adjustments	2b	7
С	Other	losses	2c	
d	Other	(Describe in Part XIII.)	2d	
е	Add I	ines 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4		ints included on Form 990, Part IX, line 25, but not on line 1		
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	4
b		(Describe in Part XIII)	4b	
		ines 4a and 4b		4c
5		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
		Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d A: Part IV lines 1h and 2	h Part V line / Part Y line
		es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
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Schedule D (Form 990) 2019 Page 5						
Part XIII	Supplemental Information (continued)					
		·····				
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization					Employer identification number			
American Recorder Society, Inc					13-2930296			
Part I General Information	on Grants and	l Assistance						,
Does the organization maintain the selection criteria used to a Describe in Part IV the organize Part II Grants and Other Assepart IV, line 21, for any	ward the grants ation's procedu sistance to Do	or assistance? res for monitoring pmestic Organia	the use of grant fuzations and Don	inds in the United	States.	f the organization	[on answered "Y	X Yes □ No 'es" on Form 990
1 (a) Name and address of organization or government	(b) 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 noncash assista	of (h)	Purpose of grant or assistance
(1) NONE								
(2)								
(3)								
(4)								
(5)								
(6)			-					
(7)						· · · · · · · · · · · · · · · · · · ·		
(8)								
(9)								
(10)							.	
(11)		,						
(12)								
2 Enter total number of section		-		I			· · · · <u>}</u>	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
dividual Scholarships	20	24,959.	0.	0	N/A
Supplemental Information. Prov	vide the information re	guired in Part I. lin	e 2: Part III, column	h (b); and any other addi	tional information.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

American Recorder Society, Inc	13-2930296
Pt VI, Line 6: Organization has members and collects dues	
Pt VI, Line 7a: Members elect the board	
Pt VI, Line 11b: Presented to Board of Directors	
Pt VI, Line 15a: Industry comparisons	
Pt VI, Line 15b: Industry comparisons	
Pt XI: Net assets released from restriction	
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