Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

B Check if applicable: C Name of organization D Employer identification not	umber				
X Address change RAR-MA, INC.					
Name change Doing business as RAISING A READER MA 80-0297898					
Initial return Prinal return STATE STREET, SUITE 500 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number (617) 292-266	55				
	,582,610.				
Amended return BOSTON, MA 02109 H(a) Is this a group return					
Application F Name and address of principal officer: CHRISTINE WARD for subordinates?	Yes X No				
pending SAME AS C ABOVE H(b) Are all subordinates included?	Yes No				
I Tax-exempt status: ▼ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 If "No," attach a list. See					
J Website: WWW.RAISINGAREADERMA.ORG H(c) Group exemption number	er				
K Form of organization: X Corporation Trust Association Other L Year of formation: 2009 M State of Part I Summary	legal domicile: MA				
1 Briefly describe the organization's mission or most significant activities: EARLY LITERACY PROGRAM					
SUPPORTING FAMILIES OF YOUNG CHILDREN IN HIGH NEED COMMUNITIES	•				
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.					
SUPPORTING FAMILIES OF YOUNG CHILDREN IN HIGH NEED COMMUNITIES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4	19				
	19				
δ 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	12				
6 Total number of volunteers (estimate if necessary)	74				
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.				
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.				
	urrent Year				
8 Contributions and grants (Part VIII, line 1h) 1,378,561. 1	<u>,419,860.</u>				
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 491.	46,175.				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,414.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,993.				
	<u>,466,456.</u>				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.				
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 912, 253.	999,990.				
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11d, 11f, 24e) 305, 731	66,265.				
b Total fundraising expenses (Part IX, column (D), line 25)	226 720				
17 Other expenses (Fartix, Column (A), lines Tra-Tru, Tri24e)	336,729.				
	,402,984.				
19 Revenue less expenses. Subtract line 18 from line 12	63,472.				
³ d	nd of Year				
20 Total assets (Part X, line 16) 1,477,675. 1 21 Total liabilities (Part X, line 26) 145,257.	,541,190. 145,300.				
21 Total liabilities (Part X, line 26) 145, 257. 22 Net assets or fund balances. Subtract line 21 from line 20 1, 332, 418. 1	,395,890.				
Net assets or fund balances. Subtract line 21 from line 20	, 393, 090.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	ne and helief it is				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ge and belief, it is				
tade, correct, and complete. Decidiation of property (called their critical) to become on an information of which property has any knowledge.					
Sign Signature of officer Date					
Here CHRISTINE WARD, EXECUTIVE DIRECTOR					
Type or print name and title	_				
Print/Type preparer's name Preparer's signature Date Check P	TIN				
	1614103				
Preparer Firm's name SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-198					
Use Only Firm's address 80 FLANDERS ROAD, SUITE 302					
WESTBOROUGH, MA 01581 Phone no. 508 - 873					
May the IRS discuss this return with the preparer shown above? See instructions	Yes No				

Pai	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: OUR MISSION IS TO CLOSE THE LITERACY OPPORTUNITY GAP AMONG CHILDREN
	FROM BIRTH TO AGE SIX IN UNDER-RESOURCED COMMUNITIES BY HELPING
	FAMILIES DEVELOP AND PRACTICE SHARED HOME READING HABITS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	004.375
4a	(Code:) (Expenses \$994,375. including grants of \$0. (Revenue \$46,175. RAR-MA TEACHES PARENTS TO SHARE BOOKS WITH YOUNG CHILDREN TO BUILD
	THEIR LANGUAGE, LITERACY, COGNITIVE, AND SCHOOL READINESS SKILLS, AND
	FOSTERS FAMILY ENGAGEMENT THROUGH PARENT OUTREACH, COACHING, AND ACCESS
	TO CULTURALLY RELEVANT AND AGE APPROPRIATE BOOKS. OUR PROGRAM IS DRIVEN
	BY 30 YEARS OF RESEARCH THAT SHOWS THE MOST SIGNIFICANT FACTOR
	IMPACTING A CHILD'S ACADEMIC SUCCESS IS BEING REGULARLY READ TO BY A
	PARENT OR OTHER PRIMARY ADULT CAREGIVER BEFORE STARTING KINDERGARTEN.
	RAR-MA IMPROVES ACADEMIC OUTCOMES FOR ALL CHILDREN, WITH A FOCUS ON
	LOW-INCOME CHILDREN, IMMIGRANTS, AND CHILDREN WHOSE FIRST LANGUAGE IS
	NOT ENGLISH. OUR GOAL IS TO END THE LITERACY OPPORTUNITY GAP BY
	HELPING FAMILIES DEVELOP HIGH-IMPACT READING ROUTINES THAT LAY THE
	GROUND WORK FOR A LIFETIME OF LEARNING SUCCESS AND PRODUCTIVE,
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 994,375.

Form 990 (2023) RAR-MA, 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? See instructions	2	Х	
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			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			ا
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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		Х
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		Х
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		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		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			
	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. See instructions	17	Х	L_
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	Х	
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		Х
20a	•	20a		Х
	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		x

Form 990 (2023) RAR-MA, INC.
Part IV 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		X
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		X
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	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	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		_
-	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
b	Enter the manuscript of the WZa moladed of line ta. Enter of in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	46		
	(gambling) winnings to prize winners?	1c	000	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a 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). Х 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 X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

Form 990 (2023) RAR-MA , INC . 80-0297898 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1	9								
	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.									
b		9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х						
5										
6	Did the organization have members or stockholders?	. 5		X						
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		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1								
_	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5								
	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?		X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5	† <u></u>							
Ū	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. , .	1							
	(This Section & requests information about policies not required by the internal nevertice Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	133								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?		Х							
14	Did the organization have a written document retention and destruction policy?		Х							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization		† <u></u>	x						
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
iou	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
~	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								
Sec	tion C. Disclosure	100	1	· -						
17	List the states with which a copy of this Form 990 is required to be filed MA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	hle						
10	for public inspection. Indicate how you made these available. Check all that apply.	JJS OI IIY)	avalla	.DIC						
	Own website X Another's website X Upon request Other (explain on Schedule O)									
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina-	ncial							
19	statements available to the public during the tax year.	nu iiilal	ıvidi							
20										
20	State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTINE WARD - (617) 292-2665									
	53 STATE STREET, SUITE 500, BOSTON, MA 02109									
	33 DIMIL DIRECT, DOLLD 300, DODION, MI 02103									

Form 990 (2023) RAR-MA, INC. 80-0297898 Page 7

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do		Pos	C) ition	l than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CHRISTINE WARD EXECUTIVE DIRECTOR	40.00			3,7				147 014	0	12 002
(2) KATEE DUFFY	40.00			Х				147,914.	0.	13,093.
DIRECTOR OF PROGRAMS & OPERATIONS	40.00	1				x		110,743.	0.	12,556.
(3) JILL QUINBY	2.00							110,743.	•	12,330.
TREASURER	2.00	х		х				0.	0.	0.
(4) CAMILLE CARLSTROM	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) MERCEDES DAHAR	2.00									
CHAIR		Х		Х				0.	0.	0.
(6) DAN GRONDIN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) TRISH SCHIAPELLI	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOE THEIS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ANNIE KNICKMAN PLANCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ISIS ORTIZ-BELTON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARK MCPHERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MYRA MAJEWSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PATI FERNANDEZ	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) SARA KATZ RAZZAGHI	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) MICHELLE TUTUNJIAN	2.00	1							_	_
DIRECTOR	1	Х						0.	0.	0.
(16) KATY CALDWELL	1.00	ļ								
DIRECTOR	1 00	Х			_	_		0.	0.	0.
(17) MAGGIE BEGLEY	1.00								_	^
DIRECTOR	<u> </u>	X						0.	0.	990 (2022)

Average hours per week (list any hours for related organizations below line) (18) DALE DOWDIE DIRECTOR (19) ARIA GLASGOW DIRECTOR (10) SUSAN HOUSTON (20) SUSAN HOUSTON DIRECTOR (21) JEANNETTE HSU Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) (18) DALE DOWDIE (19) ARIA GLASGOW (19) ARIA GLASGOW (19) SUSAN HOUSTON (19) SUSAN HOUSTON (19) JEANNETTE HSU (10) ARIA GLASGOW (10) ARIA GLASG	Section A. Officers, Directors, Trus	(B)	ПОУ	ees,			gnes	i C		'			/ E\	
TREATHER and title Comparison of the comparis	(A)	Docition			(E)		_	(F)						
Week (list and part of the companies o	Name and title	1		not c	heck r	more	than o			•		l		
Compensation from the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from contribution since it is a first the sum of reportable compensation from the organization from the orga		•							1 '	•	'	اما		Oi
18 DALE DOWDIE 2.00 X 0.0.0.0.0.0		(list any	tor									com		tion
18 DALE DOWDIE 2.00 X 0.0.0.0.0.0		hours for	. direc				- - - -		organization	•		ı	•	
18 DALE DOWDIE 2.00 X 0.0.0.0.0.0		related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	;) organizatic		ion	
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DIRECTOR 2.00 X 0.0.0.0. 0		· ·	lndi	lnst	Offi	Key	High	Forr						
139 ARTA GLASGOW 2.00 X 0.0.0.0.0.0	(18) DALE DOWDIE	2.00												
DIRECTOR 2.00 X 0.0.0.0.0. (21) JEANNETE'R HSU 1.00 X 0.0.0.0.0. DIRECTOR 2.50 X 0.0.0.0.0. (21) JEANNETE'R HSU 1.00 X 0.0.0.0.0. 1b Subtotal 258,657.0.0.25,649. C Total from continuation sheets to Part VII, Section A 0.0.0.0. 4 Total (add lines 1b and 1c) 258,657.0.0.25,649. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organization greater than \$150,000 if Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from the organization and related organization greater than \$150,000 if Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization greater than \$150,000 if Yes,' complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year. (A) (B) Description of services Compensation Compensation Compensation	DIRECTOR		X						0.		<u>0.</u>			0.
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			ot lir	nited	to t	_		ted	above) who received mo	ore than				

\$100,000 of compensation from the organization

Form 990 (2023) RAR-MA,
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a re	esponse	or note to any lin	e in this Part VIII			
						•		(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									Tunction revenue	business revenue	sections 512 - 514
တ တ	1	а	Federated campaigns			1a					
ant	•					1b					
20.0			Membership dues Fundraising events		· · · · · · · -	1c	307,890.				
Ţţ,						1d	301,030.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations								
Sir			Government grants (contri			1e					
a tio		f	All other contributions, gifts,			1	111 070				
들 된			similar amounts not included				<u>111,970.</u>				
out		•	Noncash contributions included in	lines 1	la-1f	1g \$	67,209.	1 410 060			
O E		h	Total. Add lines 1a-1f				1	1,419,860.			
			DD00D314 DD17D17				Business Code	46 175	46 175		
Se	2	a	PROGRAM REVEN	UE			900099	46,175.	46,175.		
e Z		b									
S T		С	-								
ev Sev		d									
Program Service Revenue		е									
₫		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					46,175.			
	3	}	Investment income (include	ling (dividen	ds, intere	st, and				
			other similar amounts)				19,414.			19,414.	
	4	ļ	Income from investment of								
	5	5	Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		h	Less: cost or other basis								
<u>o</u>		~	and sales expenses	7b							
her Revenue		c	Gain or (loss)	7c							
ě			Net gain or (loss)		1						
<u>κ</u>	۰		Gross income from fundraising								
Ğ.	0	a	including \$307	19 CV R	90 -	of					
٦			contributions reported on								
			Part IV, line 18		,		89,201.				
		L	Less: direct expenses				113,438.				
							<u> </u>	-24,237.			-24,237.
	^		Net income or (loss) from				<u> </u>	47,431.			44,4310
	9	a	Gross income from gamin	_			7,960.				
		1-	Part IV, line 19								
			Less: direct expenses				2,/10.	5,244.			F 2//
			Net income or (loss) from			vities	I	3,244.			5,244.
	10	а	Gross sales of inventory, I								
			and allowances								
	b Less: cost of goods sold 10b										
		С	Net income or (loss) from	sales	s of inve	entory					
<u>s</u>							Business Code				
90 L	11	а									
lan		b									
Miscellaneous Revenue		С	-								
Ais		d	All other revenue								
		е	Total. Add lines 11a-11d								
	12	<u> </u>	Total revenue. See instruction	ns		<u></u>		1,466,456.	46,175.	0.	421.

	rt IX Statement of Functional Expense			30 02	57050 Fage 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.70.000	440 -60	4 = 000	40 504
	trustees, and key employees	170,093.	110,560.	17,009.	42,524.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	T10 011	F 40 0 40	12 662	156 005
7	Other salaries and wages	719,311.	549,348.	13,668.	156,295.
8	Pension plan accruals and contributions (include	F 000	F 000		
	section 401(k) and 403(b) employer contributions)	7,009. 29,922.	7,009.	-	265
9	Other employee benefits		29,652.	5.	265.
10	Payroll taxes	73,655.	54,697.	2,429.	16,529.
11	Fees for services (nonemployees):				
	Management				
	Legal	10 610		10 612	
	Accounting	48,642.		48,642.	
	Lobbying	66,265.			66,265.
	Professional fundraising services. See Part IV, line 17	00,203.			00,203.
f	Investment management fees				
g	,	72,982.	70,546.	2,436.	
40	column (A), amount, list line 11g expenses on Sch 0.)	3,036.	1,442.	8.	1,586.
12 13	Advertising and promotion Office expenses	41,408.	25,269.	1,046.	15,093.
14	Information technology	41,400.	23,203.	1,040.	13,033.
15	Royalties				
16	Occupancy	36,028.	28,072.	901.	7,055.
17	Travel	14,360.	8,756.	84.	5,520.
18	Payments of travel or entertainment expenses				0,0200
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,540.	5,830.	200.	1,510.
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	PROGRAM SUPPLIES AND AC	96,491.	96,491.		
b	MISCELLANEOUS EXPENSE	10,265.	2,063.	7,278.	924.
С	STAFF RECRUITMENT, DEVE	4,610.	4,110.	1.	499.
d	FOOD AND MEALS	1,367.	530.	158.	679.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,402,984.	994,375.	93,865.	314,744.
26	Joint costs. Complete this line only if the organization				<u></u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farm 990 (0000)

Form 990 (2023)
Part X Balance Sheet

Par	t X	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		775,925.	1	763,318.
	2	Savings and temporary cash investments		501,177.	2	518,971.
	3	Pledges and grants receivable, net		141,189.	3	205,752.
	4	Accounts receivable, net		15,588.	4	8,781.
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
		controlled entity or family member of any of these person	ons		5	
	6	Loans and other receivables from other disqualified per				
		under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net	[7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		15,207.	9	40,971.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	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		28,589.	15	3,397.
	16	Total assets. Add lines 1 through 15 (must equal line 3		1,477,675.	16	1,541,190.
	17	Accounts payable and accrued expenses		120,326.	17	145,300.
	18	Grants payable		18		
	19	Deferred revenue	700.	19	0.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
ű	22	Loans and other payables to any current or former offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
abi		controlled entity or family member of any of these person	ons		22	
	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities (including federal income tax, payables	o related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		24,231.	25	0.
	26	Total liabilities. Add lines 17 through 25		145,257.	26	145,300.
		Organizations that follow FASB ASC 958, check here	· X			
ces		and complete lines 27, 28, 32, and 33.				
a	27	Net assets without donor restrictions		992,343.	27	1,055,783.
Ba	28	Net assets with donor restrictions		340,075.	28	340,107.
틸		Organizations that do not follow FASB ASC 958, che	ck here			
Ę		and complete lines 29 through 33.				
0 8	29	Capital stock or trust principal, or current funds			29	
Sel	30	Paid-in or capital surplus, or land, building, or equipmer			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or			31	
Š	32	Total net assets or fund balances		1,332,418.	32	1,395,890.
	33	Total liabilities and net assets/fund balances		1,477,675.	33	1,541,190.

80-0297898 Page **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	1,46					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,40					
3	Revenue less expenses. Subtract line 2 from line 1	3	6 1,33		<u>72.</u>			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4							
5	Net unrealized gains (losses) on investments	5						
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	1,39	5,8	90.			
Pa	t 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 on Schedule	Ο.						
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	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number 80 – 0.297898

OMB No. 1545-0047

		RAR-								0-0297898
Pa	art I	Reason for Public (Charit	ty Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	s.	
The	organ	nization is not a private found	lation b	ecause it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches	, or associatio	on of churches described	in sectio	n 170(b)(I)(A)(i).		
2		A school described in sect	ion 170	O(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospita	al service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation o	perated in co	njunction with a hospital	described	in section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:								
5		An organization operated for	or the b	enefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Comple	te Part II.)						
6		A federal, state, or local gov	vernme	ent or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	omplet	e Part II.)						
8		A community trust describe	ed in s e	ection 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganizati	on described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant co	ollege of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10		An organization that norma	Illy rece	eives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem	npt fun	ctions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busing	ness ta	xable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete	Part III.)						
11	Щ	An organization organized a	and op	erated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	-		•	-			•	
		more publicly supported or	-							Check the box on
		lines 12a through 12d that		•					-	
á	a <u> </u>			•	·	•	-			
		the supported organization		•		majority o	of the direc	tors or trustee	es of the su	pporting
_		organization. You must o								
t) <u> </u>							-		-
		control or management o				ame perso	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). You mus	-							J 245
(;		_						ly integrate	ed with,
		its supported organization			•					
(d ∟			• •					•	. ,
		that is not functionally int requirement (see instructi	•	· ·	• ,	•		•	an attentiv	/eriess
		Check this box if the orga	,		•	•			II Type III	
•	•	functionally integrated, or						Type I, Type I	ii, Type iii	
	f Ente	er the number of supported of		_1:	nany integrated supporting	ig organiz	ation.			
		vide the following information	•							
		(i) Name of supported		(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)
					above (see instructions))					
Tot	al	<u> </u>							<u></u>	

Pa	(Complete only if you checke fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I o	r if the organization	, , , , , ,		•
Se	ction A. Public Support	, listed below, pied	oo oompiete Fait I	··· <i>,</i>			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	791,598.	1248911.	1483460.	1378561.	1419860.	6322390.
2	Tax revenues levied for the organ-	752,656					
_	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	791,598.	1248911.	1483460.	1378561.	1419860.	6322390.
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)						250,524.
	Public support. Subtract line 5 from line 4.						6071866.
	ction B. Total Support	T	T	T	Т	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	791,598.	1248911.	1483460.	1378561.	1419860.	6322390.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	21 170	2 020	50.	491.	19,414.	44 072
_	and income from similar sources	21,179.	3,839.	50.	491.	13,414.	44,973.
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•	1,100.					1,100.
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10	1,100.					6368463.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	501,827.
	First 5 years. If the Form 990 is for the						302,027
.0	organization, check this box and stop	· ·		•		. , . ,	
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	95.34 %
15							93.50 %
16a	33 1/3% support test - 2023. If the						k and
	stop here. The organization qualifies						v
b	33 1/3% support test - 2022. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	: - 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	ck this box and st	op here. Explain i	n Part VI how the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	-					
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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. 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Var	NIA
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
ти		
4b		
4c		
5a		
Эa		
5b		
5с		
6		
-		
7		
8		
9a		
əa		
9b		
9с		
10a		
 10b	. 000	0000
ILAFF		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
	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	tion 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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? 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 on line 2, above, did the organization's supported organizations have a	_		
Ū	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.) <u>.</u>		
a .	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	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 on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	·	,		

Schedule A	(Form 990) 2023	RAR-MA,	INC.	80-0297898	Page
Part V	Type III Non-Functi	onally Integra	ated 509(a)	(3) Supporting Organizations	

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	(pd)	0 0237030 Page 7
	on D - Distributions	<u>u,(o, oupporting orga</u>	(COMMIT	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Ourient real
2	Amounts paid to perform activity that directly furthers exemp			•	
_	organizations, in excess of income from activity	r parposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	y do dotallo III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023 RAR-MA, INC.	80-0297898	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	ı C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS INCOME		
2019 AMOUNT: \$ 1,100.		

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.

OMB No. 1545-0047 Inspection

Name of the organization

RAR-MA, INC.

Employer identification number 80-0297898

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds 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		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	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 on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	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 per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Door and a company time and a co		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet 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				t works of
	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				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Sche	dule D	(Form 990) 2023 RAR-MA,	INC.					8	30-02	97898	Pa	age 2
Pai	t III	Organizations Maintaining C	ollections of Art	, Hist	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	
3	Using	the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing tha	t make sigi	nificant u	se of its			
	collec	ction items (check all that apply).										
а		Public exhibition	d		Loan or exc	hange progr	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explain	how th	ey further th	ne organizati	on's exemp	ot purpos	e in Part	XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations o	f art, his	storical treas	sures, or oth	er similar a	ssets				
		sold to raise funds rather than to be ma								Yes		No
Pai	t IV	Escrow and Custodial Arrang	gements Complet	e if the	organization	answered '	'Yes" on Fo	orm 990,	Part IV, lii	ne 9, or		
		reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the	organization an agent, trustee, custodi	an, or other intermed	iary for	contribution	s or other as	ssets not in	ncluded		_		_
	on Fo	orm 990, Part X?							\square	Yes		No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the foll	owing t	able:							
										Amount		
С	Begin	ning balance						1c				
d	Addit	ions during the year						1d				
е	Distril	butions during the year						1e				
f	Endin	ng balance						1f				
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	ount liability	/?		Yes		No
		s," explain the arrangement in Part XIII.										
Pai	<u> t V</u>	Endowment Funds Complete if	the organization ans	wered "	Yes" on For	m 990, Part	IV, line 10.					
			(a) Current year	(b) F	rior year	(c) Two yea	ars back (c	d) Three ye	ears back	(e) Four	years	back
1a	Begin	ning of year balance										
b	Contr	ibutions										
С	Net in	nvestment earnings, gains, and losses										
d	Grant	s or scholarships										
е	Other	expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g	End c	of year balance										
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1	g, column (a)) held as:						
а	Board	d designated or quasi-endowment		_%								
b	Perm	anent endowment	%									
С	Term	endowment	%									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are th	nere endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administe	red for the			_		
	organ	nization by:									Yes	No
	(i) U	Inrelated organizations?								3a(i)		
										3a(ii)		
b	If "Ye	s" on line 3a(ii), are the related organiza	tions listed as require	ed on S	chedule R?					3b		
4		ribe in Part XIII the intended uses of the	organization's endov	vment f	unds.							
Pai	t VI	Land, Buildings, and Equipm	ent					_		_	_	
		Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990), Part X, lir	ne 10.				
		Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value	е
			basis (investm	nent)	basis	(other)	depr	eciation				
1a	Land											
		ings										
		ehold improvements										

Schedule D (Form 990) 2023

e Other.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 RAR-MA, INC		80	-0297898 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
) Description		(b) Book value
(1)	,		(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	o/ (D))		
Part X Other Liabilities	JI. (D))		<u></u>
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	0111 01111 000, 1 411 14, 11110	110 01 111. 000 1 0111 000, 1 art X, iii10 20	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			-
(3)			
(4)			
(5)			1
(6)			
(7)			
(8)			1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

		40			
	Complete if the organization answered "Yes" on Form 990, Part IV, Ii			1.1	1 172 656
1				1	1,473,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	•		7,200.		
b	Donated services and use of facilities		7,200.	-	
C				-	
d		•		-	7 200
	Add lines 2a through 2d			2e	7,200. 1,466,456.
3	Subtract line 2e from line 1			3	1,400,430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1			
a	1			-	
b	,	·		4.	0.
	Add lines 4a and 4b			4c	1,466,456.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	.) atements With F	ynenses ner l	5 Return	1,400,430.
ıu			Expenses per i	ictuii	•
_	Complete if the organization answered "Yes" on Form 990, Part IV, li			1	1,410,184.
1	Total expenses and losses per audited financial statements			1	1,410,104.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	7,200.		
a	Donated services and use of facilities		7,200•	-	
b		1 _ 1		-	
C	Other losses			-	
d	Other (Describe in Part XIII.)			100	7,200.
е 3	Add lines 2a through 2d			2e 3	1,402,984.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	1,402,504.
-		4a			
a b				-	
		·		4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1			5	1,402,984.
	rt XIII Supplemental Information	6.)		<u> </u>	1/102/3010
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	∕l· Part IV lines 1h ar	nd 2h: Part V line /	l· Part X	/ line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			r, r art z	, 1110 2, 1 411711,
111103	20 and 40, and 1 art XII, into 20 and 40. Also complete this part to provide a	ny additional informa	tion.		

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 80-0297898 RAR-MA, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) TARA A. RUBY - 823 COLUMBIA Yes No AVENUE, LANCASTER, PA 17603 Х GRANTWRITING 0 64,438 0. 64 438 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. MA

80-0297898 Page 2 RAR-MA, INC. Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DINNER WITH NONE (add col. (a) through AN AUTHOR GA col. (c)) (event type) (event type) (total number) 397,091. 397,091. 1 Gross receipts 307,890. 307,890. 2 Less: Contributions 89,201. 89,201. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 77,608. 77,608. **7** Food and beverages 8 Entertainment 35,830. 35,830. 9 Other direct expenses 113,438. **10** Direct expense summary. Add lines 4 through 9 in column (d) -24,237.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain:

Sch	edule G (Form 990) 2023 RAR-MA, INC.	30-029'	7898	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a	1	%
k	n outside facility	13k	<u> </u>	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ınt		
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager information.			
	Name			
	Gaming manager compensation \$			
	Description of continuous supplied			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatan, diatributiona			
	Mandatory distributions: I is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	☐ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	 :he		
_	organization's own exempt activities during the tax year \$	110		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); all	nd Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
_				
(I) NAME OF FUNDRAISER: TARA A. RUBY			
<u>(I</u>) ADDRESS OF FUNDRAISER: 823 COLUMBIA AVENUE, LANCASTER, PA	1760	3	

Schedule G	(Form 990)	RAR-MA,	INC.	80-0297898	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(contine}	ed)		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

RAR-MA, INC.

Employer identification number 80-0297898

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			l <u></u>
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 RAR-MA, INC. 80-0297898 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred benefits	(D) Nontaxable benefits	(E) Total of column (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTINE WARD	(i)	147,914.	0.	0.	4,710.	8,383.	161,007.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)]						

Schedule J (Form 990) 2023	RAR-MA,	INC.					80-0297898	Page 3
Part III Supplemental Informat								
Provide the information, explanation	on, or descriptions	required for Part I, lines	1a, 1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7, an	d 8, and for Part II. Al	so complete this p	part for any additional informat	tion.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RAR-MA,

INC.

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.

Employer identification number

80-0297898

Pai	rt I │ Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art			, , ,				
2	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								
9	Securities - Publicly traded	Х	1	52,041.	FM7/			
10	Securities - Closely held stock		_	32,011.				
11	Securities - Partnership, LLC, or							
••								
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
.0	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 (GALA SUPPLIES)	Х	6	12,468.	FMV			
26	Other (RAFFLE PRIZES)	X	8	2,700.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
					,		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used	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	olicy that re	quires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

RAR-MA, INC.

Employer identification number 80-0297898

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RAISING A READER MA IS AN EVIDENCE-BASED EARLY LITERACY ORGANIZATION
THAT HELPS FAMILIES OF YOUNG CHILDREN (BIRTH THROUGH AGE 6) DEVELOP,
PRACTICE, AND MAINTAIN HOME-BASED LITERACY ROUTINES.
OUR GOAL IS TO END THE CYCLE OF LOW LITERACY BY HELPING FAMILIES ACROSS
MASSACHUSETTS DEVELOP HIGH IMPACT HOME READING ROUTINES THAT LAY THE
GROUNDWORK FOR A LIFETIME OF LEARNING, SUCCESS, AND PRODUCTIVE,
RESPONSIBLE CITIZENSHIP.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RESPONSIBLE CITIZENSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE PRIOR TO
FILING. A COPY OF THE FORM 990 AS IT IS ULTIMATELY FILED IS PROVIDED TO
THE ENTIRE BOARD PRIOR TO IT BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD ANNUALLY FOR
REVIEW AND SIGNATURE. A WRITTEN COPY OF THESE APPROVED CONFLICTS OF
INTEREST POLICY STATEMENTS, SIGNED BY EACH MEMBER OF THE BOARD, IS KEPT AT
THE RAR-MA HEADQUARTERS FOR RECORDKEEPING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS REVIEW, DISCUSS, AND

Schedule O (Form 990) 2023 Page **2**

Name of the organization RAR-MA, INC.	Employer identification number 80-0297898
APPROVE THE COMPENSATION PACKAGES ON AN ANNUAL BASIS FOR T	THE EXECUTIVE
DIRECTOR AND KEY EMPLOYEES. THE PROCESS INCLUDES REVIEW A	AND APPROVAL BY
INDEPENDENT PERSONS, USE OF APPROPRIATE COMPARABILITY DATA	A, AND
DOCUMENTATION OF THE DECISION AND DELIBERATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	