"RETROACTIVE REINSTATEMENT" **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or tax year beginning

▶Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

, and ending

Open to Public Inspection

	Name of fo	oundation			A Emp	loyer identification number	r
i	Adar	ot The World Labs Inc			92	-5446855	
		nd street (or P O box number if mail is not delivered to street address)	, , , , , , , , , , , , , , , , , , , 	Room/suite		phone number (see instruction	ns)
		Old Center St				8-287-7669	<i>,</i>
•	•	vn, state or province, country, and ZIP or foreign postal code			C If exe	mption application is pending	, check here
: –	Mido	ileboro MA 02346				input opphosion is portant	,, 410011101
G	Check		urn of a former publ	ic charity	D 1. F	oreign organizations, check h	ere 🕨 🔛
u		Final return Amende				oreign organizations meeting	
₹_		Address change Name ch			_ *	5% test, check here and attac	th computation
<u> </u>		type of organization: 🗶 Section 501(c)(3) exempt priva				vate foundation status was ter	minated under
፤ ∟			ble private foundation		section	on 507(b)(1)(A), check here	P Li
		arket value of all assets at J Accounting method		Accrual		foundation is in a 60-month to	. 3
Ž		year (from Part II, col. (c), Other (specify)			unge	r section 507(b)(1)(B), check	nere
	line 16)		1	i.)		1	(d) Disbursements
· 'ii.'	Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		nvestment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books		ome	income	purposes (cash basis only)
5 –	1	Contributions, gifts, grants, etc., received (attach schedule)	54,1	94		hand all aliabilities of	
	2	Check F if the foundation is not required to attach Sch. E		<u>មួយ ព្រះព្រះព្រះ</u> ្រ	ពួកប្រែក ម្ចាប់		
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	6	60		660	***************************************
	5a	Gross rents					
9	<u>u</u> b	Net rental income or (loss)	1				
	≝ Ga			66			
}	<u> </u>	Gross sales price for all assets on line 6a 12,648	<u> </u>			an 40° - ' ' ' ' ' ' ' ' ' '	
Ò	2 7	Capital gain net income (from Part IV, line 2)			<u> (). ())))</u>	 	
	8	Net short-term capital gain				0	
	9	Income modifications			· · · · · · · · · · · · · · · · · · ·		
	10a						
	Ь	Less: Cost of goods sold	calder this entire				
	C	Gross profit or (loss) (attach schedule)	3,7		3,747	2 747	
	(11	Other income (attach schedule) Stmt 2	65,0		3,747	4,407	
_	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	05,0	_0	<u> </u>	4,407	
9	24 14	Other employee salaries and wages		RE	CEIVE	D	
Ş	15 15 16a	Pension plans, employee benefits				78	
5	16a			SEI SEI	21-2	 	
Ц	b. 100			IBI SE	<u>/ </u>	1 2. 181	
	Ö .	Other professional fees (attach schedule)		111		17	
Ì	5 17	Interest		11.00	DEN,		
وَ.	20 18	Taxes (attach schedule) (see instructions)		-			
:	ું 19	Depreciation (attach schedule) and depletion					
ż	2 0	Occupancy					
7	21	Travel, conferences, and meetings	2,1	12		2,112	
2	22	Printing and publications					
Ş	<u>n</u> 23	Other expenses (att. sch.) Stmt 3	10,1	00		10,100	7,416
Onorating and Administry	24	Total operating and administrative expenses.			_		
į		Add lines 13 through 23	12,2	** , , , ,	0	12,212	7,416
ć	25	Contributions, gifts, grants paid		0	<u> </u>		0
_	26	Total expenses and disbursements. Add lines 24 and 25	12,2	12	0	12,212	7,416
	27	Subtract line 26 from line 12:	50.0				
	a	Excess of revenue over expenses and disbursements	52,8)	2 747		
	b	Net Investment Income (if negative, enter -0-)			3,747		
	L C	Adjusted net income (if negative, enter -0-)		i n kii i nii nii		0	

	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	of year
	er sear mile	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	50	461	461
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
1	4	Pledges receivable ▶	***************************************		11 dedentiers engages anderen
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)	**************************************	1.51.45 45 46 41 42 1430 1435 1455	
		Less: allowance for doubtful accounts ▶ 0			' - ' - ' - '
ន	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) See Stmt 4		53,956	53,956
	С	Investments – corporate bonds (attach schedule)			
į	11	Investments – land, buildings, and equipment basis	***************************************		
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			.,
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis		By hilling in the corner	<u> </u>
ı	•	Less accumulated depreciation (attach sch.)	1849,144	5' 1 dic'ios' 'l'illillio 1d	' ' a' ' a ' b' a a a ' a a' '
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
		Instructions. Also, see page 1, item I)	50	54,417	54,417
╛	17	Accounts payable and accrued expenses		1,512	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
긔	22	Other liabilities (describe ►)	· · · · · · · · · · · · · · · · · · ·		
	23	Total liabilities (add lines 17 through 22)	0	1,512	
7		Foundations that follow FASB ASC 958, check here			
Balances		and complete lines 24, 25, 29, and 30.			
崩	24	Net assets without donor restrictions	50	52,905	
뼰	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here		-	
틹		and complete lines 26 through 30.			
Net Assets or Fund	26	Capital stock, trust principal, or current funds			
٥	27	Paid-ın or capital surplus, or land, bldg., and equipment fund			
뜅	28	Retained earnings, accumulated income, endowment, or other funds			
SS	29	Total net assets or fund balances (see instructions)	50	52,905	**************************************
۲	30	Total liabilities and net assets/fund balances (see		22,500	
킬	•••	instructions) .	50	54,417	
	Part I	Analysis of Changes in Net Assets or Fund Balances		01/12/	
		net assets or fund balances at beginning of year – Part II, column (a), line 29 (m	ust agree with		
•		f-year figure reported on prior year's return)	act agree will	1	50
2		amount from Part I, line 27a		2	52,855
		Increases not included in line 2 (itemize) ▶	-	3	J2 , 033
		nes 1, 2, and 3		4	52,905
		eases not included in line 2 (itemize)		5	32,303
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column	(b) line 29	6	52,905
<u> </u>		the state of the sale of the or Year fine a tuning time of -1 art il, commit	10/1 1110 20		52,303

, Form 990-PF (2019) Adapt	. The Wo	orld Labs Inc			82-5446855	5		Page 3
		ses for Tax on Invest	ment Ir					
		property sold (for example, real estate common stock, 200 shs MLC Co)	e,		(b) How acquired P – Purchase		Date acquired	(d) Date sold (mo, day, yr)
	ak warehouse, or	CONTINUE SLOCK, 200 SIS MEC CO)			D - Donation	<u>"</u>	no, day, ут)	(Ino, day, yr)
1a N/A								
<u>b</u>						├		
<u>c</u>				_		├		
<u>d</u>						-	_	
(a) Cross seles pres	<u> </u>	(f) Depreciation allowed	T	(g) Cost or	other basis	-	(h) Gair	or (loss)
(e) Gross sales price		(or allowable)	+	plus expe	nse of sale		((e) plus (i	f) minus (g))
<u>a</u>			- 					
<u>b</u>			╁			├		
<u>c</u> d			+			_		
			<u> </u>			 		
Complete only for assets sh	owing gain in	column (h) and owned by the	e foundati	on on 12/31	/69	 		
Complete only for about on		(j) Adjusted basis	1		s of col (i)	1		(h) gain minus less than -0-) or
(I) FMV as of 12/31/69		as of 12/31/69	1		(j), if any	İ		om col (h))
a			1		 -			
b		· ·	1					
C			Ì					
d			1				····	
е								
2 Capital gain net income or (r3 Net short-term capital gain or		[If (loss), enter -0- i	ın Part I, I			2		· · · · · · · · · · · · · · · · · · ·
If gain, also enter in Part I, Iii Part I, line 8	ne 8, column	(c). See instructions. If (loss)), enter -()- In]		3		
	Under Se	ection 4940(e) for Red	luced T	ax on Ne	t Investment In		e	
(For optional use by domestic pr								
If section 4940(d)(2) applies, lea		-	(. ,		,			N/A
Was the foundation liable for the			unt of any	y year in the	base period?			Yes No
If "Yes," the foundation doesn't o	qualify under s	ection 4940(e). Do not comp	olete this	part.	· · · · · · · · · · · · · · · · · · ·			
Enter the appropriate amount	t in each colu	mn for each year; see the ins	structions	before mak	ing any entries.			
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying distribution	ns	Net value	(c) of nonchantable-use asse	rts		(d) Inbution ratio divided by co! (c))
2018	 						, ,,	
2017								
2016								
2015								
2014								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for	the 5-year ba	se period – divide the total or	n line 2 b	y 5.0, or by				
the number of years the four	ndation has be	en in existence if less than 5	5 years				3	- , ,
4 Enter the net value of nonch	arıtable-use a	ssets for 2019 from Part X, I	ine 5				4	-
5 Multiply line 4 by line 3							5	
6 Enter 1% of net investment i	ncome (1% o	f Part I, line 27b)					6	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7 Add lines 5 and 6

Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2019) Adapt The World Labs Inc 82-5446855			Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 – see	instruct	ions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ 🛣 and enter "N/A" on line 1.			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check N/A	1		navier w
	here ▶ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b).	ıİ		_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		<u> </u>
3	Add lines 1 and 2	3		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		<u> </u>
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 . 6a			
b	Exempt foreign organizations – tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d	7		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11		
	rt:VII-A: Statements Regarding Activities		T. 112121111	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	
	participate or intervene in any political campaign?		1a	<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			1
	instructions for the definition		1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.		1986	
С	Did the foundation file Form 1120-POL for this year?		1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	_		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37/3	4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	+
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
_	conflict with the state law remain in the governing instrument?) V\/	6 X 7 X	┼
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and F	artxv	7 X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
_	None If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b			8b X	ţ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			desert
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			T
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"		, ,	-
40	complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	•	9 X	+
10			40	v
	names and addresses .		<u> 10 </u> orm 990-P	X
		F	xm マブリート	· (2019)

Pa	art VIII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	L	<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ Jacob Lacourse Telephone no. ▶ 508-2	287-	766	59
	320 Old Center St	_		
	Located at ▶ Middleboro MA ZIP+4 ▶ 0234	6		٠
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶	138 33		milin
<u>:::R</u> 8	art:VII-B: Statements Regarding Activities for Which Form 4720 May Be Required	T+++ = 1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1.71:12	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	111111		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	11111		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			inist
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			iäikk.
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	7.555 14.1	.383,331	4115.5H
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	1244411		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? N/A	11111111	·18.11	
_	, , , ,	1c	********	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes X No			
h	If "Yes," list the years ► 20 , 20 , 20 , 20 . Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions.)	2b	*******	*********
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
Ŭ	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ju	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
_	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b	-:::	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	- 1	X
		om 99	0-PF	

	n 990-PF (2019) Adapt The 1			446855		Page 6
P	art VII-B Statements Rega	rding Activities for Which F	<u>orm 4720 May Be</u>	Required (c	ontinued)	Bosefi
5a	J = 7 = 7				F	Yes No
	(1) Carry on propaganda, or otherwis			. 📙 '	Yes 🗓 No	
	(2) Influence the outcome of any spe		s); or to carry on,			
	directly or indirectly, any voter reg	•	_	=	Yes X No	14444 - 1
	(3) Provide a grant to an individual fo	•		□ `	Yes 🛚 X No	
	(4) Provide a grant to an organization		ation described in		. 🖼	
	section 4945(d)(4)(A)? See instru				Yes X No	
	(5) Provide for any purpose other tha	*	ary, or educational	\Box	Yes X No	
b	purposes, or for the prevention of If any answer is "Yes" to 5a(1)–(5), di	•	funder the eventions		Yes X No	
D	in Regulations section 53.4945 or in a	•	•		N/A	5b
	Organizations relying on a current not			UIS	N/A	
С	If the answer is "Yes" to question 5a(• •			🗀	***************************************
Ū	because it maintained expenditure res	•		N/A 🖂	Yes No	
	If "Yes," attach the statement required	•	t).	,		
6a	Did the foundation, during the year, re					
	on a personal benefit contract?			\Box ,	Yes X No	
b	Did the foundation, during the year, p	ay premiums, directly or indirectly, or	a personal benefit cor	ntract?		6b X
	If "Yes" to 6b, file Form 8870.					
7a	At any time during the tax year, was t	he foundation a party to a prohibited	tax shelter transaction?	, 🔲 ,	Yes 🗓 No	
b	If "Yes," did the foundation receive an	ly proceeds or have any net income a	ittributable to the transa	action?	N/A	7b
8	Is the foundation subject to the section	on 4960 tax on payment(s) of more th	an \$1,000,000 in	г.,	. 69	
111111	remuneration or excess parachute pa				Yes X No	
P		Officers, Directors, Trustee	s, Foundation Ma	ınagers, Higł	nly Paid Empl	loyees,
4 1	and Contractors					
<u>1 l</u>	List all officers, directors, trustees, a	and roundation managers and their	r compensation. See	instructions.	T 6 15 4 4	
	6-1 M	d adda	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	1
	(a) Name an			l /lf noi noid		(e) Expense account,
		ad address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred	(e) Expense account, other allowances
7.	ach Taccurac		devoted to position			
	acob Lacourse	Middleboro	devoted to position President	enter-0-)	plans and deferred compensation	other allowances
32	0 Old Center St	Middleboro MA 02346	devoted to position President 0.00		plans and deferred compensation	other allowances
32 Be	20 Old Center St eth Lacourse	Middleboro MA 02346 Middleboro	devoted to position President 0.00 Director	enter -0-)	plans and deferred compensation	other allowances
32 Be	20 Old Center St eth Lacourse 20 Old Center St	Middleboro MA 02346 Middleboro MA 02346	President 0.00 Director 0.00	enter-0-)	plans and deferred compensation	other allowances
32 Be 32 Jo	20 Old Center St eth Lacourse 20 Old Center St ohn Araujo	Middleboro MA 02346 Middleboro MA 02346 New Bedford	devoted to position President 0.00 Director 0.00 Director	enter-0-)	plans and deferred compensation O	other allowances 0
32 Be 32 Jo	20 Old Center St eth Lacourse 20 Old Center St	Middleboro MA 02346 Middleboro MA 02346	President 0.00 Director 0.00	enter -0-)	plans and deferred compensation	other allowances 0
32 Be 32 Jo	20 Old Center St eth Lacourse 20 Old Center St ohn Araujo	Middleboro MA 02346 Middleboro MA 02346 New Bedford	devoted to position President 0.00 Director 0.00 Director	enter-0-)	plans and deferred compensation 0	other allowances 0
32 Be 32 Jo	20 Old Center St eth Lacourse 20 Old Center St ohn Araujo	Middleboro MA 02346 Middleboro MA 02346 New Bedford MA 02745	devoted to position President 0.00 Director 0.00 Director 0.00	onter-0-)	plans and deferred compensation O	other allowances 0
32 Be 32 Jc 36	20 Old Center St eth Lacourse 20 Old Center St eth Araujo 51 Raymond St Compensation of five highest-paid	Middleboro MA 02346 Middleboro MA 02346 New Bedford MA 02745	devoted to position President 0.00 Director 0.00 Director 0.00 ded on line 1 - see in	onter-0-)	plans and deferred compensation O O O O O O O O O O O O O	other allowances 0 0 0
32 Be 32 Jc 36	20 Old Center St eth Lacourse 20 Old Center St eth Araujo 51 Raymond St Compensation of five highest-paid	Middleboro MA 02346 Middleboro MA 02346 New Bedford MA 02745 employees (other than those included)	devoted to position President 0.00 Director 0.00 Director 0.00	onter-0-)	plans and deferred compensation 0 0 one, enter	other allowances 0
32 Be 32 Jo 36	20 Old Center St eth Lacourse 20 Old Center St ohn Araujo 61 Raymond St Compensation of five highest-paid "NONE."	Middleboro MA 02346 Middleboro MA 02346 New Bedford MA 02745 employees (other than those included)	devoted to position President 0.00 Director 0.00 Director 0.00 ded on line 1 - see in (b) Title, and average hours per week	o 0 0 structions). If n	plans and deferred compensation O O O O Conne, enter (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 Expense account,
32 Be 32 Jo 36	20 Old Center St eth Lacourse 20 Old Center St ohn Araujo 61 Raymond St Compensation of five highest-paid "NONE."	Middleboro MA 02346 Middleboro MA 02346 New Bedford MA 02745 employees (other than those included)	devoted to position President 0.00 Director 0.00 Director 0.00 ded on line 1 - see in (b) Title, and average hours per week	o 0 0 structions). If n	plans and deferred compensation O O O O Conne, enter (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 Expense account,

Form 990-PF (2019)

0

Total number of other employees paid over \$50,000

Form 990-PF (2019) Adapt The World	Labs Inc	82-5446855	Page 7
Part VIII Information About Officers, and Contractors (continued)		oundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors fo	r professional services. See i	instructions. If none, enter "NONE."	
(a) Name and address of each person	on paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
Total number of others receiving over \$50,000 for prof	fessional services		<u> </u>
Part IX-A Summary of Direct Charite		* * * * * * * * * * * * * * * * * * * *	
List the foundation's four largest direct chantable activities during the torganizations and other beneficiaries served, conferences convened, it	ax year Include relevant statistical informa	ation such as the number of	Expenses
1 Adapt existing and new to people with disabilities		evelop solutions for	7,416
3			
4			
Part IX-B Summary of Program-Rela			
Describe the two largest program-related investments made by the for	undation during the tax year on lines 1 and	12	Amount
1 N/A			0
2			
All other program-related investments. See instructions			
3			
Total. Add lines 1 through 3		>	

Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 Enter 1% of Part I, line 27b. See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2019)

7,416

3a

3ь

4

5

	1330-FF (2013) PAGEPC THE WOLLD DADS I		02 34400		1 290 0
P	urt XIII Undistributed Income (see instruction	ns)		,	· · · · · · · · · · · · · · · · · · ·
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) ^2019
•	line 7				
2	Undistributed income, if any, as of the end of 2019:				
	Enter amount for 2018 only			2	
	Total for prior years: 20, 20, 20	menung, tap engage			
3	Excess distributions carryovor. If any. to 2019				† habiddidhaltsa'in.
٠.	Erom 2014	MANUTALIA GALLANDA ANTALIA Manutalia da		Profes existed in establication in income	
b	From 2015	preparate			p membanennumin
c	From 2016	Definition in the second second		The state of the s	er left attal dinefortivities of
d	From 2017	MINUM eggaleks			S panejmanana
Ð	From 2018	Titajigauryesasa materian, sust Ipaginaniyesa maganin tehaspet		and the general and the street of the street	rrika bengerasyak kotabban sebaspata Atro bengerasyahan menapatan
f	Total of lines 3a through e				: : : : : : : : : : : : : : : : : : :
4	Qualifying distributions for 2019 from Part XII,		-	•	
	line 4: ▶ \$7,416				
а	Applied to 2018, but not more than line 2a		<u>, </u>	2	
b	Applied to undistributed income of prior years			arry frage artisten in the special state of the spe	
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election	1		** *** *** *** *** *** *** *** *** ***	il interaction distribution
	roquirod see instructions)		; "		') finte-abilitada de de de la la la la la la la la la la la la la
d	Applied to 2019 distributable amount	stetantekka arra	***************************************		
0	Remaining amount distributed out of corpus	7,414	······································	agalaga asal pada dala da a a da agalaga asal pada dala da a a da	
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same			grigad nam jibi, jab gada , chai. Bananistanja naminibo ana isa	
	amount must be shown in column (a).)			the safe refer to the safe at	
6	Litter the net total of each column as	<u> </u>	•		4 4
_	Indicated below.	7,414	,	delanting of the relation	
	Corpus. Add lines 3t, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract	,,,,,,			
U	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
Ŭ	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	#			
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount – see instructions				
e	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount - see				
	instructions .		1. 1 1 1,1,1,1		
f	Undistributed income for 2019. Subtract lines		<i>.</i>		
	4d and 5 from line 1. This amount must be				
	distributed in 2020		p i e		·····
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		'• <u> </u>	. 64. 11. 31. 36.6. 66. 64. 64. 66. 11	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)			***************************************	
8	Excess distributions carryover from 2014 not			. 2(, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
9	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2020.		·		
3	Subtract lines 7 and 8 from line 6a				***************************************
0	Analysis of line 9.	prosecution (2020)	***************************************		
a	Excess from 2015	}*************************************		***************************************	
b	Excess from 2016		Tigo or Take of Tigo		
c	Excess from 2017		- [11 ,		
d	Excess from 2018				
e	Excess from 2019				
					

*****	1990-PF (2019) Adapt The Wo			82-54468		Page 10
P	art XIV Private Operating Fo	undations (see ins	structions and	Part VII-A, questic	n 9)	
1a	If the foundation has received a ruling or	determination letter that	at it is a private ope	erating		•
	foundation, and the ruling is effective for			_		N/2
b	Check box to indicate whether the found	ation is a private operat	ing foundation des		942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Totai
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(5)
	investment return from Part X for	1.4				
	each year listed	ΙXο				l X
b	85% of line 2a					<u> </u>
С	Qualifying distributions from Part XII,					
	line 4, for each year listed	7,416				7,41
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	7,416				7,410
3	Complete 3a, b, or c for the			1	1	·
	atternative test relied upon:					
а	"Assets" alternative test – enter.					
•	(1) Value of all assets	1				
	(2) Value of assets qualifying under	•				•
	section 4942(j)(3)(B)(I)					
ь	"Endowment" alternative test – enter 2/3		····			
D	of minimum investment return shown in				,	
		1,253		,		1,254
_	Part X, line 6, for each year listed	1,233		* 		1,23
C	"Support" alternative test – enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income		•	Ĭ		
Pa	art XV. Supplementary Inform	nation (Complete	this part only	if the foundation	had \$5,000 or m	ore in assets at
-	any time during the y	ear – see instruct	tions.)			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	have contributed more	than 2% of the to	tal contributions receive	ed by the foundation	
	before the close of any tax year (but only					
	N/A	,		()	(-//	
	List any managers of the foundation who	own 10% or more of th	ne stock of a corpo	oration (or an equally lar	ge portion of the	
_	ownership of a partnership or other entity			•	0 - P	
	N/A	,,	3			
2	Information Regarding Contribution,	Grant Gift Loan Sch	olarship etc. Pro	ograms:		
-		makes contributions to	-	_	does not accept	
	unsolicited requests for funds. If the four			-		
	complete items 2a, b, c, and d. See instr	• •	unto, etc., to maivid	idais or organizations d	rides other conditions,	
	10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		the person to who	m applications should b	o addrocod:	· · · · · · · · · · · · · · · · · · ·
a	The name, address, and telephone numl	Del Or email address of	the person to who	m applications should b	e addressed.	
	See Statement 5					
				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	The form in which applications should be					
	THERE IS NO PREDESCR	KIRED LOKWAL	AT THIS	TIME		
С	Any submission deadlines					
	THERE ARE NO DEADLIN					· ·
d	Any restrictions or limitations on awards,	such as by geographic	al areas, charitabl	e fields, kinds of institu	tions, or other	
	factors:					
	NO CURRENT RESTRICT	ONS	·	 -		
DAA						Earn 990-PF (2010

Part XV Supplementary Information (c 3 Grants and Contributions Paid During	continued)			
	the Year or Approved to If recipient is an individual,		I	
Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Toupion	·	
a Paid during the year N/A				
N/A				
			İ	
Total			▶ 3a	
b Approved for future payment				
N/A				
	,			
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing	Activities				
Enter gross am	ounts unless otherwise indicated.	Unrelate	ed business income	Excluded	l by section 512, 513, or 514	(0)
4. D		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program se				 		
2		_		 		
				-		
		_		 		
_		-		 		· · · · · · · · · · · · · · · · · · ·
· -		-				
7 Ease or	nd contracts from government agencies	_		 	· · · -	
-	p dues and assessments			1		
•	savings and temporary cash investments			1		
	and interest from securities			14	660	
	ncome or (loss) from real estate:			amatiir		
	nanced property	remain i.		10 m	111111111111111111111111111111111111111	
	ot-financed property					
	ncome or (loss) from personal property					
7 Other inves				1	3,747	
	s) from sales of assets other than inventory			18	6,466	
•	or (loss) from special events					
	t or (loss) from sales of inventory					
	nue: a					
b						
е						
12 Subtotal. Ad	dd columns (b), (d), and (e)		0		10,873	
13 Total. Add	line 12, columns (b), (d), and (e)				13 _	10,873
	in line 13 instructions to verify calculations.)					
Part XVI-B	•					
Line No.	Explain below how each activity for which inco					
N/A	accomplishment of the foundation's exempt pu	urposes (other tha	in by providing tunds t	or such	purposes). (See instru	ictions.)
N/A						
					· · · · · · · · · · · · · · · · · · ·	
						
	<u></u>					
		·				
· · · · · · · · · · · · · · · · · · ·						-
			,			<u> </u>
			·			
						· · · · · · · · · · · · · · · · · · ·

Part XVII	2019) Adapt The Information Reg Organizations			82-5446855 ctions and Relationships With Noncl	naritable		np
1 Did the c		directly engage	in any of the following with a	ny other organization described	122221	Yes	No
		tion 501(c)(3) c	organizations) or in section 52	7, relating to political	1111111		
organizat							
		idation to a non	charitable exempt organization	on of:			
(1) Cash (2) Othe			•	•	1a(1)		X
b Other tra			•		1a(2)	lektret	13144
	of assets to a nonchard	table exempt o	roanization		1b(1)	341444413	X
* *	hases of assets from a n		•		1b(2)		X
	al of facilities, equipment		. •		1b(3)		X
	bursement arrangement				1b(4)		X
(5) Loan	s or loan guarantees			·	1b(5)		X
(6) Perfo	rmance of services or m	nembership or f	fundraising solicitations		1b(6)		X
			er assets, or paid employees	Column (b) should always show the fair market	1c		X
(a) Line no	=	g arrangement		n. If the foundation received less than fair market e of the goods, other assets, or services received (d) Description of transfers, transactions, and sha	l	ents	
(a) Line no	iny transaction or sharing	g arrangement	, show in column (d) the valu	e of the goods, other assets, or services received	l	ents	
(a) Line no N/A 2a Is the four described	ndation directly or indirectly in section 501(c) (other	g arrangement (c) Name of	, show in column (d) the valu	e of the goods, other assets, or services received (d) Description of transfers, transactions, and sha	I. Inng arrangeme	ents	No
(a) Line no N/A 2a Is the four described	(b) Amount involved	g arrangement (c) Name of	show in column (d) the value nonchantable exempt organization	e of the goods, other assets, or services received (d) Description of transfers, transactions, and sha	I. Inng arrangeme		No

Under penalties of penury, 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 taxpayer) is based on all information of which preparer has any knowledge

Preparer's signature

ACCOUNTING SERVICES OF FLORIDA INC.

7000 W. PALMETTO PARK ROAD STE 210

BOCA RATON, FL 33433

Eric T. Feld, CPA

Form 990-PF (2019)

954-947-0045

Check if self-employed

X Yes

May the IRS discuss this return with the preparer shown below?

See instructions

Date

09/13/21

Firm's EIN > 45-4238815

P01527406

President

PTIN

Phone no

Sign

Here

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name

Firm's address ▶

Eric T. Feld, CPA

10:42 AM		Fair Market Value 53,956 53,956	4
Federal Statements	Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	Basis of Valuation S S S S S S S S S S S S S S S S S S	
		End of Year \$ 53,956 \$ 53,956	
		Beginning of Year	
		Description	
82-5446855		Securities	

10:42 AM

82-5446855

Federal Statements

Statement 5 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications

Description

JACOB LACOURSE 508-287-7669
320 OLD CENTER ST MIDDLEBORO MA 02346
JAKE@ADAPTTHEWORLDLABS.COM

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

THERE IS NO PREDESCRIBED FORMAT AT THIS TIME

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

THERE ARE NO DEADLINES

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NO CURRENT RESTRICTIONS

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 for the latest information. OMB No 1545-0047

2019

Name of the organization

Employer identification number

Adapt The Wo	orld Labs Inc	82-544	6855
Organization type (check	one).		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization	I	
	4947(a)(1) nonexempt charitable trust not tr	reated as a private foundation	
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation	
	501(c)(3) taxable private foundation		
	A Article		
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for bo	th the General Rule and a Special Rule See	
General Rule			
_	n filing Form 990, 990-EZ, or 990-PF that received, du or property) from any one contributor. Complete Parts contributions		
Special Rules			
regulations under s 13, 16a, or 16b, an	n described in section 501(c)(3) filing Form 990 or 990 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked and that received from any one contributor, during the yof the amount on (i) Form 990, Part VIII, line 1h, or (ii)	Schedule A (Form 990 or 990-EZ), Part II, line year, total contributions of the greater of (1)	
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form the year, total contributions of more than \$1,000 excl anal purposes, or for the prevention of cruelty to childr) instead of the contributor name and address), II, and	lusively for religious, charitable, scientific, ren or animals Complete Parts I (entering	
contributor, during contributions totale during the year for General Rule appli	the year, contributions exclusively for religious, chariful more than \$1,000. If this box is checked, enter here an exclusively religious, chariful to this organization because it received nonexclusion more during the year.	table, etc., purposes, but no such e the total contributions that were received on't complete any of the parts unless the	
990-EZ, or 990-PF), but it i	hat isn't covered by the General Rule and/or the Spec must answer "No" on Part IV, line 2, of its Form 990, t, to certify that it doesn't meet the filing requirements	or check the box on line H of its Form 990-EZ or of	on its

Name of organization

Adapt The World Labs Inc

Employer identification number 82-5446855

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 1 Onset Computer Corp Person 470 MacArthur Blvd **Payroll** 52,685 Noncash MA 02532 Bourne (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

Adapt The World Labs Inc

Employer identification number 82-5446855

Rant III 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) MV (or estimate) ee instructions.)	(d) Date received
1	Stocks		
	· ·	\$ 52,685	04/04/19
a) No. from Part I	(b) Description of noncash property given	(c) MV (or estimate) see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) WV (or estimate) lee instructions.)	(d) Date received
	·		
		\$	
(a) No. from Part I	(b) Description of noncash property given	 (c) //V (or estimate) see instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) #V (or estimate) ee instructions.)	(d) Date received
	•		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) //V (or estimate) ee instructions)	(d) Date received
		\$ 	