efil	e Pu	ublic Visu	al Render	ObjectId: 20212	2359349300917 - S	ubmission:	2021-08	3-23	T	N: 04-2963426			
	00		R	eturn of Organ	nization Exemp	t From I	ncome	Tax	(OMB No. 1545-0047			
Form	95	90	Under sectio	n 501(c), 527, or 4947	(a)(1) of the Internal Re-	venue Code (e	except priv	ate foundatio	ons)	2020			
Department of the Treasury Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest information									Open to Public Inspection				
A F	or th	ne 2020 ca			01-01-2020 , and end	ling 12-31-2	020						
_		applicable: change	C Name of organ OARS Inc	nization				D Employer 04-29634		ication number			
Name change Doing business as													
_		irn/terminated	Number and c	traat (or BO, boy if mail is	not delivered to street address) Room/suite		E Telephone	number				
		tion pending	23 Bradford S	treet) Room/suite		(978) 36	9-3956				
			City or town, Concord, MA		nd ZIP or foreign postal code			G Gross rece	eipts \$ 2	83,783			
			Allan Fierce 23 Bradford S		cer:		subor	a group retu dinates? I subordinate		□ _{Yes} ✓ _{No}			
I Tax	x-exe	mpt status:	Concord, MA	-			includ	ed?		🗌 Yes 🗍 No			
		-	501(c)(3) ://www.oars3	└─── 501(c) (_) ◀ (inser rivers.org	t no.) 4947(a)(1) or	<u> </u>		," attach a lis exemption n	•				
K Form	n of o	organization:	Corporation	n 🗌 Trust 🗌 Associatio	n 🗌 Other 🕨	Ľ	lear of forma		M State MA	of legal domicile:			
P	art I	Sum	mary										
s & Governance			f voting memb		dy (Part VI, line 1a) , governing body (Part VI, I				3 4	12 12			
ttie	5	Total num	ber of individu	als employed in calenda	ar year 2020 (Part V, line 2	2a)			5	4			
Activities	6	Total num	ber of volunte	ers (estimate if necessa	ry)				6	200			
A	7a	Total unre	lated business	revenue from Part VIII,	column (C), line 12 .				7a				
	b	Net unrel	ated business	taxable income from Fo	m 990-T, line 39 . .		7a Total unrelated business revenue from Part VIII, column (C), line 12						
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eni			-	s (Part VIII, line 1h) .			 Pri	or Year	7b	0 Current Year			
Revenue		-		o (Dort)/III line 2a)			 Pri	or Year 211,16		Current Year 257,314			
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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.

Page 2 Form 990 (2020) Pa Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III (1) 1 Briefly describe the organization's mission: Protect, preserve and enhance the natural and recreational features of the Assabet, Sudbury and Concord rivers, their tributaries and watersheds 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? (2) 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? (2) 3 Did 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:	ign Date Paid Paid and a second sec	<u>,</u>	nomeage.									
Sign Here Date Paid Proparer Use Only Print/Type preparer's signature Date Print/Type preparer's value and tile Preparer's signature Date Print/Type preparer's value and tile Preparer's signature Date Print/States & Arrison PC Firm's name Values & Arrison PC Firm's address ₱ 112 Great East Proce so: (978) 406-9855 Litteion, MA: Dide0 No. 11282Y Form 990 (2 Page 2 Form 990 (2020) Form 990 (2020) Paid III Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III . Cat. No. 11282Y Prof 990 (2020) Page 2 Port III Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III . Cat. No. 11282Y Prof form 990 (2020) Page 2 2 Did the organization smission: Protect, preserve and enhance the natural and recreational features of the Assabet, Sudbury and Concord rivers, their tributaries and watersheds 2 Did the organization seconducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. 3 Did the organization schedule 0. If "Yes," describe these changes on Schedule 0. </th <th>ign Date Paid Paid and a second sec</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>2021 08 22</th> <th></th> <th></th> <th></th>	ign Date Paid Paid and a second sec								2021 08 22			
Pair Pair Ptigeraid Treasurer Paid Print, Type or print name and title Paid Print, Type or print name and title Program Print, Type prepared's name Prepared's signature Date Check. If PTIN Paid Print's name Value & Arrison PC Firm's CIN © 04-2215625 Print's outperformance Print's outperformance Value & Arrison PC Firm's address > 312 Great Read Phone no. (978) 486-9855 Utelon, MA, 01460 May the IRS discuss this return with the preparer shown above? (see instructions)	Unit Program Production Program Provide and bloc Paild Imm 5 and mark to be an end by the program of an end by the program of a significant program of a significant program of a significant program of a significant program services during the year which were not listed on the proof from 900 or 900 (2020) Program Provide and the program of a significant program services during the year which were not listed on the proof from 900 or 900 (2020) Program 2 Did the organization can be account program services during the year which were not listed on the proof from 900 or 900 (2020) Program Program 3 Did the organization can end whence the network of a significant program services during the year which were not listed on the proof from 900 or 900 (2020) Program Program 4 Bield W docribe these new services or Significant program services during the year which were not listed on the proof from 900 or 900 (2020) Program Program 5 Did the organization cases conducting, or make significant changes in how k conducts, any program services, as measured by expresses. Section 310((2) and 531((2) diversion) program service reparted. Provide account by expresses. 6 Code:) (Depenses \$ including grants of \$) (Revenue \$) 7 Code:) (Depenses \$ including grants of \$) (Revenue \$ <td< th=""><th>c.</th><th>Si</th><th>gnature of officer</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th></td<>	c .	Si	gnature of officer								-
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Part III Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III	Part III Statement of Program Service Accomplishments											
Check if Schedule O contains a response or note to any line in this Part III	Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2020)							Pag	je 2
1 Briefly describe the organization's mission: Protect, preserve and enhance the natural and recreational features of the Assabet, Sudbury and Concord rivers, their tributaries and watersheds 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	I Briefly describe the organization's mission: rotect, preserve and enhance the natural and recreational features of the Assabet, Sudbury and Concord rivers, their tributaries and watersheds. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	Par	t III St	atement of Program	Service A	ccomplishments						
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the prior Form 990 or 990-EZ?	<pre>the prior Form 990 or 990-EZ?</pre>	2	Did the or	ganization undertake any s	significant n	rogram services during	the year which	n were not li	sted on			
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?	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?	-		5 /	5 1		the year which	i were not it.		1		
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 11 "Ves," Lescribe these changes on Schedule 0. In 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 accomplishments for each of grants are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompted. 4a (Code:) (Expenses \$ 190,864 including grants of \$) (Revenue \$) Weter quality monitoring, measuring physical parameters along the rivers for use in evaluating water pollution; review of development projects; public outreach to promote good stewardship of river resources. bb (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$ including grants of \$) (Revenue \$)		•							,		
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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 👹	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	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> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 1	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \mathfrak{B}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	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> 🗐	11b		No
	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> 3	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	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>	18		No
19	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>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000$ of grants or other assistance to any domestic organization or domestic overnment on Part IX column (A) line 12 if "Yes " complete Schedule I. Parts I and II.	200		No

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Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

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~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t 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 $\ .$

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . .

 ${\bm b}~$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~ .

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	(gambling) winnings to pr	rize wir	nners?			•	•	•	•	•		•	•	•	•	•	•	•		

Yes

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Form	990 (2020)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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			
с	Enter the amount of reserves on hand			

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm 99	0 (2020)
				• (2020)
	Page 6			
-				
	990 (2020)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12		Yes	No
14	If there are material differences in voting rights among members of the governing			1
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			1
_	1b 12			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	┣───
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

S	ection 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)
19	Describe in 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: Alison Field-Juma 23 Bradford Street Concord, MA 01742 (978) 369-3956
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Form	n 990 (2020) Page 7
Pa	rt 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 \ldots \ldots \ldots \ldots \ldots \ldots \ldots \Box
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
	Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ompensation. 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."
who	List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the nization and any related organizations.
	List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 portable 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		one b	ox, ι n of tor/t	t ch unle: ficei	ss pers r and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)	related organizations	
(1) Paul Fitzgerald Treasurer	5.00	х		x				0	0	0	
(2) Jeff Collins Clerk	3.00	х		x				0	0	0	
(3) Dick Lawrence Director	3.00	х						0	0	0	
(4) Susan McArthur Director	3.00	х						0	0	0	
(5) Don Burn Director	3.00	х						0	0	0	
(6) Robert Donelan Director	3.00	х						0	0	0	
(7) Ingeborg Hegemann Vice President	5.00	х		x				0	0	0	
(8) Allan Fierce President	5.00	х		x				0	0	0	

(9) Paul Goldman	J.UU	x			0	0	0
Director	0.00				, i i i i i i i i i i i i i i i i i i i	0	Ŭ
(10) Kirk Doggett	3.00						
Director	0.00	х			0	0	0
(11) Pam Rockwell	3.00				0	0	0
Director	0.00				0	0	0
(12) Lisa Vernegaard Director	3.00	х			0	0	0
					ł		Form 990 (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	than c is b	ne b	ox, u n of	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	27́1099-MISĊ)	2/1099-MISC)	organization and related organizations
			•							
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)						•				

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright 0$

	line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
	Section B. Independent Contractors	5	NO
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensa	ition
	from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		(0)
	(A) (B) Name and business address Description of services		(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,0 compensation from the organization > 0	00 of	
		F	orm 990 (2020)
	Page 9		
	rage y		
	m 990 (2020)		Page 9
P	Part VIII Statement of Revenue		\Box
	Check if Schedule O contains a response or note to any line in this Part VIII	<u> </u>	
	Total revenue Related or Unrelated exempt business	4	Revenue excluded from
	function revenue		under sections
	derated campaigns 1a		512 - 514
nts			
Grants	embership dues 1b		
ŝ	35,893		
Gifts,	indraising events 1c		
	<u> </u>		
ontributions,	1d		
iģ	Bivernment grants (contributions) 1e		
ont o	2 81,091		
q	R other contributions, gifts, grants, and similar amounts not included		
	above 1f		
	140,330		
g	Noncash contributions included in lines 1a - 1f:\$ 1a		
	lines 1a - 11:\$ 1g		
	3		
h	Total. Add lines 1a-1f 257,314		
	Business Code		
1000			
5			
6			
į	£		
	f All other program service revenue.		
	9 Total. Add lines 2a–2f 0		
	3 Investment income (including dividends, interest, and other 11,706		11,706
	similar amounts)		

4 Income from invest	ment	of tax-exempt bond	d proceeds 🛛 🕨	0		
5 Royalties			▶	0		
		(i) Real	(ii) Personal			
6a Gross rents	ا د ا					
	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income	or (l	oss)		0		
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	14,763				
b Less: cost or other basis and sales expenses	7b	11,489				
c Gain or (loss)	7c	3,274				
d Net gain or (loss)				3,274	3,274	
Gross income from fu	ndrais	-				
(not including \$ contributions reported		of				
(not including \$ contributions reported See Part IV, line 18 b Less: direct expen		8a				
b Less: direct expen	c.o.c					
c Net income or (los			ts .	0		
c Net income or (los	3) 110		ls 🕨			
Gross income from	gamin	g activities.				
See Part IV, line 19	•	9a				
b Less: direct expen	ses	9b				
c Net income or (los	s) fro	m gaming activities	• •	0		
10aGross sales of inve returns and allowa	entory					
		10a				
b Less: cost of good		L L_				
c Net income or (los Miscellaneo			y 🕨	0		
11a		evenue	Busilless Code			
b						
с						
d All other revenue	•	-				
e Total. Add lines 1	1a-11	Ld	🕨			
12 Total revenue. S	ee ins	structions		0	2.274	11 700
				272,294	3,274	11,706

_____ Page 10 _____

Form 990 (2020)					Page 10
Part IX Staten	nent of Functional Expenses				
Section	501(c)(3) and 501(c)(4) organizations must	complete all columns	. All other organization	ons must complete c	olumn (A).
Check if	Schedule O contains a response or note to a	ny line in this Part IX			🗆
Do not include amo 7b, 8b, 9b, and 10b	ounts reported on lines 6b, of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	assistance to domestic organizations and ments. See Part IV, line 21	0			
	assistance to domestic individuals. See	0			

3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	161,410	116,773	37,021	7,616
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	1,740		1,740	
10	Payroll taxes	12,436	9,264	2,568	604
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	2,750		2,750	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,049	5,049		
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
	Royalties	0			
	Occupancy	19,850	17,384	1,699	767
	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	24		24	
	Insurance	2,543	2,227	218	98
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Lab Fees	22,987	22,987		
	b Equipment Rental	6,859	6,859		
	c Utilities	3,697	3,173	285	239
	d Other Expenses	3,269	2,062	1,110	97
	e All other expenses	5,547	5,086	196	265
25	Total functional expenses. Add lines 1 through 24e	248,161	190,864	47,611	9,686
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				

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Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$		🗆
		(A) Beginning of year	(B) End of year
	_ · · · · ·	40.047	77 007

	1	Cash-non-interest-bearing		• 1	48,317	1	//,00/
	2	Savings and temporary cash investments $\ .$			305,527	2	287,433
	3	Pledges and grants receivable, net			57,152	3	78,811
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s				6	0
ŝ	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use				8	0
SS	9	Prepaid expenses and deferred charges				9	0
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	33,648			
	ь	Less: accumulated depreciation	10b	31,038	2,634	10c	2,610
	11	Investments—publicly traded securities .			489,277	11	541,252
	12	Investments-other securities. See Part IV, line	11 .			12	0
	13	Investments—program-related. See Part IV, line	e 11 .			13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11		967	15	967	
	16	Total assets. Add lines 1 through 15 (must eq	ual line		903,874	16	988,080
	17	Accounts payable and accrued expenses			3,849	17	10,150
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		22		
Ť	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			3,849	26	10,150
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions			807,040	27	859,352
ind Ba	28	Net assets with donor restrictions	• •		92,985	28	118,578
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or ec	quipme	nt fund		30	
Assets	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
	32	Total net assets or fund balances			900,025	32	977,930
Net	33	Total liabilities and net assets/fund balances .			903,874	33	988,080
0.0000	1			I		1	Form 990 (2020)

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Form	990 (2020)		Page 12
Par	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1	272,294
2	Total expenses (must equal Part IX, column (A), line 25)	2	248,161
3	Revenue less expenses. Subtract line 2 from line 1	3	24,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	900,025
5	Net unrealized gains (losses) on investments	5	53,772
6	Donated services and use of facilities	6	
7	Thustment evenesses		

1		/	ĺ		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			977,930
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate is consolidated basis, or both:	oasis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O	•		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	igle	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	red	Зb		
	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII ccounting method used to prepare the Form 990: Cash ✓ Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain in Check if Schedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a aparate basis, consolidated basis, or both: ✓ Separate basis Consolidated basis Both consolidated and separate basis ere the organization's financial statements audited by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were compiled or a separate basis ere the organization's financial statements audited by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, onsolidated basis, or both: ✓ Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, onsolidated basis, or both: ○ Separate basis Consolidated basis Both consolidated and separate basis "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? the organi	F	orm 99	0 (2020)	

Additional Data

Return to Form

 Software ID:
 20011551

 Software Version:
 2020v4.0

Form 990, Special Condition Description:

Special Condition Description

em	e Pul	olic Visual	Render		20212235934930	J917 - Sub n	nission: 2021-	08-23	IN: 04-2963426 OMB No. 1545-0047
(Forr Departr	Department of the Treasury			nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form 9 5.gov/Form990 for in	ion 501(c)(3) mpt charitab 990 or Form 9) organization or le trust. 990-EZ.	a section	2020 Open to Public Inspection
Nam OARS		ne organiza	tion					Employer identific	
De	ut T	Descend	for Dublic	Charity Stat	us (All organization	a must some	lata this part) (04-2963426	
	r t I rganiz				e it is: (For lines 1 thro			see instructions.	
1		A church, c	onvention of	churches, or as	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990 or 990-EZ).)		
3		A hospital o	or a cooperat	ive hospital ser	vice organization desc	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical r name, city,		inization operat	ed in conjunction with	a hospital desc	cribed in section 1	L 70(b)(1)(A)(iii). E	nter the hospital's
5 6		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)	it of a college or univer) [,] governmental unit de	,	, , ,		bed in section
7				•	a substantial part of it				al public described in
8		section 17	'0(b)(1)(A)	(vi). (Complete			5		
9					escribed in 170(b)(1) See instructions. Enter				ege or university or a
10		An organiza from activit investment	ation that not ies related to income and	rmally receives: to its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert tess taxable income (le complete Part III.)	o of its support ain exceptions	from contributions, and (2) no more	s, membership fees, a than 331/3% of its su	pport from gross
11					d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or s	ection 509(a)(2)). See section 509(a	
а		Type I. A so organizatio	supporting or n(s) the pow	ganization oper	rated, supervised, or co	ontrolled by its	supported organiz	zation(s), typically by	
b		manageme	nt of the sup		pervised or controlled i ation vested in the sar and C.				
с		Type III f	unctionally	integrated. A	supporting organizatio ions). You must com				ated with, its
d		functionally	integrated.	The organizatio	 d. A supporting organi in generally must satis rt IV, Sections A and 	fy a distributior	n requirement and		
e f	Enter	integrated,	or Type III r	on-functionally	ved a written determir integrated supporting	organization.			I functionally
g					upported organization(· · · · · · · · · -	
		lame of supp organizatior	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota							+		
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	85F \$	Schedule A (Form 9	90 or 990-EZ) 2020
2 ek -		(Form 000		20	Pa	ge 2			
	iule A		r 990-EZ) 20		zations Described	in Sections	170(6)/1)/4)	(iv) and 170/6)/	Page 2
۳d		(Comple	ete only if y	ou checked th	he box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organi	zation failed to qua	alify under Part III.
		A. Public				/		,	•
Cale	ndary	vear		I	I	I	I	I	I

	fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	247,471	271,680	246,908	211,166	257,314	1,234,539
2	Tax revenues levied for the organization's benefit and either paid						0
	to or expended on its behalf						
-	The value of services or facilities furnished by a governmental unit to						0
	the organization without charge Total. Add lines 1 through 3	247,471	271,680	246,908	211,166	257,314	1,234,539
5	The portion of total contributions by	20,01	271,000	210,500	211,100	237,311	1,231,333
	each person (other than a governmental unit or publicly						
	supported organization) included on						0
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
	Public support. Subtract line 5 from line 4.						1,234,539
	ection B. Total Support						
	endar year fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	247,471	271,680	246,908	211,166	257,314	1,234,539
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	8,774	9,531	10,985	16,790	14,980	61,060
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	Total support. Add lines 7 through						1,295,599
12	10 Gross receipts from related activities, e	etc. (see instructio	ons)	<u> </u>		12	
13	First 5 years. If the Form 990 is for the	he organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					► 🗆	
S	ection C. Computation of Public		-				
14	Public support percentage for 2020 (lir					14	95.290 %
15	Public support percentage for 2019 Sch					15	96.340 %
16a	33 1/3% support test—2020. If the and stop here. The organization quality						
b							
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	-2020. If the ore meets the "facts	ganization did not -and-circumstanc	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and stop he	, and line 14 ere. Explain	►
b	organization	t—2019. If the or ation meets the "f	rganization did no facts-and-circums	t check a box on li tances" test, checl	ine 13, 16a, 16b, (k this box and sto	or 17a, and line p here.	_
18	supported organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions		<u></u>		Schedu	 le A (Form 990 d	► 🗆
					50.000		
			Page 3				

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 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 1 include any "unusual grants.") . 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business

Page 3

under section 513

Schedule A (Form 990 or 990-EZ) 2020

4								
-	organization's benefit and either paid							
5	to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to							
6	the organization without charge Total. Add lines 1 through 5						_	
	Amounts included on lines 1, 2, and							
b	3 received from disqualified persons Amounts included on lines 2 and 3						_	
D	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support			÷	•			
	ndar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Tota	
(or 1 9	fiscal year beginning in) Amounts from line 6					(-)	()	
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30,							
	1975.							
C 11	Add lines 10a and 10b. Net income from unrelated business						-	
11	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on. Other income. Do not include gain or							
	loss from the sale of capital assets							
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						_	
	11, and 12.).					501()(0)		
14	First 5 years. If the Form 990 is for the	-			-			\Box
50	check this box and stop here ction C. Computation of Public	Support Porce						
15	Public support percentage for 2020 (lir	ne 8, column (f) c	livided by line 1	, column (f)) .		15		
16	Public support percentage from 2019 S					16		
_						-		
Se	ction D. Computation of Invest	ment Income	Percentage					
Se 17	ction D. Computation of Invest Investment income percentage for 202	ment Income 20 (line 10c, colu	Percentage mn (f) divided b	y line 13, column	(f))	17		
17 18	Investment income percentage for 20 Investment income percentage from 2	20 (line 10c, colu 019 Schedule A,	mn (f) divided b Part III, line 17			18		
17 18 19a	Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the c	20 (line 10c, colu 019 Schedule A, organization did r	mn (f) divided b Part III, line 17 lot check the bo	on line 14, and	ine 15 is more that	18 n 33 1/3%, and lir		
17 18 19a	Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the onore than 33 1/3%, check this box and s	20 (line 10c, colu 019 Schedule A, organization did r stop here. The o	mn (f) divided b Part III, line 17 oot check the bo: rganization quali	on line 14, and fies as a publicly	ine 15 is more that supported organiza	18 n 33 1/3%, and lir	. 🕨 🗆	
17 18 19a	Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the	20 (line 10c, colu 019 Schedule A, organization did r stop here. The o e organization did	mn (f) divided b Part III, line 17 lot check the bo rganization quali not check a bo	on line 14, and fies as a publicly on line 14 or line	ine 15 is more that supported organiza e 19a, and line 16 i	18 n 33 1/3%, and lin ation s more than 33 1/2	. ▶□ 3% and lin	
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С	Did the organization ensure that all support to such organizations was used exclusively for section $1/0(C)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	In res, explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	42		
L	Did the examination have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organization's organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b		
	Schedule A (Form 990		0-EZ)	2020
	Schedule A (Form 990	01 991	0-EZ)	2020
	Page 5			
Sche	dule A (Form 990 or 990-EZ) 2020		ł	Page 5
Par	t IV Supporting Organizations (continued)			

			Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
	V1.			i

Т

2

Yes

No

Section B. Type I Supporting Organizations

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

carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No" describe in Part VI how control or management of the	ipported organization(s)? If "No," describe in Part VI how control or management of the	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

- 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?
 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- 2 were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- **3** By reason of the relationship described in line 2 above, 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.*

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** _____ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a 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 organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 Yes
 No

 b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for
 Yes
 No
 - 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a 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? If "Yes" or "No", provide details in **Part VI**.
 - **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.

Schedule A (Form 990 or 990-EZ) 2020

2b

3a

Зb

Page 6

Schedule A (Form 990 or 990-EZ) 2020

Page 6

Yes

2

3

No

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0)rgan i	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		

e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	ted Type III supporting organization (see

— Page 7 —

Schedule A (Form 990 or 990-EZ) 2020

Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	· · ·	organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI))	5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions. 				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				
i Carryover from 2015 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D, line 7: \$				

Page **7**

b Applied to 2020 distributable amou	nt		
c Remainder. Subtract lines 4a and 4	o from line 4.		
5 Remaining underdistributions for yea 2020, if any. Subtract lines 3g and If the amount is greater than zero, See instructions.	4a from line 2.		
6 Remaining underdistributions for 20. lines 3h and 4b from line 1. If the a than zero, <i>explain in Part VI</i> . See	mount is greater		
7 Excess distributions carryover to 3j and 4c.	2021. Add lines		
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 and 3; Part IV, Section E, lines 1c, 2 3; and Part V, Section E, lines 2, 5, a	b, and 11c; Part IV, Section B, lir a, 2b, 3a and 3b; Part V, line 1; I ind 6. Also complete this part for	
	Facts And Circu	mstances Test	
Return Reference		Explanation	
		Sc	hedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

 Software ID:
 20011551

 Software Version:
 2020v4.0

efile Public Visual Ren	der Objectld: 202122359349300917 - Submission: 2021-08-23	TIN: 04-2963426				
Schedule B	Schedule of Contributors	OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury	Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information.	2020				
Internal Revenue Service						
Name of the organization OARS Inc	E	imployer identification number				
-		04-2963426				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	\Box 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundatio	n				
	□ 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 other 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 33¹/₃% 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.

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

------ Page 3 ----

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3	
Name of or OARS Inc	ganization	Employer identification number 04-2963426		
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	

	1		, ,	
-			\$	
(a)			(a)	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$_	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$_	
			Schedule B (For	m 990, 990-EZ, or 990-PF) (2020)
		———— Page 4 ————		
Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4
Name of or	rganization		Employer ider	ntification number
OARS Inc			04-2963426	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) th e total of <i>exclusively</i> religious, ch structions.) ► \$	rough (e) and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, and	L (e) Transfer of gift ZIP 4 F	Relationship of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-				
	Transferee's name, address, and	L(e) Transfer of gift ZIP 4 F	Relationship of transferor to	o transferee
		[

(a) from
N۸	from

Part I	(b) i dipose oi giit		(0) 000 01 911			
. =		: <u> </u>				
	Transferee's name, address, a	nd ZIP 4	(e) Transfer of gift Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
. =		:		=		
	Transferee's name, address, a	nd ZIP 4	(e) Transfer of gift Relatio	nship of transferor to transferee		
			=			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

Return to Form

 Software ID:
 20011551

 Software Version:
 2020v4.0

efile Public Visual Render ObjectId: 202122359349300917 - Submission: 2021-08-23					TIN: 0	4-2963426			
	HEDULE D		Sunnlemen	tal Financial State	mente			OMB No	o. 1545-0047
Depar	m 990) tment of the Treasury		► Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes," 10, 11a, 11b, 11c, 11d, 11e, ▶ Attach to Form 990.	on Form 990 11f, 12a, or 1	2b.			020 to Public
	al Revenue Service		o to <u>www.irs.gov/Forn</u>	1990 for instructions and the	latest inforr				spection
	me of the organ RS Inc	Ization				-	loyer identi	fication	number
D		M				-	963426		
Pa				sed Funds or Other Simil s" on Form 990, Part IV, line		ACC	ounts.		
	p	<u></u>		(a) Donor advised fur			(b) Funds ar	nd other a	accounts
1	Total number at e	end of year .							
2			ns to (during year)						
3	Aggregate value	•							
4									
5	organization's p	roperty, subjed	t to the organization's ex	rs in writing that the assets hel clusive legal control?				_	Yes 🗌 No
6	charitable purpo	ses and not fo	r the benefit of the donor	onor advisors in writing that gra or donor advisor, or for any oth	ner purpose co	e use nferri	d only for ng impermis	_	Yes 🗌 No
Pa		vation Ease		s" on Form 990, Part IV, line	- 7				
1				nization (check all that apply).	≂ /.				
-			public use (e.g., recreation		rvation of an l	nistori	cally importa	nt land a	irea
	\Box	of natural hab		,	rvation of a ce				
	\square	on of open spa						leture	
2				qualified conservation contribut	ion in the forn	n of a	conservatior	ı	
-	easement on the					[f the Year
а	Total number of	conservation e	asements			2a			
b	-	,				2b			
С				c structure included in (a) .	4	2c			
d	structure listed in			red after 7/25/06, and not on a	historic	2d			
3	Number of consectax year	ervation easen	nents modified, transferre	d, released, extinguished, or te	rminated by th	ne org	anization du	ring the	
4	Number of state	s where prope	rty subject to conservation	n easement is located 🕨					
5				ne periodic monitoring, inspections?	on, handling of	f viola	tions,	Yes	
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and	l enforcing cor	nserva	tion easeme		
7	Amount of exper	nses incurred	in monitoring, inspecting,	handling of violations, and enfo	orcing conserva	ation e	easements d	uring the	year
8				above satisfy the requirements		0(h)(4	_	Yes	🗆 No
9	balance sheet, a	and include, if		ervation easements in its reven footnote to the organization's f ts.				es	
Pai	rt III Organiz	zations Mai	ntaining Collections	of Art, Historical Treasur s" on Form 990, Part IV, line		er Sin	nilar Asse	ts.	
1a	historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its reven lic exhibition, education, or rese ents that describes these items	earch in furthe				
b		res, or other s	imilar assets held for pub	C 958, to report in its revenue lic exhibition, education, or rese					
(•						▶\$		
(ii)Assets included	in Form 990,	Part X				▶\$		
2	If the organizati	on received or	held works of art, histori	cal treasures, or other similar a ASC 958 relating to these items	ssets for finan			he	
а	Revenue include	ed on Form 990), Part VIII, line 1				▶\$		
b									

For Paperwork Reduction	Act Notice, s	ee the Instruct	ons for Form 990.

				— Page 2					
Scho	dula D	(Form 990) 2020							Da a a 3
	: III	Organizations Maintaining Col	lections of	Art Histor	ical Tre	asures o	r Other Similar	Assets (con	Page 2
3	Using	the organization's acquisition, accession (check all that apply):							
а		Public exhibition		d		.oan or exch	ange programs		
b	\Box	Calcular in a second		е		Other			
с		Scholarly research							
		Preservation for future generations			c				
4	Provic Part X	le a description of the organization's col (III.	lections and ex	kplain how the	ey furthe	r the organiz	zation's exempt pur	pose in	
5		g the year, did the organization solicit or s to be sold to raise funds rather than to						🗌 Yes	🗆 No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		on Form 990), Part I\	/, line 9, or	reported an am	ount on Forn	n 990, Part X,
1a		organization an agent, trustee, custodi						_	_
	Includ	ed on Form 990, Part X?						Yes	🗆 No
b	If "Ye	s," explain the arrangement in Part XIII	and complete	the following	table:			Amount	
с		ning balance	•	-			1c		
d	Additi	ons during the year					1d		
е	Distril	outions during the year					1e		
f	Endin	g balance					1f		
2a	Did th	e organization include an amount on Fo	orm 990, Part X	(, line 21, for	escrow c	or custodial a	account liability?	. 🗌 Yes	
b	If "Yes	s," explain the arrangement in Part XIII.	. Check here if	the explanat	ion has b	een provide	d in Part XIII	. 🗆	
Pa	rt V	Endowment Funds.							
		Complete if the organization answ	vered "Yes" o (a) Current y	1), Part I\ Prior year		ears back (d) Three	vears back (e)	Four years back
1a	Beginni	ing of year balance	(a) current y		FIIOI year	(C) 100 y		years back (e)	Tour years back
	-	utions							
с	Net inv	estment earnings, gains, and losses							
d	Grants	or scholarships							
		expenditures for facilities ograms							
f	Admini	strative expenses							
g	End of	year balance							
2 a		le the estimated percentage of the curre designated or quasi-endowment	ent year end ba	alance (line 1	g, colum	n (a)) held a	IS:		
b	Perma	anent endowment 🕨							
с	Term	endowment 🕨							
_		ercentages on lines 2a, 2b, and 2c shou	•						
3a		nere endowment funds not in the posses ization by:	ision of the org	janization tha	it are new	a ana aamin	istered for the		Yes No
	(i) Ur	nrelated organizations						. 3a(i)	
	• •	elated organizations						. 3a(ii))
Ь		s" on 3a(ii), are the related organization						. 3b	
4		ibe in Part XIII the intended uses of the	-	endowment	runas.				
Par	t VI Descrij	Land, Buildings, and Equipmen Complete if the organization answ ption of property (a) Cost or oth (investme	vered "Yes" on the second seco	on Form 990 b) Cost or other			See Form 990, F		0. Book value
1a	Land				2,	,400			2,400
b	Building	gs							
с	Leaseh	old improvements							
d	Equipm	ient			31	,248	31,03	38	210
Tota	I. Add I	ines 1a through 1e. (Column (d) must e	equal Form 990), Part X, colu	ımn (B),	line 10(c).)			2,610

Schedule D (Form 990) 2020			Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on Fe (a) Description of security or category (including name of security)	(b) Book	(c) Metho	Part X, line 12. od of valuation: f-year market value
(1) Financial derivatives	value		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Þ		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Fe	orm 990, Part IV, li	ne 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
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo		e 11d. See Form 990, Pa	
(a) Description			(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•

 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.

 .
 (a) Description of liability

 (b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<u> </u>

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

	Page 4		
Calaa			
	dule D (Form 990) 2020 rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	Page 4
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)	1	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	n.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
c	Other losses	-	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	_	
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	
Par	rt XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line	4; Part X, line 2; Part XI,
inte			
	Return Reference Explanation		

Schedule D (Form 990) 2020

 Software ID:
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efile Public Visual Render		ObjectId: 202122359349300917 - Submission: 2021-08-23	TIN: 04-29634
SCHEDULE O (Form 990 or 990-EZ)	_		OMB No. 1545-00
		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on	

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 <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

Open to Public

Inspection

Return to Form

04-2963426

Return Reference	Explanation
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	The Organization has over 800 members who represent the general public.
Form 990, Part VI, Line 11b: Form 990 Review Process	A copy of the Form 990 is emailed to each director for review before return is filed.
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	Annual certification required of board members.
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	Board of Directors annually review the executive directors salary. All board members are independent
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Board of Directors annual review the compensation of key employees. All Board members are independent
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	All governing documents, policies and financial statements are availabe upon request.

Additional Data

Department of the Treasury

Name of the organization

Internal Revenue Service

OARS Inc

 Software ID:
 20011551

 Software Version:
 2020v4.0