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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☒ Amended return
☐ Application pending

C Name of organization
FRIENDS OF HARWICH COUNCIL ON AGING

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 OAK STREET

City or town, state or province, country, and ZIP or foreign postal code
HARWICH, MA 02645

F Name and address of principal officer:
JACK BROWN
27 VACATION LANE
HARWICH, MA 02645

D Employer identification number

51-0162989

E Telephone number

(508) 432-5956

G Gross receipts \$ 38,860

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1974

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SUPPORT HARWICH COUNCIL ON AGING AND HARWICH SENIORS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 4

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 6,703 19,909

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,035 18,951

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23,738 38,860

Expenses

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) 0

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,415

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 59,106 45,887

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 59,106 45,887

19 Revenue less expenses. Subtract line 18 from line 12 -35,368 -7,027

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 850,264 843,237

21 Total liabilities (Part X, line 26) 0

22 Net assets or fund balances. Subtract line 21 from line 20 850,264 843,237

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-12-07

CHRISTINA JOYCE TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-12-07

Check ☐ if self-employed PTIN P01584870

Firm's name ▶ SANDERS WALSH & EATON CPAS LLC Firm's EIN ▶ 84-1894608

Firm's address ▶ PO BOX 1427 Phone no. (508) 945-0031
W CHATHAM, MA 02669

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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