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AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS  
49 BAY STATE ROAD  
CAMBRIDGE, MA 02138

AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION  
RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO  
ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS  
INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU  
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,  
PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE  
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO  
FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY  
FEBRUARY 16, 2021.

MASSACHUSETTS FORM PC:

THE MASSACHUSETTS FORM PC SHOULD BE MAILED ON OR BEFORE  
FEBRUARY 16, 2021 TO:

NON-PROFIT ORG/PUBLIC CHARITIES DIV  
OFFICE OF THE ATTORNEY GENERAL  
ONE ASHBURTON PLACE  
BOSTON, MA 02108

YOU HAVE A BALANCE DUE OF \$250.00.

PAYMENT MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF  
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THE REPORT MUST BE SIGNED AND DATED BY THE AUTHORIZED  
INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY  
ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE  
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

MICHAEL H. HALL

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FEDERAL INFORMATIONAL FORMS



2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
11	LAND-49 BAY STATE ROAD CAMBRIDGE, MA	12/27/06	L				275,000.				275,000.			0.	
	* 990 PAGE 10 TOTAL - LAND						275,000.				275,000.	0.		0.	0.
	BUILDING														
7	BUILDING-49 BAY STATE ROAD CAMBRIDGE, MA	12/27/06	SL	39.00		MM16	851,736.				851,736.	279,358.		21,839.	301,197.
8	STORAGE SHED	05/22/09	150DE	20.00		HYL7	1,240.				1,240.	716.		55.	771.
9	RE-PAVING	08/30/12	150DE	15.00		HYL7	5,800.				5,800.	3,231.		343.	3,574.
99	ROOF REPAIR	06/30/15	SL	39.00		MM16	3,220.				3,220.	353.		83.	436.
	* 990 PAGE 10 TOTAL - BUILDING						861,996.				861,996.	283,658.		22,320.	305,978.
	EQUIPMENT														
26	(D)(2) IR PHOTOMETERS	03/03/03	SL	5.00		16	5,475.				5,475.	5,475.		0.	5,475.
27	(D)IR PHOTOMETER	09/18/03	SL	5.00		16	8,617.				8,617.	8,617.		0.	8,617.
40	(D)WEB SERVER	01/13/06	SL	5.00		16	2,675.				2,675.	2,675.		0.	2,675.
43	(D)SEAGATE B/UP CAMERA FILTERS	03/15/06	SL	5.00		16	290.				290.	290.		0.	290.
67	(D)ASTROGRAPHS	03/09/09	SL	5.00		16	12,187.				12,187.	12,187.		0.	12,187.
68	(D)DIRECT APPLE TOWER WORKSTATION	02/23/09	200DE	3.00		HYL7	2,898.				2,898.	2,898.		0.	2,898.
69	(D)SBIG HARDWARE	02/23/09	200DE	3.00		HYL7	1,610.				1,610.	1,610.		0.	1,610.
72	CANON DIGITAL CAMERA IYA GRA	08/24/09	200DE	3.00		HYL7	724.				724.	724.		0.	724.

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73	(D)CCD UPGRADE	11/13/02	200DE	3.00		HYL7	1,575.				1,575.	1,575.		0.	1,575.
74	SKYLINE DISPLAY BOOTHS	06/11/09	200DE	3.00		HYL7	2,178.				2,178.	2,178.		0.	2,178.
77	(D)APOGEE INSTR	09/27/10	200DE	3.00		HYL7	20,600.				20,600.	20,600.		0.	20,600.
79	SPECTROGRAPHS	05/15/10	200DE	3.00		HYL7	18,204.				18,204.	18,204.		0.	18,204.
80	TELESCOPE EQUIPMENT & SW AYERS	08/30/11	150DE	15.00		HYL7	43,445.				43,445.	26,113.		2,666.	28,779.
81	TELESCOPE MOUNT PARAMOUNT	05/30/11	150DE	15.00		HYL7	9,000.				9,000.	5,500.		538.	6,038.
85	ASTRO & SPECTRO GRAPHS	03/30/11	200DE	3.00		HYL7	17,112.				17,112.	17,112.		0.	17,112.
86	(D)CAMERA EQ BRY BRKT STN K35	12/01/10	200DE	5.00		HYL7	15,734.				15,734.	15,734.		0.	15,734.
87	TELESCOPIC EQUIPMENT	02/01/12	200DE	5.00		HYL7	25,228.				25,228.	25,228.		0.	25,228.
92	PARAMOUNT ME	03/04/13	200DE	5.00		HYL7	9,500.				9,500.	9,500.		0.	9,500.
94	ASTOGRAPHS	01/29/14	200DE	3.00		HYL7	2,753.				2,753.	2,753.		0.	2,753.
96	(D)VIDEO EQUIPMENT	08/06/14	200DE	3.00		HYL7	4,557.				4,557.	4,557.		0.	4,557.
100	(D)ST10-XME CAMERA WITH CFW-10 FILTER	10/02/14	200DE	5.00		HYL7	1,950.				1,950.	1,838.		56.	1,894.
101	ME RA WORM, ME DEC WORM, PARAMOUNT ME RA	10/21/14	200DE	5.00		HYL7	1,448.				1,448.	1,365.		83.	1,448.
102	(D)VENDOR OCEANSIDE PHOTO 5X LODE STAR	11/01/14	200DE	5.00		HYL7	671.				671.	632.		20.	652.
103	AYERS VENDOR AND OR TECH 2 APLOGEE UPGRADE	11/24/14	200DE	5.00		HYL7	7,022.				7,022.	6,617.		405.	7,022.
104	GRANT BSM/POST 11/14/14 PAIR COST	12/15/14	200DE	5.00		HYL7	623.				623.	587.		36.	623.
105	VIDEO-2014 AAVSO CCD SCHOOL (AUGUST)	12/30/14	200DE	5.00		HYL7	5,464.				5,464.	5,149.		315.	5,464.

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
106	(D)APPLE COMPUTER-STELLA	01/17/15	200DE	5.00		HY17	1,342.				1,342.	1,265.		39.	1,304.
107	GRANT BSM/POST 11/14/14 MOONLITE	01/23/15	200DE	5.00		HY17	674.				674.	635.		39.	674.
108	(D)VIDEO-2014 AAVSO CCD SCHOOL (AUGUST)	03/25/15	200DE	5.00		HY17	823.				823.	776.		24.	800.
109	2 PARTS ASPEN CG1 6M GRADE S REPAIRS	06/26/15	200DE	5.00		HY17	7,000.				7,000.	6,597.		403.	7,000.
117	(D)BLAKE ROAD PRODUCTION-AAVSO CCD	11/16/15	200DE	5.00		MCL7	284.				284.	249.		27.	276.
118	WATCHGUARD WTM 2 SERIES	12/04/15	200DE	5.00		MCL7	1,271.				1,271.	1,113.		140.	1,253.
119	GARY WALKER DONATED TAKAHASHI SKY 90 TELESCOPE	12/28/15	200DE	5.00		MCL7	1,500.				1,500.	1,314.		165.	1,479.
120	APPLE COMPUTER- FOR ELIZABETH	02/02/16	200DE	5.00		MCL7	1,099.				1,099.	928.		124.	1,052.
121	STATE SURPLUS PROPERTY-PARAMOUNT ME MOUNT	02/18/16	200DE	5.00		MCL7	9,000.				9,000.	7,593.		1,023.	8,616.
123	DELL MARKETING-COMPUTER FOR KATHY S	04/09/16	200DE	5.00		MCL7	869.				869.	709.		98.	807.
124	APPLE COMPUTER-REPLACE REBECCA'S COMPUTER	07/18/16	200DE	5.00		MCL7	2,001.				2,001.	1,590.		219.	1,809.
125	APPLE COMPUTER-FOR OWEN MOTHERBOARDS FOR APASS	07/23/16	200DE	5.00		MCL7	869.				869.	690.		95.	785.
126	COMPUTER	10/25/16	200DE	5.00		MCL7	2,340.				2,340.	1,792.		258.	2,050.
127	MAC COMPUTER	12/07/16	200DE	5.00		MCL7	1,199.				1,199.	919.		132.	1,051.
128	BERT'S COMPUTER	06/16/17	200DE	5.00		MCL7	2,847.				2,847.	1,976.		348.	2,324.
129	APPLE COMPUTER - OWEN	12/08/18	200DE	5.00		MCL7	2,336.				2,336.	818.		607.	1,425.
130	APPLE COMPUTER & ACCESSORIES FOR STELLA	07/04/19	200DE	5.00		MCL7	4,303.				4,303.	215.		1,635.	1,850.
132	APPLE COMPUTER	10/28/19	200DE	5.00		MCL19E	2,168.				2,168.			759.	759.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - EQUIPMENT						263,465.				263,465.	228,897.		10,254.	239,151.
	FURNITURE & FIXTURES														
12	FOLDING CHAIRS	04/22/08	200DE	7.00		HY17	472.				472.	472.		0.	472.
13	OFFICE FURNITURE	06/15/11	200DE	5.00		HY17	623.				623.	623.		0.	623.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES						1,095.				1,095.	1,095.		0.	1,095.
	COMPUTER SOFTWARE														
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE						0.				0.	0.		0.	0.
	BUILDING IMPROVEMENTS														
15	WINDOWS	07/05/07	SL	39.00		MM16	11,941.				11,941.	3,736.		306.	4,042.
16	ZONING	04/01/07	SL	39.00		MM16	19,095.				19,095.	6,124.		490.	6,614.
17	RENOVATIONS	05/15/08	SL	39.00		MM16	325,241.				325,241.	95,519.		8,340.	103,859.
18	HOUSE RENOVATIONS	11/18/08	SL	3.00		16	254.				254.	254.		0.	254.
19	RENOVATIONS	04/04/10	150DE	15.00		HY17	3,075.				3,075.	2,063.		184.	2,247.
20	RENOVATIONS	07/28/10	150DE	15.00		HY17	63,182.				63,182.	41,856.		3,877.	45,733.
21	BUILDING RENOVATIONS	01/18/11	SL	27.50		MM16	47,702.				47,702.	15,106.		1,735.	16,841.
22	GAS FURNACE	12/08/10	SL	27.50		MM16	6,800.				6,800.	2,172.		247.	2,419.
23	FENCE	08/08/12	150DE	15.00		HY17	6,700.				6,700.	3,734.		395.	4,129.
111	METRO AIR COND/HEATING-REPLACE COMPUTE	10/22/15	150DE	15.00		MC17	7,200.				7,200.	2,410.		479.	2,889.

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Asset No.	Description	Date Acquired	Method	Life	Cony	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
112	METRO AIR COND/HEATING-FIX PRESSURE SWITCH	02/25/16	150DE	15.00		M017	610.				610.	193.		42.	235.
113	METRO AIR COND/HEATING-CHANGE FILTERS	06/27/16	150DE	15.00		M017	850.				850.	254.		60.	314.
114	GILMAN GUIDELIU & BELLOW-MASONRY REPAIRS	07/18/16	150DE	15.00		M017	18,011.				18,011.	5,046.		1,297.	6,343.
115	METRO AIR COND/HEATING-INSTALL NEW CAP	08/18/16	150DE	15.00		M017	839.				839.	235.		60.	295.
116	THOMAS BLAKE REPLACE WATER HEATER &	09/09/16	150DE	15.00		M017	3,250.				3,250.	911.		234.	1,145.
131	INSTALL DEHUMIDIPIER	08/19/19	150DE	15.00		M017	2,110.				2,110.	26.		208.	234.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVEMENTS						516,860.				516,860.	179,639.		17,954.	197,593.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,918,416.				1,918,416.	693,289.		50,528.	743,817.
CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						1,916,248.			0.	1,916,248.	693,289.			743,058.
	ACQUISITIONS						2,168.			0.	2,168.	0.			759.
	DISPOSITIONS/RETIRED						81,288.			0.	81,288.	80,978.			81,144.
	ENDING BALANCE						1,837,128.			0.	1,837,128.	612,311.			662,673.
	ENDING ACCUM DEPR LESS DISPOSITIONS											662,673.			
	ENDING BOOK VALUE											1,174,455.			

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LAND											
11	LAND-49 BAY STATE ROAD CAMBRIDGE, MA	122706	L			275,000.			275,000.			0.
	* 990 PAGE 10 TOTAL - LAND					275,000.		0.	275,000.	0.		0.
	BUILDING											
7	BUILDING-49 BAY STATE ROAD CAMBRIDGE	122706	SL	39.00	16	851,736.			851,736.	279,358.		21,839.
8	STORAGE SHED	052209	150DB	20.00	17	1,240.			1,240.	716.		55.
9	RE-PAVING	083012	150DB	15.00	17	5,800.			5,800.	3,231.		343.
99	ROOF REPAIR	063015	SL	39.00	16	3,220.			3,220.	353.		83.
	* 990 PAGE 10 TOTAL - BUILDING					861,996.		0.	861,996.	283,658.		22,320.
	EQUIPMENT											
26	(D)(2) IR PHOTOMETERS	030303	SL	5.00	16	5,475.			5,475.	5,475.		0.
27	(D)IR PHOTOMETER	091803	SL	5.00	16	8,617.			8,617.	8,617.		0.
40	(D)WEB SERVER	011306	SL	5.00	16	2,675.			2,675.	2,675.		0.
43	(D)SEAGATE B/UP CAMERA FILTERS	031506	SL	5.00	16	290.			290.	290.		0.
67	(D)ASTROGRAPHS	030909	SL	5.00	16	12,187.			12,187.	12,187.		0.
68	(D)DIRECT APPLE TOWER WORKSTATION	022309	200DB	3.00	17	2,898.			2,898.	2,898.		0.
69	(D)SBIG HARDWARE	022309	200DB	3.00	17	1,610.			1,610.	1,610.		0.
72	CANON DIGITAL CAMERA IYA GRA	082409	200DB	3.00	17	724.			724.	724.		0.

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73	(D) CCD UPGRADE SKYLINE DISPLAY	111302	200DB	3.00	17	1,575.			1,575.	1,575.		0.
74	BOOTHS	061109	200DB	3.00	17	2,178.			2,178.	2,178.		0.
77	(D) APOGEE INSTR	092710	200DB	3.00	17	20,600.			20,600.	20,600.		0.
79	SPECTROGRAPHS	051510	200DB	3.00	17	18,204.			18,204.	18,204.		0.
80	TELESCOPE EQUIPMENT & SW AYERS	083011	150DB	15.00	17	43,445.			43,445.	26,113.		2,666.
81	TELESCOPE MOUNT PARAMOUNT	053011	150DB	15.00	17	9,000.			9,000.	5,500.		538.
85	ASTRO & SPECTRO GRAPHS	033011	200DB	3.00	17	17,112.			17,112.	17,112.		0.
86	(D) CAMERA EQ BRY BRKT STN K35	120110	200DB	5.00	17	15,734.			15,734.	15,734.		0.
87	TELESCOPIC EQUIPMENT	020112	200DB	5.00	17	25,228.			25,228.	25,228.		0.
92	PARAMOUNT ME	030413	200DB	5.00	17	9,500.			9,500.	9,500.		0.
94	ASTOGRAPHS	012914	200DB	3.00	17	2,753.			2,753.	2,753.		0.
96	(D) VIDEO EQUIPMENT	080614	200DB	3.00	17	4,557.			4,557.	4,557.		0.
100	(D) ST10-XME CAMERA WITH CFW-10 FILTER	100214	200DB	5.00	17	1,950.			1,950.	1,838.		56.
101	ME RA WORM, ME DEC WORM, PARAMOUNT ME	102114	200DB	5.00	17	1,448.			1,448.	1,365.		83.
102	(D) VENDOR OCEANSIDE PHOTO 5X LODE STAR	110114	200DB	5.00	17	671.			671.	632.		20.
103	AYERS VENDOR AND OR TECH 2 APLOOGEE UP GRANT BSM/POST	112414	200DB	5.00	17	7,022.			7,022.	6,617.		405.
104	11/14/14 PAIR COST VIDEO-2014 AAVSO	121514	200DB	5.00	17	623.			623.	587.		36.
105	CCD SCHOOL (AUGUST)	123014	200DB	5.00	17	5,464.			5,464.	5,149.		315.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
106	(D)APPLE COMPUTER-STELLA GRANT BSM/POST	011715	200DB	5.00	17	1,342.			1,342.	1,265.		39.
107	11/14/14 MOONLITE (D)VIDEO-2014 AAVSO	012315	200DB	5.00	17	674.			674.	635.		39.
108	CCD SCHOOL (AUGUST 2 PARTS ASPEN CG1	032515	200DB	5.00	17	823.			823.	776.		24.
109	6M GRADE S REPAIRS (D)BLAKE ROAD	062615	200DB	5.00	17	7,000.			7,000.	6,597.		403.
117	PRODUCTION-AAVSO CC WATCHGUARD WTM 2	111615	200DB	5.00	17	284.			284.	249.		27.
118	SERIES GARY WALKER DONATED	120415	200DB	5.00	17	1,271.			1,271.	1,113.		140.
119	TAKAHASHI SKY 90 T APPLE COMPUTER- FOR	122815	200DB	5.00	17	1,500.			1,500.	1,314.		165.
120	ELIZABETH STATE SURPLUS	020216	200DB	5.00	17	1,099.			1,099.	928.		124.
121	PROPERTY-PARAMOUNT DELL	021816	200DB	5.00	17	9,000.			9,000.	7,593.		1,023.
123	MARKETING-COMPUTER APPLE	040916	200DB	5.00	17	869.			869.	709.		98.
124	COMPUTER-REPLACE RE APPLE COMPUTER-FOR	071816	200DB	5.00	17	2,001.			2,001.	1,590.		219.
125	OWEN MOTHERBOARDS FOR	072316	200DB	5.00	17	869.			869.	690.		95.
126	PASS COMPUTER	102516	200DB	5.00	17	2,340.			2,340.	1,792.		258.
127	MAC COMPUTER	120716	200DB	5.00	17	1,199.			1,199.	919.		132.
128	BERT'S COMPUTER APPLE COMPUTER -	061617	200DB	5.00	17	2,847.			2,847.	1,976.		348.
129	OWEN APPLE COMPUTER &	120818	200DB	5.00	17	2,336.			2,336.	818.		607.
130	ACCESSORIES FOR STE APPLE COMPUTER	070419	200DB	5.00	17	4,303.			4,303.	215.		1,635.
132	APPLE COMPUTER	102819	200DB	5.00	19B	2,168.			2,168.			759.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - EQUIPMENT FURNITURE & FIXTURES					263,465.		0.	263,465.	228,897.		10,254.
12	FOLDING CHAIRS	042208	200DB	7.00	17	472.			472.	472.		0.
13	OFFICE FURNITURE	061511	200DB	5.00	17	623.			623.	623.		0.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXT					1,095.		0.	1,095.	1,095.		0.
	COMPUTER SOFTWARE											
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE					0.		0.	0.	0.		0.
	BUILDING IMPROVEMENTS											
15	WINDOWS	070507	SL	39.00	16	11,941.			11,941.	3,736.		306.
16	ZONING	040107	SL	39.00	16	19,095.			19,095.	6,124.		490.
17	RENOVATIONS	051508	SL	39.00	16	325,241.			325,241.	95,519.		8,340.
18	HOUSE RENOVATIONS	111808	SL	3.00	16	254.			254.	254.		0.
19	RENOVATIONS	040410	150DB	15.00	17	3,075.			3,075.	2,063.		184.
20	RENOVATIONS	072810	150DB	15.00	17	63,182.			63,182.	41,856.		3,877.
21	BUILDING RENOVATIONS	011811	SL	27.50	16	47,702.			47,702.	15,106.		1,735.
22	GAS FURNACE	120810	SL	27.50	16	6,800.			6,800.	2,172.		247.
23	FENCE	080812	150DB	15.00	17	6,700.			6,700.	3,734.		395.
111	METRO AIR COND/HEATING-REPLAC	102215	150DB	15.00	17	7,200.			7,200.	2,410.		479.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
112	METRO AIR COND/HEATING-FIX PR	022516	150DB	15.00	17	610.			610.	193.		42.
113	METRO AIR COND/HEATING-CHANGE	062716	150DB	15.00	17	850.			850.	254.		60.
114	GILMAN GUIDELIU & BELLOW-MASONRY REPA	071816	150DB	15.00	17	18,011.			18,011.	5,046.		1,297.
115	METRO AIR COND/HEATING-INSTAL	081816	150DB	15.00	17	839.			839.	235.		60.
116	THOMAS BLAKE REPLACE WATER	090916	150DB	15.00	17	3,250.			3,250.	911.		234.
131	HEATER & INSTALL DE	081919	150DB	15.00	17	2,110.			2,110.	26.		208.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVE					516,860.		0.	516,860.	179,639.		17,954.
	* GRAND TOTAL 990 PAGE 10 DEPR					1918416.		0.	1918416.	693,289.		50,528.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					1916248.		0.	1916248.	693,289.		
	ACQUISITIONS					2,168.		0.	2,168.	0.		
	DISPOSITIONS					81,288.		0.	81,288.	80,978.		
	ENDING BALANCE					1837128.		0.	1837128.	612,311.		

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	LAND								
11	LAND-49 BAY STATE ROAD CAMBRIDGE, MA	122706	L		275,000.		275,000.		0.
	* 990 PAGE 10 TOTAL - LAND				275,000.		275,000.	0.	0.
	BUILDING								
7	BUILDING-49 BAY STATE ROAD CAMBRIDGE, MA	122706	SL	39.00	851,736.		851,736.	301,197.	21,839.
8	STORAGE SHED	052209	150DB	20.00	1,240.		1,240.	771.	55.
9	RE-PAVING	083012	150DB	15.00	5,800.		5,800.	3,574.	342.
99	ROOF REPAIR	063015	SL	39.00	3,220.		3,220.	436.	83.
	* 990 PAGE 10 TOTAL - BUILDING				861,996.		861,996.	305,978.	22,319.
	EQUIPMENT								
72	CANON DIGITAL CAMERA IYA GRA	082409	200DB	3.00	724.		724.	724.	0.
74	SKYLINE DISPLAY BOOTHS	061109	200DB	3.00	2,178.		2,178.	2,178.	0.
79	SPECTROGRAPHS	051510	200DB	3.00	18,204.		18,204.	18,204.	0.
80	TELESCOPE EQUIPMENT & SW AYERS	083011	150DB	15.00	43,445.		43,445.	28,779.	2,667.
81	TELESCOPE MOUNT PARAMOUNT	053011	150DB	15.00	9,000.		9,000.	6,038.	539.
85	ASTRO & SPECTRO GRAPHS	033011	200DB	3.00	17,112.		17,112.	17,112.	0.
87	TELESCOPIC EQUIPMENT	020112	200DB	5.00	25,228.		25,228.	25,228.	0.
92	PARAMOUNT ME	030413	200DB	5.00	9,500.		9,500.	9,500.	0.
94	ASTROGRAPHS	012914	200DB	3.00	2,753.		2,753.	2,753.	0.
	ME RA WORM, ME DEC WORM, PARAMOUNT								
101	ME RA	102114	200DB	5.00	1,448.		1,448.	1,448.	0.
	AYERS VENDOR AND OR TECH 2 APLOOGEE								
103	UPGRADE	112414	200DB	5.00	7,022.		7,022.	7,022.	0.
104	GRANT BSM/POST 11/14/14 PAIR COST	121514	200DB	5.00	623.		623.	623.	0.
105	VIDEO-2014 AAVSO CCD SCHOOL (AUGUST)	123014	200DB	5.00	5,464.		5,464.	5,464.	0.
107	GRANT BSM/POST 11/14/14 MOONLITE	012315	200DB	5.00	674.		674.	674.	0.
109	2 PARTS ASPEN CG1 6M GRADE S REPAIRS	062615	200DB	5.00	7,000.		7,000.	7,000.	0.
118	WATCHGUARD WTM 2 SERIES	120415	200DB	5.00	1,271.		1,271.	1,253.	18.
	GARY WALKER DONATED TAKAHASHI SKY 90								
119	TELESCOPE	122815	200DB	5.00	1,500.		1,500.	1,479.	21.
120	APPLE COMPUTER- FOR ELIZABETH	020216	200DB	5.00	1,099.		1,099.	1,052.	47.
	STATE SURPLUS PROPERTY-PARAMOUNT ME								
121	MOUNT	021816	200DB	5.00	9,000.		9,000.	8,616.	384.

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
123	DELL MARKETING-COMPUTER FOR KATHY S	040916	200DB	5.00	869.		869.	807.	62.
	APPLE COMPUTER-REPLACE REBECCA'S								
124	COMPUTER	071816	200DB	5.00	2,001.		2,001.	1,809.	192.
125	APPLE COMPUTER-FOR OWEN	072316	200DB	5.00	869.		869.	785.	84.
126	MOTHERBOARDS FOR APASS COMPUTER	102516	200DB	5.00	2,340.		2,340.	2,050.	258.
127	MAC COMPUTER	120716	200DB	5.00	1,199.		1,199.	1,051.	132.
128	BERT'S COMPUTER	061617	200DB	5.00	2,847.		2,847.	2,324.	322.
129	APPLE COMPUTER - OWEN	120818	200DB	5.00	2,336.		2,336.	1,425.	364.
	APPLE COMPUTER & ACCESSORIES FOR								
130	STELLA	070419	200DB	5.00	4,303.		4,303.	1,850.	981.
132	APPLE COMPUTER	102819	200DB	5.00	2,168.		2,168.	759.	564.
	* 990 PAGE 10 TOTAL - EQUIPMENT				182,177.		182,177.	158,007.	6,635.
	FURNITURE & FIXTURES								
12	FOLDING CHAIRS	042208	200DB	7.00	472.		472.	472.	0.
13	OFFICE FURNITURE	061511	200DB	5.00	623.		623.	623.	0.
	* 990 PAGE 10 TOTAL - FURNITURE &								
	FIXTURES				1,095.		1,095.	1,095.	0.
	COMPUTER SOFTWARE								
	BUILDING IMPROVEMENTS								
15	WINDOWS	070507	SL	39.00	11,941.		11,941.	4,042.	306.
16	ZONING	040107	SL	39.00	19,095.		19,095.	6,614.	490.
17	RENOVATIONS	051508	SL	39.00	325,241.		325,241.	103,859.	8,340.
18	HOUSE RENOVATIONS	111808	SL	3.00	254.		254.	254.	0.
19	RENOVATIONS	040410	150DB	15.00	3,075.		3,075.	2,247.	184.
20	RENOVATIONS	072810	150DB	15.00	63,182.		63,182.	45,733.	3,878.
21	BUILDING RENOVATIONS	011811	SL	27.50	47,702.		47,702.	16,841.	1,735.
22	GAS FURNACE	120810	SL	27.50	6,800.		6,800.	2,419.	247.
23	FENCE	080812	150DB	15.00	6,700.		6,700.	4,129.	396.
	METRO AIR COND/HEATING-REPLACE								
111	COMPUTER ROOM A/C	102215	150DB	15.00	7,200.		7,200.	2,889.	431.
	METRO AIR COND/HEATING-FIX PRESSURE								
112	SWITCH	022516	150DB	15.00	610.		610.	235.	38.
	METRO AIR COND/HEATING-CHANGE								
113	FILTERS	062716	150DB	15.00	850.		850.	314.	54.





Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

**AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS**

Employer identification number

**04-2164402**

Name and title of officer

**STELLA KAFKA  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>212,157.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize R. J. GOLD COMPANY, P.C. to enter my PIN 02138  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04514116012  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

**FILEABLE FORMS**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>49 BAY STATE ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>CAMBRIDGE, MA 02138</b> <b>F</b> Name and address of principal officer: <b>STELLA KAFKA</b> <b>49 BAY STATE ROAD, CAMBRIDGE, MA 02138</b>	<b>D</b> Employer identification number <b>04-2164402</b> <b>E</b> Telephone number <b>617-354-0484</b> <b>G</b> Gross receipts \$ <b>15,784,755.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.AAVSO.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1911</b> <b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE, COLLABORATE IN AND FACILITATE THE SHARING OF INFORMATION RELATING TO VARIABLE STARS,</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>14</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>14</b> <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b> <b>6</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>1100</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>36,643.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>284,787.</b> <b>Prior Year</b> <b>194,848.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>37,382.</b> <b>39,653.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>-232,213.</b> <b>-58,987.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>20,832.</b> <b>36,643.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>110,788.</b> <b>212,157.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <b>0.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>559,747.</b> <b>578,897.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>39,420.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>433,572.</b> <b>418,720.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>993,319.</b> <b>997,617.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-882,531.</b> <b>-785,460.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>14,622,983.</b> <b>Beginning of Current Year</b> <b>13,708,362.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>76,699.</b> <b>119,879.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>14,546,284.</b> <b>13,588,483.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>STELLA KAFKA, EXECUTIVE DIRECTOR</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL H. HALL</b>	Preparer's signature <b>MICHAEL H. HALL</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01403873</b>
	Firm's name ▶ <b>R.J. GOLD &amp; COMPANY, P.C.</b>	Firm's EIN ▶ <b>04-2709439</b>			
	Firm's address ▶ <b>ONE WALL STREET</b> <b>BURLINGTON, MA 01803</b>		Phone no. <b>781.272.2283</b>		

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO PROMOTE, COLLABORATE IN AND, FACILITATE THE SHARING OF INFORMATION  
RELATING TO VARIABLE TYPE STAR ASTRONOMICAL OBSERVATION, RESEARCH AND  
DATA COLLECTION**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
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  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.

**4a** (Code: ) (Expenses \$ 657,121. including grants of \$ ) (Revenue \$ 106,474. )  
**RESEARCH AND EDUCATION, DATA BASE ACCESS AND MAINTENANCE, DATA  
COLLECTION, ARCHIVE SUPPORT AND MAINTENANCE**

**4b** (Code: ) (Expenses \$ 47,152. including grants of \$ ) (Revenue \$ 34,005. )  
**MEETINGS AND SYMPOSIUMS**

**4c** (Code: ) (Expenses \$ 4,474. including grants of \$ ) (Revenue \$ 5,648. )  
**RESEARCH PUBLICATIONS AND NEWSLETTERS**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **708,747.**

**AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>

**AMERICAN ASSOCIATION OF VARIABLE STAR  
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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

**AMERICAN ASSOCIATION OF VARIABLE STAR  
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**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
<b>2a</b>	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	6	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... 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>1a</b>	14		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	14		
<b>2</b> 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? .....	<b>2</b>			<b>X</b>
<b>3</b> 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? .....	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>			<b>X</b>
<b>7a</b> 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? .....	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>			<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>			<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>			

**Section C. Disclosure**

- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**STELLA KAFKA - 617-354-0484**  
**49 BAY STATE ROAD, CAMBRIDGE, MA 02138**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON MYERS PRESIDENT	0.00	X					0.	0.	0.	
(2) WILLIAM STEIN 1ST VICE PRESIDENT	0.00	X					0.	0.	0.	
(3) KRISTINE LARSEN SECRETARY	0.00	X					0.	0.	0.	
(4) ROBERT STEPHENS TREASURER	0.00	X					0.	0.	0.	
(5) STYLIANI KAFKA EXECUTIVE DIRECTOR	35.00	X					130,000.	0.	17,350.	
(6) RICHARD BERRY 2ND VICE PRESIDENT	0.00	X					0.	0.	0.	
(7) JOYCE A. GUZIK COUNCIL MEMBER	0.00	X					0.	0.	0.	
(8) GREGORY SIVAKOFF COUNCIL MEMBER	0.00	X					0.	0.	0.	
(9) MICHAEL COOK COUNCIL MEMBER	0.00	X					0.	0.	0.	
(10) ROBERT BUCHEIM COUNCIL MEMBER	0.00	X					0.	0.	0.	
(11) KEN HUDSON COUNCIL MEMBER	0.00	X					0.	0.	0.	
(12) BRAD VIETJE COUNCIL MEMBER	0.00	X					0.	0.	0.	
(13) ROBERT MASSEY COUNCIL MEMBER	0.00	X					0.	0.	0.	
(14) DAVID COWALL COUNCIL MEMBER	0.00	X					0.	0.	0.	



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	88,374.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	106,474.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			194,848.			
<b>Program Service Revenue</b>	<b>2 a</b> MEETINGS AND SYMPOSIUM	<b>Business Code</b>					
		541700	34,005.	34,005.			
	<b>b</b> PUBLICATIONS AND SUPPLIES	541700	5,648.	5,648.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			39,653.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		377,009.			377,009.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	36,643.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		36,643.			
	<b>d</b> Net rental income or (loss) .....			36,643.		36,643.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	15,136,602.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		15,572,598.			
<b>c</b> Gain or (loss) .....	<b>7c</b>		-435,996.				
<b>d</b> Net gain or (loss) .....			-435,996.		-435,996.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			212,157.	-396,343.	36,643.	377,009.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	136,000.	88,400.	40,800.	6,800.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	295,632.	192,161.	88,689.	14,782.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	109,931.	63,655.	41,379.	4,897.
<b>10</b> Payroll taxes	37,334.	24,267.	11,200.	1,867.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	27,254.	17,715.	8,176.	1,363.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,989.	3,809.	846.	2,334.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	9,307.	6,050.	2,792.	465.
<b>14</b> Information technology	22,629.	14,709.	6,789.	1,131.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	61,236.	47,152.	14,084.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	50,527.	32,843.	15,158.	2,526.
<b>23</b> Insurance	13,404.	8,713.	4,021.	670.
<b>24</b> 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.)				
<b>a CONTRACT SERVICES</b>	159,963.	159,963.		
<b>b REPAIRS &amp; MAINTENANCE</b>	16,621.	10,804.	4,986.	831.
<b>c TELESCOPE RENTAL &amp; SUPP</b>	15,513.	15,513.		
<b>d DUES, SUBSCRIPTIONS &amp; L</b>	12,575.	8,174.	3,772.	629.
<b>e All other expenses</b>	22,702.	14,819.	6,758.	1,125.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	997,617.	708,747.	249,450.	39,420.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	486,964.	<b>1</b>	548,290.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	9,424.	<b>9</b>	23,606.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,837,128.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 662,673.	1,222,959.	<b>10c</b>	1,174,455.
	<b>11</b> Investments - publicly traded securities .....	12,903,636.	<b>11</b>	11,962,011.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	14,622,983.	<b>16</b>	13,708,362.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	34,858.	<b>17</b>	56,362.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	41,841.	<b>19</b>	54,356.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	9,161.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	76,699.	<b>26</b>	119,879.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	11,005,306.	<b>27</b>	10,043,213.	
	<b>28</b> Net assets with donor restrictions .....	3,540,978.	<b>28</b>	3,545,270.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	14,546,284.	<b>32</b>	13,588,483.	
	<b>33</b> Total liabilities and net assets/fund balances .....	14,622,983.	<b>33</b>	13,708,362.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	212,157.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	997,617.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-785,460.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	14,546,284.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-172,341.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,588,483.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	371,253.	263,737.	284,306.	284,787.	194,848.	1398931.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	371,253.	263,737.	284,306.	284,787.	194,848.	1398931.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1398931.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	371,253.	263,737.	284,306.	284,787.	194,848.	1398931.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	244,680.	205,308.	1288213.	293,692.	413,652.	2445545.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						3844476.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	36.39 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	43.60 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**AMERICAN ASSOCIATION OF VARIABLE STAR**

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

04-2164402 Page 7

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

AMERICAN ASSOCIATION OF VARIABLE STAR

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS**

Employer identification number

**04-2164402**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization <b>AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS</b>	Employer identification number <b>04-2164402</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM STEIN  6025 CALLE PARAISO  LAS CRUCES, NM 88012	\$ 5,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RICHARD POST  33 FAIRBANKS ROAD  LEXINGTON, MA 02421	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS</b>	Employer identification number <b>04-2164402</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS</b>	Employer identification number <b>04-2164402</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS** Employer identification number **04-2164402**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

**AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	3,540,978.	3,569,176.	3,578,203.	3,657,076.	3,542,744.
<b>b</b> Contributions	24,023.	1,300.	10,025.	105,109.	251,478.
<b>c</b> Net investment earnings, gains, and losses	-4,218.	5,863.	183,284.	95,792.	108,798.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	15,513.	35,361.	171,462.	264,998.	233,022.
<b>f</b> Administrative expenses	0.		30,874.	14,776.	12,922.
<b>g</b> End of year balance	3,545,270.	3,540,978.	3,569,176.	3,578,203.	3,657,076.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  95.00 %
- c** Term endowment  5.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> Unrelated organizations  | X   |    |
| <b>(ii)</b> Related organizations   |     | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		275,000.		275,000.
<b>b</b> Buildings		1,378,855.	503,571.	875,284.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		182,178.	158,007.	24,171.
<b>e</b> Other		1,095.	1,095.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,174,455.

**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-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, 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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT & LAST MONTHS	
(3) RENT	9,161.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,161.

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...

**AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	39,816.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-172,341.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-172,341.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	212,157.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	212,157.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	997,617.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	997,617.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	997,617.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 INTENDED USES OF THE ENDOWMENT FUND**

TERM ENDOWMENTS OR TEMPORARILY RESTRICTED NET ASSETS ARE RESTRICTED TO SPECIFIC PURPOSE, GENERALLY RESEARCH AND RESEARCH GRANTS. THE PERMANENT ENDOWMENT IS INTENDED TO PROVIDE A RELIABLE INCOME STREAM FROM ITS INVESTMENT FOR THE USE OF THE ORGANIZATION IN ITS USUAL OPERATIONS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS** Employer identification number **04-2164402**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b> X	
<b>2</b> 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? .....	<b>2</b> X	
<b>3</b> 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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2019



AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS

Schedule J (Form 990) 2019

04-2164402

Page 3

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

FACILITIES INCLUDE A RESIDENCE AVAILABLE FOR THE USE OF THE DIRECTOR AND

GUEST QUARTERS FOR VISITORS

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS

Employer identification number  
04-2164402

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASTRONOMICAL OBSERVATIONS, RESEARCH AND DATA COLLECTION

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR BEFORE  
IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

INFORMATION IS VOLUNTARILY DISCLOSED AND DISCUSSED AT REGULAR MEETINGS OR  
WITH THE EXECUTIVE DIRECTOR

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

THE COUNCIL REVIEWS SALARIES AS NEEDED BASED ON CURRENT MARKET DATA ON  
COMPARABLE POSITIONS

FORM 990, PART VI, SECTION C, LINE 19:

DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS  
AVAILABLE UPON REQUEST

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERS

FORM 990 PAGE 10

04-2164402

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Description, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary totals.

**AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS**

Form 4562 (2019)

04-2164402 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) .....	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year:					
<b>43</b> Amortization of costs that began before your 2019 tax year .....					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>

**THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

## Form PC

Report for the Fiscal Period: 10/01/19 to 09/30/20Attorney General's Account #: 035856Federal ID #: 04-2164402

Electronic Payment Confirmation #: \_\_\_\_\_

*Attach printout of electronic payment confirmation.*

When did the organization first engage in charitable work in Massachusetts?

11/01/2011

Has the organization applied for or been granted IRS tax exempt status?

 Yes  NoIf yes, date of application **OR** date of determination letter: \_\_\_\_\_

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?

 Yes  No**Check all items attached  
(if applicable)**

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

**Organization Data**Name: AMERICAN ASSOCIATION OF VARIABLE STAR OBSERVERSMailing Address: 49 BAY STATE ROADCity: CAMBRIDGE State: MA ZIP: 02138Phone Number: 617-354-0484 Fax Number: 617-654-0665Email: AAVSO@AAVSO.ORG Website: WWW.AAVSO.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.  
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	9	Organization Purpose Code 1	59
Type of Organization (Table 2)	21	Organization Purpose Code 2	8

Please check box if final return prior to dissolution: 

Office Use Only: Payment Received

**AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS**

04-2164402

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 11/01/1991

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	194,848.
B.	Gross support and revenue	648,153.
C.	Program services and similar amounts paid out	708,747.
D.	Fundraising expenses	39,420.
E.	Management and general expenses	249,450.
F.	Payments to affiliates	0.
G.	Total expenses	997,617.
H.	Net assets or fund balances at the end of the year	13,588,483.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	STELLA KAFKA EXECUTIVE DIRECTOR	35.00	130,000.	17,350.	0.
2.	HERBERT PABLO STAFF ASTRONOMER	35.00	76,212.	13,988.	0.
3.	ELIZABETH WAAGEN SENIOR TECHNICAL ASSISTANT	35.00	60,011.	12,949.	0.
4.	KATHLEEN SPIRER OPERATIONS MANAGER	35.00	62,197.	13,254.	0.
5.	SARA BECK TECH ASST SCIENCE TEAM	30.00	37,401.	10,843.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS

04-2164402

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	CLEARVIEW CONSULTING	117,000.	WEBMASTER
2.	SEBASTIAN OTERO	22,545.	SCIENCE CONTRACTOR
3.	MIKE SALADYGA	9,940.	JOURNAL OF THE AAVSO
4.	SIEGEL SOLUTIONS	8,353.	BOOKKEEPING
5.	RJ GOLD & COMPANY	11,000.	AUDIT

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
CAMBRIDGE TRUST	1336 MASS AVE, CAMBRIDGE, MA 02138	617-876-5000
ALEX BROWN	1 INTERNATIONAL PLACE, BOSTON, MA 02110	800-572-0067

10. What is the organization's accounting method?  Cash  Accrual

Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: STELLA KAFKA

Street Address: 49 BAY STATE ROAD

City: CAMBRIDGE State: MA ZIP Code: 02138

Phone Number: 617-354-0484

AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS

04-2164402

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 1**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

*If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

**STATEMENT 2**

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

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FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT                      1

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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
STYLIANI KAFKA 49 BAY STATE ROAD CAMBRIDGE, MA 02138	EXECUTIVE DIRECTOR
GORDON MYERS 49 BAY STATE ROAD CAMBRIDGE, MA 02138	PRESIDENT
WILLIAM STEIN 49 BAY STATE ROAD CAMBRIDGE, MA 02138	1ST VICE PRESIDENT
KRISTINE LARSEN 49 BAY STATE ROAD CAMBRIDGE, MA 02138	SECRETARY
ROBERT STEPHENS 49 BAY STATE ROAD CAMBRIDGE, MA 02138	TREASURER
RICHARD BERRY 49 BAY STATE ROAD CAMBRIDGE, MA 02138	2ND VICE PRESIDENT
JOYCE A. GUZIK 49 BAY STATE ROAD CAMBRIDGE, MA 02138	COUNCIL MEMBER
GREGORY SIVAKOFF 49 BAY STATE ROAD CAMBRIDGE, MA 02138	COUNCIL MEMBER
MICHAEL COOK 49 BAY STATE ROAD CAMBRIDGE, MA 02138	COUNCIL MEMBER
ROBERT BUCHEIM 49 BAY STATE ROAD CAMBRIDGE, MA 02138	COUNCIL MEMBER
KEN HUDSON 49 BAY STATE ROAD CAMBRIDGE, MA 02138	COUNCIL MEMBER
BRAD VIETJE 49 BAY STATE ROAD CAMBRIDGE, MA 02138	COUNCIL MEMBER

ROBERT MASSEY  
49 BAY STATE ROAD  
CAMBRIDGE, MA 02138

COUNCIL MEMBER

DAVID COWALL  
49 BAY STATE ROAD  
CAMBRIDGE, MA 02138

COUNCIL MEMBER

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FORM PC

EXPLANATION FOR PAGE 5, LINE 21

STATEMENT 2

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RESTRICTIONS RELATED TO PURPOSE OF GRANTS REGULARLY BECOME SATISFIED  
OVER THE COURSE OF EACH FISCAL YEAR

AMERICAN ASSOCIATION OF VARIABLE STAR  
OBSERVERS

04-2164402

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: STELLA KAFKA

Title: EXECUTIVE DIRECTOR

Name of Preparer: R.J. GOLD & COMPANY, P.C.

Address ONE WALL STREET

City BURLINGTON State MA ZIP Code 01803

Phone Number 781.272.2283

**Schedule A-1**  
**Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-1 ctd.**  
**Solicitation Activities During Fiscal Year Covered By This Report**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**STELLA KAFKA**

Name and Title: **EXECUTIVE DIRECTOR**

Address **49 BAY STATE ROAD**

City **CAMBRIDGE** State **MA** ZIP Code **02138**

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**STELLA KAFKA**

Name and Title: **EXECUTIVE DIRECTOR**

Address **49 BAY STATE ROAD**

City **CAMBRIDGE** State **MA** ZIP Code **02138**

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2 ctd.**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**STELLA KAFKA**

Name and Title: **EXECUTIVE DIRECTOR**

Address **49 BAY STATE ROAD**

City **CAMBRIDGE**

State **MA**

ZIP Code **02138**

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**STELLA KAFKA**

Name and Title: **EXECUTIVE DIRECTOR**

Address **49 BAY STATE ROAD**

City **CAMBRIDGE**

State **MA**

ZIP Code **02138**

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Certification by Organization**

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: STELLA KAFKA

Title: EXECUTIVE DIRECTOR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: ROBERT STEPHENS

Title: TREASURER

**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No