Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

, 2020, and ending

Open to Public Inspection

, 20

В	Check	if applicable:	С					D Employ	er identi	fication number		
	P	Address change	OpenAQ Inc					47-	53242	172		
	N	Name change	4301 50th Street	NW, Suite 300	#1046			E Telepho	ne numb	per		
	li li	nitial return	Washington, DC 2	0016				(30	1) 53	31-4196		
	F	inal return/terminated										
	1	Amended return						G Gross r	eceipts \$	559,493.		
	A	Application pending	F Name and address of principa	l officer:			H(a) Is this			103 110		
			Same As C Above				H(b) Are all If "No,"	subordinates	included	1? Yes No		
I	Tax	c-exempt status:	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527	11 140,	attacii a iist	. 000 11131	il delions		
J	We	ebsite: ► ww	w.openaq.org				H(c) Group	exemption n	umber 🕨	•		
K	For	m of organization:	X Corporation Trust	Association Other ►	LY	ear of formati	ion: 2018	8 M s	State of le	egal domicile: DC		
Pa	rt I	Summar	у		•							
	1	Briefly descri	be the organization's missi	on or most significant	activities:To	fight a	air in	equali	ty by	y opening up		
ø		air qual	ity data and con	necting a dive								
auc		individuals and organizations.										
Activities & Governance												
õ	2	Check this bo		n discontinued its oper						_		
જ	3 4		oting members of the gover dependent voting members						3	<u>6</u> 5		
es	5		of individuals employed in						5	4		
Ξ	6		of volunteers (estimate if						6	0		
Act	7 a		ed business revenue from I						7a	0.		
	b	Net unrelated	I business taxable income	from Form 990-T, Part	I, line 11				7b	0.		
								rior Year		Current Year		
<u>o</u>	8		and grants (Part VIII, line	•				311,0		408,017.		
Revenue	9	-	vice revenue (Part VIII, line					131,7	60.	151,476.		
ě	10		ncome (Part VIII, column (A									
_	11 12		e (Part VIII, column (A), lir e – add lines 8 through 11					442,7	100	EEO 403		
-	13		imilar amounts paid (Part I					442,	82.	559,493.		
	14											
	15											
es	10							102,0	180.	300,067.		
Expenses	162		fundraising fees (Part IX, o									
Ä	k		sing expenses (Part IX, col	—		2,919.						
	17		ses (Part IX, column (A), lir	•				91,4		154,412.		
	18	•	es. Add lines 13-17 (must e	•				193,5		454,479.		
	19	Revenue less	expenses. Subtract line 1	8 from line 12				249,2	251.	105,014.		
s or			(D. 1.) (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					ng of Currer		End of Year		
ssets Salanc	20		(Part X, line 16)					276,9		626,127.		
Net Asse Fund Bal	21		•					•	62.	245,019.		
			fund balances. Subtract li	ne 21 from line 20				270,9	62.	381,108.		
	rt II	Signatur										
Unde	er pena olete. I	alties of perjury, I de Declaration of prepa	eclare that I have examined this returned the returned that I have examined this returned that I have examined this returned to the returned that I have examined this returned that I have examined the returned the retu	irn, including accompanying so all information of which prepar	chedules and staten rer has any knowled	nents, and to lge.	the best of m	y knowledge	and belie	ef, it is true, correct, and		
		<u> </u>										
Ci,	ın	Signatu	re of officer				Da	te				
Siç He	jii re	Poh	in Wilson				Treas	niror				
	. •		print name and title				iieas	surer				
		Print/Type p	preparer's name	Preparer's signature		Date		Check	if I	PTIN		
Pa	id	John	Coleman	John Coleman				self-employ		P02095546		
	ıu epar					I						
Us	e O	nly Firm's addre			te 600			Firm's EIN	▶ 81-	-4933403		
		J	Reston, VA 20	•				Phone no.		-306-0568		
May	/ the	IRS discuss th	is return with the preparer		structions					X Yes No		

Par	t III	Statement of Program Se				
		Check if Schedule O contains a	-	e in this Part III		
1		y describe the organization's miss				
		fight air inequality				<u>verse</u>
	glo	bal, grassroots commu	<u>nity of individua</u>	<u>ls and organiza</u>	<u>ations.</u>	
2	Did th	e organization undertake any signifi	cant program services during t	the year which were not	listed on the prior	
_		990 or 990-EZ?			· —	Yes X No
		s," describe these new services on \$				ics A No
3		e organization cease conducting		s in how it conducts. a	inv program services?	Yes X No
		s," describe these changes on Sche		,	, i	
4	Section	ibe the organization's program so on 501(c)(3) and 501(c)(4) organi evenue, if any, for each program	zations are required to report	each of its three larges rt the amount of grants	at program services, as measu as and allocations to others, the	red by expenses. total expenses,
4 a	(Code	:) (Expenses \$	269,070. including	grants of \$) (Revenue \$	138,059.)
		nAQ scaled our data p			neguality. The plat	
		eived an estimated 15				
		s program to 1.) expa				
		-cost sensor data; 2.				
		ch has expanded the C		<u>include data :</u>	<u>from 133 countries.</u>	3.) build _
	new	tools to increase da	<u>ta accessibility.</u>			
	<i>(</i> 0 1	\	CO 000 : 1 !			10 417 \
4 b	(Code		60,827. including) (Revenue \$	
		nAQ used funding from				
		<u>munities around the wa</u> ues. This included th				
					acis in the air qua	iicy iicia_
	<u> </u>	<u> </u>	ded did communicy			
	leadership program dedicated to supporting emerging leaders in the air quality fiel with expertise in open data and community engagement. Code:) (Expenses \$ including grants of \$) (Revenue \$)					
4 c	(Code	e:) (Expenses \$	including (grants of \$) (Revenue \$)
4 d	Other	program services (Describe on S	Schedule O.)			
ru	(Ехре		including grants of \$)	(Revenue \$)
4 e		program service expenses ►	329,897.	,	· • · · · · · · · · · · · · · · · · · ·	,

Form 990 (2020) OpenAQ Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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 Il</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	I 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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
t	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	Х	
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		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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 government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Part IV Checklist of Required Schedules (continue	Part IV Checklist of Peguired Schedules (continu
---	--

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a 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		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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?	24d		
25	a 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		Х
ļ	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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
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		Х
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		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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			
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
I	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA			990 (3020°

Form 990 (2020) OpenAQ Inc

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.,,
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
١	of If 'Yes,' enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a 5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
	· · · · · · · · · · · · · · · · · · ·			
	a 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?	6 a		Х
	of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a 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?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
	Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			• • •
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders.			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ě	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.6		v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on 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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2020) OpenAQ Inc Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.......... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > DC CA NY MD MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Robin Wilson 4301 50th Street NW, Suite 300 #1046 Washington DC 20016 (301) 531-4196

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (E) (F) Name and title Reportable Reportable Average Estimated amount hours director/trustee) compensation from compensation from of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer employee ndividual nstitutional trustee Highest compensated ormer (list any employee and related hours for organizations related organiza l trustee tions helow dotted (1) Chisato Calvert 40 Deputy Director 0 Χ 0 88,747 19,475. (2) Christa Hasenkopf 40 CEO (resigned Sep 2020) 0 Χ Χ 0 66,560 6,656. (3) Jeremy Taub 40 CEO 0 Χ Χ 27,923 0 2,792. (4) Matthew Higgins 10 Treasurer (resigned Dec 2020) 0 Χ Χ 0 0 0. (5) Olaf Veerman 10 Chairperson (resigned Jun 2020 0 Χ Χ 0 0. 0. (6) Robin Wilson 10 Treasurer 0 Χ Χ 0. 0 0. (7) Heidi Yoon 10 Χ Χ 0. Chairperson 0 0. 0. (8) Aimee Barciauskas 10 Director 0 Χ 0 0. 0. (9) Joe Flasher 10 Director (resigned Dec 2020) 0 Χ 0 0. 0. (10) (11)(12)(13)(14)

Form 990 (2020) OpenAQ Inc 47-5324172 Page 8												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C)												
(A) Name and title	Average hours per week	offi	, unle cer a	Pos check ess pe nd a d	sition more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	C	(F) ated amou	
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	the o	nsation fro rganizatio d related anizations	n
(15)												
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							>	183,230.	0.		28,92	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	0. 183,230.	0.		28,92	0.
2 Total number of individuals (including but not limited from the organization ► 0							ved					<u></u>
3 Did the organization list any former officer, direct	tor truste	e ke	2V 6	mnle	ovec	or	hiał	nest compensated	employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	h individu	ıaİ	· · · ·		· · · ·					. 3		X
the organization and related organizations greated such individual	er than \$1	50,0	00?	If '	∕es,	' com	ıple	te Schedule J for		. 4		X
 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes Section B. Independent Contractors 	e comper s,' comple	satio te So	n fr chec	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	. 5		X
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epen the c	den alen	t coi	ntra year	ctors endii	tha	t received more the truly or with or within the or	han \$100,000 of ganization's tax yea	r.		
(A) Name and business add	ress							Description (of services	Compe	C) nsation	ı
2 Total number of independent contractors (including b	out not lim	ited to	o the	ose I	listed	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization												

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 408,017 **q** Noncash contributions included in h Total. Add lines 1a-1f.... 408,017 **Business Code** Program Service Revenue 2a Data Platform Growth 900099 138,059 138,059 b Community Engagement 900099 13,417 13,417 **f** All other program service revenue. . . g Total. Add lines 2a-2f 151,476 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue. . e Total. Add lines 11a-11d

559

493

151

476

0

Total revenue. See instructions......

12

Part IX Statement of Functional Expenses

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

Do i	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	103,931.	60,220.	39,321.	4,390.
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.	0.	0.	0.
7	Other salaries and wages	148,544.	99,359.	43,007.	6,178.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	,			,
	employer contributions)	14,661.	11,163.	2,898.	600.
9	Other employee benefits	10,715.	5,964.	4,005.	746.
10	Payroll taxes	22,216.	13,423.	7,908.	885.
11	Fees for services (nonemployees):				
	Management				
ŀ	Legal	2,178.		2,178.	
	Accounting	4,710.		4,710.	
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$ch. 0 Advertising and promotion	133,620.	133,620.		
13	Office expenses	4,490.	724.	3,646.	120.
14	Information technology	91.	, = 1,	91.	
15	Royalties	521		32.	
16	Occupancy				
17	Travel	200.	160.	40.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2001	2001	201	
19	Conferences, conventions, and meetings	299.		299.	
20	Interest	230.		230.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,755.	4,890.	865.	
23	Insurance	1,092.	,	1,092.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	·			
á	Recruitment	839.		839.	
	Licenses and Fees	445.		445.	
	Platform Infrastructure	395.	374.	21.	
	Penalties	68.		68.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	454,479.	329,897.	111,663.	12,919.
26	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)				

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			263,883.	1	536,123.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	73,851.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ier officer, I contribut	director, or, or 35%		5	
	_			-		J	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		``		7	
Ø	7	Inventories for sale or use					
ě	8			 -		9	C 4 F
Assets	9	Prepaid expenses and deferred charges	1 1			9	645.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		8,222.			
	b	Less: accumulated depreciation		865.		10 c	7,357.
	11	Investments — publicly traded securities		11			
	12	Investments – other securities. See Part IV, line 11		12			
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets	13,041.	14	8,151.		
	15	Other assets. See Part IV, line 11		<u> </u>		15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		276,924.	16	626,127.
	17	Accounts payable and accrued expenses		17	25,368.		
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue		<u> </u>		19	189,260.
	20	Tax-exempt bond liabilities		<u> </u>		20	
ië	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	5%		22	
!	23	Secured mortgages and notes payable to unrelated th	nird partie	s		23	
	24	Unsecured notes and loans payable to unrelated third	l parties			24	29,100.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relat	ed third parties, t X of Schedule D.	5,962.	25	1,291.
	26	Total liabilities. Add lines 17 through 25			5,962.	26	245,019.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥ ► ∑	(
曺	27	Net assets without donor restrictions			133,634.	27	210,002.
m	28	Net assets with donor restrictions	137,328.	28	171,106.		
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here >	·			
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm			30		
SS	31	Retained earnings, endowment, accumulated income,	, or other	funds		31	
t A	32	Total net assets or fund balances			270,962.	32	381,108.
ž	33	Total liabilities and net assets/fund balances			276,924.	33	626,127.
RΔ	Λ		TEEA0111L	10/07/20	•		Form 990 (2020)

Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response or note to	any line in this Part XI					. X		
1 Total revenue (must equal Part VIII, column (A), line 12)			1	55	9,4	93.		
2 Total expenses (must equal Part IX, column (A), line 25)			2	45	54,4	79.		
3 Revenue less expenses. Subtract line 2 from line 1			3	105,014.				
4 Net assets or fund balances at beginning of year (must equ	al Part X, line 32, column ((A))	4			62.		
5 Net unrealized gains (losses) on investments			5					
6 Donated services and use of facilities			6					
·								
8 Prior period adjustments			8					
Other changes in net assets or fund balances (explain on S	chedule O). See Sched	ule 0	9		5,1	32.		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))								
Part XII Financial Statements and Reporting		•						
Check if Schedule O contains a response or note to	any line in this Part XII					. X		
				`	Yes	No		
1 Accounting method used to prepare the Form 990: Cas	h X Accrual O	ther <u>See Sch. 0</u>						
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 re	viewed by an independent	accountant?		2a		Χ		
If 'Yes,' check a box below to indicate whether the financia separate basis, consolidated basis, or both: Separate basis Consolidated basis Bot	statements for the year we n consolidated and separat	'	d on a					
b Were the organization's financial statements audited by an	independent accountant?			2 b	Χ			
If 'Yes,' check a box below to indicate whether the financia basis, consolidated basis, or both: X Separate basis Consolidated basis Bot	statements for the year we h consolidated and separat	•	te					
c If 'Yes' to line 2a or 2b, does the organization have a committee review, or compilation of its financial statements and selections.	that assumes responsibility ion of an independent according	for oversight of the audit, ountant?		2 c		Х		
If the organization changed either its oversight process or son Schedule O.	, ,	3 , 1						
3 a As a result of a federal award, was the organization required to Audit Act and OMB Circular A-133?	undergo an audit or audits as	s set forth in the Single		3 a		Х		
b If 'Yes,' did the organization undergo the required audit or audits or audits, explain why on Schedule O and describe any ste	S .			3 b				
BAA	EA0112L 10/19/20			Form !	990 (2020)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number OpenAO Inc 47-5324172 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E)

Total

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			99,341.	311,022.	408,019.	818,382.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0.	0.	99,341.	311,022.	408,019.	818,382. 231,802.
6	Public support. Subtract line 5 from line 4						586,580.
Sec	tion B. Total Support						33373331
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0.	0.	99,341.	311,022.	408,019.	818,382.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	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.) See Part VI.			41,760.	131,760.	151,476.	324,996.
	Total support. Add lines 7 through 10						1,143,378.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	324,996.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ 🏻
Sec	tion C. Computation of Pul	olic Support P	ercentage			1 - 1	
14 15	Public support percentage for 20 Public support percentage from 2	20 (line 6, columr 2019 Schedule A	ı (f), divided by lii Part II. line 1/	ne 11, column (f)))	14	<u>%</u> %
	33-1/3% support test—2020. If the and stop here. The organization	ne organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2019. If th and stop here. The organization	e organization did	not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	Explain in Part \(^{}\)	√I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the facts-ard-circumstances' t	nd-circumstances est. The organiza	test, check this betien qualifies as a	oox and stop here a publicly support	Explain in Part 'ed organization	VI how the▶

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.)

Sec	tion A. Public Support		piedes sempiete .	<u> </u>							
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(5) 2517	(0) 2010	(a) 2313	(6) 2020	(i) Total				
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 under section 513.										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.										
С	Add lines 7a and 7b										
8	Public support. (Subtract line 7c from line 6.)										
	tion B. Total Support				1						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Amounts from line 6										
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
_	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
	Total support. (Add lines 9, 10c, 11, and 12.)										
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶				
	tion C. Computation of Pul					, ,					
	Public support percentage for 20	•			-		%				
	Public support percentage from 2						%				
Sec	tion D. Computation of Inv										
17		· ·		-		-	%				
	Investment income percentage f					<u> </u>	%				
	is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐				
	33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	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.	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		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
b	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 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.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II 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.).	10b		

Pai	<u>t IV</u>	Supporting Organizations (continued)			
11	Hac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
ı	A fan	nily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		I I	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
•	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		ing the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
		2		Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
ı	, ∏ ⊤	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
_		"		I I	
		ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
l	more reaso	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
_					
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
i	each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	За		
ı		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See . through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

BAA

10 Line 8 amount divided by line 9 amount

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). 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 3e			
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: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
RΛΛ		Cabadula A (Fa	rm 990 or 990-F7) 202

BAA

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Part VI

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

Part II, Line 10 - Other Income

Nature and Source	2020	2019	2018	2017	2016
Program service revenue Total		\$ 131,760. \$ 131,760.		\$ 0.	\$ 0.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

Оре	enAQ Inc	47-5324172
Pai		or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds c for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pur impermissible private benefit?	an be used only pose conferring Yes No
Pai	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of last day of the tax year.	a conservation easement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	2a
	b Total acreage restricted by conservation easements.	2 b
(c Number of conservation easements on a certified historic structure included in (a)	2 c
(d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the oftax year ►	rganization during the
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	ng of violations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ▶\$	on easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exinclude, if applicable, the text of the footnote to the organization's financial statements that described conservation easements.	pense statement and balance sheet, and ribes the organization's accounting for
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	her Similar Assets.
1 :	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or research in fur- Part XIII the text of the footnote to its financial statements that describes these items.	ment and balance sheet works of art, irtherance of public service, provide in
I	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen historical treasures, or other similar assets held for public exhibition, education, or research in furtheran following amounts relating to these items:	ce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶\$
2	amounts required to be reported under FASB ASC 958 relating to these items:	
	a Revenue included on Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	

Part III Organizations Maintai	ining Colle	ctions of Ar	τ, Historic	cal Treasures, or	Otner Similar Ass	ets (contini	uea)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other records	_	· ·	ake significant use of its	collection	
a Public exhibition		d	Loan or e	exchange program			
b Scholarly research		е	Other				
c Preservation for future generation	ations						
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and explain	how they fur	ther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained as par	t of the orga	nization's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990, F	Part X, line	organization ans e 21.	wered 'Yes' on Fo	rm 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other inter	rmediary for	contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	nd complete th	ne following	table:	•		
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2 a Did the organization include an a	mount on For	m 990, Part X	, line 21, for	escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. (Check here if the	he explanation	on has been provided	d on Part XIII	[
Part V Endowment Funds. C			ation answ				
	(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage		-	•	g, column (a)) held a	is:		
a Board designated or quasi-endowme		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5				
b Permanent endowment ▶	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
c Term endowment ►	%						
The percentages on lines 2a, 2b, ar							
3 a Are there endowment funds not in the organization by:						Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	•		•			. 3b	
4 Describe in Part XIII the intended			endowment [*]	funds.			
Part VI Land, Buildings, and I Complete if the organi			on Form 9	990, Part IV, line	11a. See Form 99	0, Part X, I	ine 10.
Description of property		(a) Cost or oth	er basis ent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land		-	·				
b Buildings							
c Leasehold improvements							
d Equipment							
e Other				8,222.	865.	7	,357.
Total. Add lines 1a through 1e. (Colum		aual Form 990.	Part X. colu				,357.
BAA	(1)	, : : ::-0,	,	(),		ule D (Form 99	

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
A) B)			
B)			
<u>(C)</u>			
(D)			
<u>(F)</u>			
(G) (H)			
(l)			
Fotal. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	l 'Yes' on Form 99	0. Part IV. line 11c. See Form	990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/2		990 Part X line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/2		990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/I Yes' on Form 99		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/i	0, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a)	N/i	0, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. 1. (a) Description:	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description (b) Federal income taxes	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (a) Description of the part of the p	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (a) Description (Column (b) withholding (3)	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (a) Description (Column (b) withholding (3) (4)	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor of the organization answered 'Yes' on Factor of the organization answered 'Yes' on Factor of the organization	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (1) Federal income taxes (2) 401k withholding (3) (4)	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fall. (1) Federal income taxes (2) 401k withholding (3) (4) (5) (6)	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (1) Federal income taxes (2) 401k withholding (3) (4) (5) (6) (7) (8) (9)	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (1) Federal income taxes (2) 401k withholding (3) (4) (5) (6) (7) (8) (9) (10)	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value 5. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (1) Federal income taxes (2) 401k withholding (3) (4) (5) (6) (7) (8)	N/i I 'Yes' on Form 99 scription B) line 15.)	10, Part IV, line 11d. See Form	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	626,388.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2 e	66,895.
3 Subtract line 2e from line 1	3	559,493.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	559,493.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
	Retur 1	521,374.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a 66,895.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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. 2 december 12a. 2 december 25: 2 december 25: 2 december 26, 895.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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. 2 d 2 d 2 d 2 d	1	521,374.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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.)	1	521,374. 66,895.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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.	1 2 e	521,374.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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. 3 Subtract line 2e from line 1.	1 2 e	521,374. 66,895.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	1 2 e	521,374. 66,895.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	1 2e 3	521,374. 66,895. 454,479.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2e 3	521,374. 66,895.

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

BAA Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.

2020

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

						opecus
Name	of the organization				Employer identi	fication number
9 a 0	enAO Inc				47-53241	
Pai	General Informat on Form 990, Par		es Outside the	e United States. Complet	e if the organizatio	n answered 'Yes'
1				substantiate the amount of its celection criteria used to award		
2	For grantmakers. Describe in United States.	n Part V the organiz	zation's procedures	for monitoring the use of its gra	nts and other assistance	outside the
3	Activities per Region. (The	following Part I, I	ine 3 table can be	e duplicated if additional space	is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region Pt V Pt V
					Software	
(1)	Europe		1	Program services	development	3,500.
(2)	Europe			Fundraising		0.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17\						

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

3a Subtotal.....

b Total from continuation sheets to Part I.....

Schedule F (Form 990) 2020

3,500.

3,500.

47-5324172

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	>	
	Enter total number of other organizations or entities		
≺ .	Enter total number of other organizations or entities		

BAA Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	•			•	•	Schedule F	(Form 990) 2020

		(opoling inc	1, 00011,0	- 3 -
Pa	rt IV	Foreign Forms		
1	organiz	e organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the zation may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	required of Cert	organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be d to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt tain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organiz	organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the zation may be required to file Form 5471, Information Return of U.S. Persons With Respect to Center Corporations (see Instructions for Form 5471)	ertain Yes	X No
4	electing Return	ne organization a direct or indirect shareholder of a passive foreign investment company or a qua g fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see stions for Form 8621).		X No
5	organiz	organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the zation may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign (see Instructions for Form 8865)		X No
6	If 'Yes,	e organization have any operations in or related to any boycotting countries during the tax year? ,' the organization may be required to separately file Form 5713, International Boycott Report (settions for Form 5713; don't file with Form 990)	ee Yes	X No

 BAA
 TEEA3505L
 09/16/20
 Schedule F (Form 990) 2020

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 3f - Method of Accounting

Cash basis

Part I, Line 3f - Investments & Expenditures Per Region

The organization incurred travel expenses and conference fees

BAA TEEA3504L 09/16/20 Schedule F (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization
OpenAQ Inc

Employer identification number
47-5324172

Form 990, Part VI, Line 11b - Form 990 Review Process

A draft of the 990 is e-mailed to all Board members prior to the filing requesting that they review the document prior to filing. Any questions posed are addressed prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization's board requires annual statements related to conflicts of interest from each board member and its officers. The statements are evaluated by the board for compliance with the organization's documented policy.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

We examine a variety of factors including market data, employee experience, and compensation comparisons to similarly-sized non-profits.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

We examine a variety of factors including market data, employee experience, and compensation comparisons to similarly-sized non-profits.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
			Program	Management	Fund-
	_	Total	Services	& General	raising
Software contractors		133,620.	133,620.		
	Total 🕏	133,620.	\$ 133,620.	\$ 0.	\$ 0.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Adjustments to convert from cash basis to accrual basis..... $\frac{$}{5,132}$. Total $\frac{$}{5,132}$.

Form 990, Part XII, Line 1 - Change of Accounting Method

Changed from cash basis to accrual basis effective January 1, 2020.