

CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Solidaire Network, Inc.		D Employer identification number 84-2130536
	Doing business as		E Telephone number (781)996-7278
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	F Name and address of principal officer: Rajasvini Bhansali same as C above		G Gross receipts \$ 35,821,466.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
J Website: solidairenetwork.org		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2019	M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Mobilizing resources to the frontlines of movements for racial, gender, and climate justice.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	13
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		35,473,054.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,537.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		341.
			35,496,932.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,947,075.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,773,722.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses (Part IX, column (D), line 25) 221,382.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		979,361.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,700,158.
19 Revenue less expenses. Subtract line 18 from line 12		9,796,774.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		22,266,535.
	22 Net assets or fund balances. Subtract line 21 from line 20		12,196,809.
			10,069,726.

Part II Signature Block

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

Rajasvini Bhansali Signature of officer Date **5/30/2022**

Sign Here **Rajasvini Bhansali, Executive Director** Type or print name and title

Paid Print/Type preparer's name Hemali Kane, EA	Preparer's signature <i>HK</i>	Date 03/29/22	Check if self-employed <input type="checkbox"/>	PTIN P01337292
Preparer Use Only Firm's name Rogers & Company PLLC	Firm's address 8300 Boone Boulevard, Suite 600 Vienna, VA 22182		Firm's EIN 58-2676261	
Phone no. (703) 893-0300				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Solidaire Network is a community of donor organizers mobilizing critical resources to the frontlines of intersectional movements for racial, gender, and climate justice.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,770,639. including grants of \$ 22,947,075.) (Revenue \$ 5,000.) Movement Partnership and Grantmaking - Solidaire Network moves money quickly and generously, and courageously advocates to repair the harms of society's and philanthropy's disinvestment from Black, Indigenous, immigrant, and other communities leading from the margins.

4b (Code:) (Expenses \$ 914,781. including grants of \$) (Revenue \$) Donor Organizing and Education - Engage through consistent community building, education, membership meetings, and innovative programming.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 24,685,420.

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

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 12		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, FL, GA, HI, KS, KY, MA, MI, MN, MS**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **The Organization - (781)996-7278
1423 Broadway, No. 314, Oakland, CA 94612**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rajasvini Bhansali Secretary and Director	40.00	X		X			82,135.	0.	0.	
(2) Ingrid Benedict Co-Chair	6.00	X		X			0.	0.	0.	
(3) Shannon Cofrin Gaggero Co-Chair	6.00	X		X			0.	0.	0.	
(4) Marlena Sonn Treasurer	6.00	X		X			0.	0.	0.	
(5) Anna Lefer Kuhn Director	3.00	X					0.	0.	0.	
(6) Hashem Bajwa Director	3.00	X					0.	0.	0.	
(7) Lateefah Simon Director	5.00	X					0.	0.	0.	
(8) Laura Flynn Director	3.00	X					0.	0.	0.	
(9) Lisl Schoepflin Director	3.00	X					0.	0.	0.	
(10) Robin Beck Director	5.00	X					0.	0.	0.	
(11) Sam Vinal Director	3.00	X					0.	0.	0.	
(12) Susan Pritzker Director	6.00	X					0.	0.	0.	
(13) Jason Franklin Former Co-Chair	6.00	X		X			0.	0.	0.	
(14) Sophie Robinson Saltonstall Former Director	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							82,135.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							82,135.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	35,473,054.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 340,783.					
	h Total. Add lines 1a-1f			35,473,054.				
Program Service Revenue	2 a Conference and events	Business Code	900099	5,000.	5,000.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			5,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,288.			2,288.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	340,783.			
			b Less: cost or other basis and sales expenses	7b	324,534.			
			c Gain or (loss)	7c	16,249.			
	d Net gain or (loss)				16,249.		16,249.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
			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	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a Other income	Business Code	900099	341.			341.	
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			341.				
12 Total revenue. See instructions				35,496,932.	5,000.	0.	18,878.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,788,075.	22,788,075.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	159,000.	159,000.		
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	218,346.	146,707.	53,867.	17,772.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,031,351.	720,007.	224,522.	86,822.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,282.	6,613.	6,824.	845.
9 Other employee benefits	401,677.	185,977.	191,936.	23,764.
10 Payroll taxes	108,066.	75,978.	23,001.	9,087.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,162.		19,162.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	796,760.	540,479.	173,189.	83,092.
12 Advertising and promotion	1,000.	1,000.		
13 Office expenses	65,902.	14,952.	50,950.	
14 Information technology	32,664.	9,038.	23,626.	
15 Royalties				
16 Occupancy				
17 Travel	1,000.		1,000.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	501.		501.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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.)				
a Dues and subscriptions	62,372.	37,594.	24,778.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	25,700,158.	24,685,420.	793,356.	221,382.
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)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	0.	1	12,101,188.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0.	3	10,121,400.
	4 Accounts receivable, net	0.	4	38,347.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0.	9	5,600.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	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		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	22,266,535.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	41,809.
	18 Grants payable	0.	18	12,155,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	12,196,809.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	0.	27	-2,729,118.
	28 Net assets with donor restrictions	0.	28	12,798,844.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	0.	32	10,069,726.
33 Total liabilities and net assets/fund balances	0.	33	22,266,535.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,496,932.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,700,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,796,774.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	272,952.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,069,726.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: **Solidaire Network, Inc.** Employer identification number: **84-2130536**

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.)

- 1 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.)
- 9 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 university: _____
- 10 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 June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar 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.")					35,473,054.	35,473,054.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3					35,473,054.	35,473,054.
5 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)						
6 Public support. Subtract line 5 from line 4.						35,473,054.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4					35,473,054.	35,473,054.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...					2,288.	2,288.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					341.	341.
11 Total support. Add lines 7 through 10						35,475,683.
12 Gross receipts from related activities, etc. (see instructions)					12	5,000.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")						
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						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 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

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% 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 .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) 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 - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 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			

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

Multiple horizontal lines provided for entering supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Solidaire Network, Inc.

Employer identification number

84-2130536

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 7,028.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 25,038.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>180,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>85,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>11,915.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>20,444.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 11,105.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 35,511.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 9,977.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 20,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 10,129.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 20,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 25,196.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 20,002.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 187,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 142,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 126,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 20,181.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 83,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 6,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 57,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Solidaire Network, Inc.

84-2130536

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 10,742.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 20,049.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 19,842.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 42,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 295,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 29,832.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 555,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	_____ _____ _____	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ _____	\$ 26,929.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ _____	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ _____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ _____	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 96,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 267,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Publicly Traded Securities _____ _____ _____	\$ 7,028.	12/31/20
6	Publicly Traded Securities _____ _____ _____	\$ 25,038.	12/31/20
11	Publicly Traded Securities _____ _____ _____	\$ 11,915.	12/31/20
12	Publicly Traded Securities _____ _____ _____	\$ 20,444.	12/31/20
16	Publicly Traded Securities _____ _____ _____	\$ 11,105.	12/31/20
18	Publicly Traded Securities _____ _____ _____	\$ 35,511.	12/31/20

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	Publicly Traded Securities _____ _____ _____	\$ <u>9,977.</u>	<u>12/31/20</u>
26	Publicly Traded Securities _____ _____ _____	\$ <u>10,129.</u>	<u>12/31/20</u>
28	Publicly Traded Securities _____ _____ _____	\$ <u>25,196.</u>	<u>12/31/20</u>
33	Publicly Traded Securities _____ _____ _____	\$ <u>20,002.</u>	<u>12/31/20</u>
44	Publicly Traded Securities _____ _____ _____	\$ <u>20,181.</u>	<u>12/31/20</u>
54	Publicly Traded Securities _____ _____ _____	\$ <u>1,061.</u>	<u>12/31/20</u>

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
63	Publicly Traded Securities _____ _____ _____	\$ <u>49,473.</u>	<u>12/31/20</u>
71	Publicly Traded Securities _____ _____ _____	\$ <u>10,742.</u>	<u>12/31/20</u>
73	Publicly Traded Securities _____ _____ _____	\$ <u>20,049.</u>	<u>12/31/20</u>
77	Publicly Traded Securities _____ _____ _____	\$ <u>7,232.</u>	<u>12/31/20</u>
81	Publicly Traded Securities _____ _____ _____	\$ <u>29,832.</u>	<u>12/31/20</u>
86	Publicly Traded Securities _____ _____ _____	\$ <u>26,929.</u>	<u>12/31/20</u>

Name of organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Solidaire Network, Inc. **Employer identification number** 84-2130536

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		1
2 Aggregate value of contributions to (during year)		112,500.
3 Aggregate value of grants from (during year)		30,000.
4 Aggregate value at end of year		82,500.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	35,510,265.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	13,333.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		13,333.
3	Subtract line 2e from line 1		3	35,496,932.
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	35,496,932.

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

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

1	Total expenses and losses per audited financial statements		1	25,713,491.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,333.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		13,333.
3	Subtract line 2e from line 1		3	25,700,158.
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	25,700,158.

Part XIII Supplemental Information.

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

Part X, Line 2:

Management has evaluated the Network's tax positions and concluded that the Network's financial statements do not include any uncertain tax positions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **Solidaire Network, Inc.** Employer identification number **84-2130536**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A Better Chance A Better Community 362 Williams Scott Road Enfield, NC 27823	80-0948099	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
A Little Piece of Light 521 St Mark's Ave #3B Brooklyn, NY 11238	83-1458976	501C3	15,000.	0.	N/A	N/A	Urgent Protection Grant
About Face Veterans Against the War - 1501 Cherry St - Philadelphia, PA 19102	35-2314550	501C3	82,500.	0.	N/A	N/A	General Support for 501c3 activities
Acorn Center for Restoration and Freedom, Inc. - 10699 Highway 36 - Covington, GA 30014	84-4166710	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
Affect Real Change 604 North Third St Monroe, LA 71210	47-4111501	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities
African Communities Together 381 Canal Place STE 207 Bronx, NY 10451	46-1689772	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 188.**

3 Enter total number of other organizations listed in the line 1 table **▶ 6.**

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

Schedule I (Form 990) 2020

See Part IV for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Agape Affirming Ministries 7848 Parkmont Drive Memphis, TN 38125	84-2853363	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
Alabama Justice Initiative 2021 26th Ave North Birmingham, AL 35234	83-2673378	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities
Alaska Black Caucus PO BOX 212051 Anchorage, AK 99521	92-0065953	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Alaska Public Interest Research Group, Inc. - PO Box 201416 - Anchorage, AK 99520	92-0047627	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Alianza Nacional de Campesinas, Inc. - 2101 South Rose Ave STE A - Oxnard, CA 93033	47-3486630	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
Austin Latino/a Lesbian & Gay Organization (allgo) - PO BOX 13501 - Austin, TX 78711	74-2495181	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Alliance for a Just Society for Native Organizers Alliance - 3518 South Edmunds Street - Seattle, WA 98118	91-1635554	501C3	20,000.	0.	N/A	N/A	General Support for 501c3 activities for Native Organizers Alliance
Alliance for a Just Society for We are Down Home - 3518 South Edmunds Street - Seattle, WA 98118	91-1635554	501C3	10,000.	0.	N/A	N/A	General Support for 501c3 activities
Alliance for Global Justice for BLM Louisville - 225 E 26th St Suite 1 - Tuscon, AZ 85713	52-2094677	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant for BLM Louisville

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for Global Justice for Hands Up United - 225 E 26th St Suite 1 - Tuscon, AZ 85713	52-2094677	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant for Hands Up United
Alliance for Global Justice for Movement for Black Lives - 225 E 26th St Suite 1 - Tuscon, AZ 85713	52-2094677	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
Alliance of Families for Justice 8 West 126th Street Floor 3 New York, NY 10027	82-1971330	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
Allied Media Projects 4126 Third St Detroit, MI 48201	01-0559608	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for House of Pentacles
Allied Media Projects 4126 Third St Detroit, MI 48201	01-0559608	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities for Mobile Homecoming
Allied Media Projects 4126 Third St Detroit, MI 48201	01-0559608	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Emergent Strategy Ideation Institute
Alternate ROOTS Inc. 1270 Caroline Street Northeast D120 Atlanta, GA 30307	58-1318198	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Women Engaged.
Alternate ROOTS Inc. 1270 Caroline Street Northeast D120 Atlanta, GA 30307	58-1318198	501C3	30,000.	0.	N/A	N/A	Urgent Protection Grant
Alternate ROOTS Inc. for Spirit House Inc. - 1270 Caroline Street Northeast D120-353 - Atlanta, GA 30307	58-1318198	501C3	70,000.	0.	N/A	N/A	Urgent Protection Grant for Spirit House Inc.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Alternate ROOTS Inc.for Spirit House Inc. - 1270 Caroline Street Northeast D120-353 - Atlanta, GA 30307	58-1318198	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities for Spirit House Inc
Arch City Defenders, Inc. for Action St. Louis - 440 N 4th Street, Suite 390 - St Louis, MO 63102	80-0471494	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities for Action St. Louis
Arch City Defenders, Inc. 440 N 4th Street, Suite 390 St Louis, MO 63102	80-0471494	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Arizona State Organizing Committee 4553 North 26th Drive Phoenix, AZ 85017	81-5239019	501C3	40,000.	0.	N/A	N/A	Urgent Protection Grant
Austin Justice Coalition 1603 E. 38th 1/2 Street Austin, TX 78722	81-3138826	501C3	25,000.	0.	N/A	N/A	General Support for 501c3 activities
Ayni Institute for Movimiento Cosecha - 19 Meridian Street - Boston, MA 02128	81-2119468	501C3	10,000.	0.	N/A	N/A	General Support for 501c3 activities
Black Belt Justice Center 4323 F St SE Washington, DC 20019	45-4441783	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities
Black Farmer Fund, Inc. 2161 Prospect Ave Bronx, NY 10457	84-2310349	501C3	300,000.	0.	N/A	N/A	General Support for 501c3 activities
Black in Appalachia Research Education and Support - PO Box 37 - Whitesburg, TN 37891	85-1323988	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Black Lives Matter DC 2237 Mount View Place Southeast Washington, DC 20020	61-1890332	SMLLC	20,000.	0.	N/A	N/A	Charitable urgent protection support for digital security for members of the Black
Black Millennials 4 Flint for Black Liberation Fund - 1240 4th Street #220 - Washington, DC 20020	83-1920312	501C3	30,000.	0.	N/A	N/A	Urgent Protection Grant
Black Organizing Project 3825 22nd St San Francisco, CA 94114	46-4578588	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Black Women's Blueprint 71 Ocean Parkway Suite 4E Brooklyn, NY 11218	27-1308862	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Black Women's Blueprint for Maji ya Chai Land Sanctuary - 71 Ocean Parkway Suite 4E - Brooklyn, NY 11218	27-1308862	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Women's Blueprint for Maji ya Chai Land
Blueprint NC 3125 Poplarwood Court Suite 300 Raleigh, NC 27604	27-2459538	501C3	100,000.	0.	N/A	N/A	Urgent Protection Grant
BVM Capacity Building Institute 4751 Best Road Suite 490 Atlanta, GA 30337	82-3835203	501C3	150,000.	0.	N/A	N/A	Urgent Protection Grant
BVM Capacity Building Institute 4751 Best Road Suite 490 Atlanta, GA 30337	82-3835203	501C3	200,000.	0.	N/A	N/A	Urgent Protection Grant
Call Blackline 4435 Estrella Ave #5 San Diego, CA 92115	83-4625415	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Call Blackline - BLM Hudson Valley 4435 Estrella Ave #5 San Diego, CA 92115	83-4625415	501C3	25,000.	0.	N/A	N/A	Urgent Protection Grant for BLM Hudson Valley
Caribbean Community Service Center 6716 Whitby Street Garden City, MI 48135	82-1816468	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Center for NuLeadership on Urban Solutions, Inc - 510 Gates Ave 1st FL - Brooklyn, NY 11216	45-4968344	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Center for Resilient Individuals, Families and Communities for Barred Busin - PO Box 52843 - New Orleans, LA 70152	37-1945001	501C3	60,000.	0.	N/A	N/A	Urgent Protection Grant
Center for Sustainable Economy PO Box 393 West Linn, OR 97068	36-4541988	501C3	10,000.	0.	N/A	N/A	General Support for 501c3 activities
Center for Third World Organizing 1714 Franklin Street Suite 100-245 Oakland, CA 94612	52-1211059	501C3	30,000.	0.	N/A	N/A	Urgent Protection Grant
Center for Third World Organizing 1714 Franklin Street Suite 100-245 Oakland, CA 94612	52-1211059	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for BlackOUT Collective
Center for Third World Organizing 1714 Franklin Street Suite 100-245 Oakland, CA 94612	52-1211059	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities for Drinking Gourd
Center for Third World Organizing 1714 Franklin Street Suite 100-245 Oakland, CA 94612	52-1211059	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Land Liberation Initiative

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center on Halsted 3656 North Halsted Street Chicago, IL 60613	51-0178807	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Centro Cultural de Mexico en el Condado de Orange for Radio Santa Ana - PO Box 11345 - Santa Ana, CA 92711	33-0614169	501C3	50,000.	0.	N/A	N/A	General Support for 501c3 activities
CGDCNY Inc 45 Ludlow Street STE 312 Yonkers, NY 10705	47-4580429	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
Chainbreaker Collective PO Box 31666 Santa Fe, NM 87594	80-0420443	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Chicago Freedom School 71 S Wacker Dr Chicago, IL 60606	20-4735643	501C3	50,000.	0.	N/A	N/A	General Support for 501c3 activities
Chinese Progressive Association 1042 Grant Ave. 5th Fl San Francisco, CA 94133	23-7404756	501C3	100,000.	0.	N/A	N/A	Urgent Protection Grant
Chinese Progressive Association for Black Futures Lab - 1042 Grant Ave. 5th Fl - San Francisco, CA 94133	23-7404756	501C3	7,500.	0.	N/A	N/A	General Support for 501c3 activities
Clinton Community Christian Corporation - PO Box 21 - Clinton, MS 39060	64-0587959	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities
Common Counsel Foundation 1221 Preservation Park Way STE 101 Oakland, CA 94612	94-3214166	501C3	400,000.	0.	N/A	N/A	General Support for 501c3 activities for Movement for Black Lives

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Commonwealth Foundation 186 Hampshire St Cambridge, MA 02139	22-2543558	501C3	10,000.	0.	N/A	N/A	General Support for 501c3 activities
Community Movement Builders 3401 Lantern View Lane Scottdale, GA 30079	47-4653915	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities for Earthseed Permaculture Center
Community Voices Heard, Inc. 115 East 106th Str 3rd Floor New York, NY 10029	13-3901997	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
Community Youth Center of San Francisco (CYC) for Coalition of Community Sa - 1038 Post Street - San Francisco, CA 94109	94-1728818	501C3	20,000.	0.	N/A	N/A	Urgent Protection Grant
Consortium for Change DBA ChangeLab - 3815 S Othello St, Suite 100-371 - Seattle, WA 98118	27-2674650	LLC	80,000.	0.	N/A	N/A	Charitable project support for 501c3 activities to revitalize contemporary Asian
Cooperation Jackson 939 W. Capitol Street Jackson, MS 39203	47-1153202	501C3	100,000.	0.	N/A	N/A	Charitable project support for 501c3 activities to revitalize contemporary Asian
Cooperation Jackson 939 W. Capitol Street Jackson, MS 39203	47-1153202	501C3	50,000.	0.	N/A	N/A	General Support for 501c3 activities for The People's Network for Land and Liberation
Cooperation New Orleans' Black Liberation & Cooperative Economics School - - 1701 Saint Anthony Street - New Orleans, LA 70116	27-3376275	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
CUNY School of Law Foundation Inc 2 Court Square Long Island, NY 11101	11-3235349	501C3	100,000.	0.	N/A	N/A	Urgent Protection Grant

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Dancers' Group 44 Gough St STE 201 San Francisco, CA 94103	94-2879185	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Loving The Skin You are In
Dancers' Group 44 Gough St STE 201 San Francisco, CA 94103	94-2879185	501C3	120,000.	0.	N/A	N/A	General Support for 501c3 activities for Disability Justice Culture Club
Defending Rights & Dissent 1325 G St NW STE 500 Washington, DC 20005	27-0042821	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities
Dignity and Power Now 1801 West 35th Place Los Angeles, CA 90018	46-3064675	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Earth Island Institute for Seeding Sovereignty - 2150 Allston Way - Berkeley, CA 94704	94-2889684	501C3	7,500.	0.	N/A	N/A	General Support for 501c3 activities
Earth Island Institute for Seeding Sovereignty - 2150 Allston Way - Berkeley, CA 94704	94-2889684	501C3	30,000.	0.	N/A	N/A	Urgent Protection Grant
East Bay Permanent Real Estate Cooperative, Inc. - 1482 Franklin St - Oakland, CA 94612	82-1240282	Corp	140,000.	0.	N/A	N/A	Charitable project support for a pilot program to revitalize the East Bay Cultural
Equality Alliance of San Diego PO Box 12266 San Diego, CA 92112	26-1712580	501C3	20,000.	0.	N/A	N/A	Urgent Protection Grant
Equality Florida Institute PO Box 13184 Saint Petersburg, FL 33733	59-3435235	501C3	23,000.	0.	N/A	N/A	Urgent Protection Grant

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Equality NC Foundation 2321 Crabtree Blvd, Suite 105 Raleigh, NC 27604	58-1374041	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
Equity and Transformation 1930 Wesley Ave Berwyn, IL 60402	83-4701430	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Essie Justice Group 1870 Embarcadero Rd Palo Alto, CA 94303	80-0956021	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Families for Freedom 35 West 31st Street, #702 New York, NY 10001	20-2798922	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
Families for Freedom 35 West 31st Street, #702 New York, NY 10001	20-2798922	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Feminist Womens Health Center 1924 Cliff Valley Way Northeast Atlanta, GA 30329	58-1273243	501C3	185,000.	0.	N/A	N/A	General Support for 501c3 activities
First Nations Development Institute - 2432 Main Street 2nd Floor - Longmont, CO 80501	54-1254491	501C3	7,500.	0.	N/A	N/A	General Support for 501c3 activities
Foundation for Louisiana 1820 Saint Charles Ave STE 200 New Orleans, LA 70130	20-3399944	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
Foundation for Social Impact 417 Main St STE 400-9 Little Rock, AR 72201	84-2199689	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities for Woke Vote

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Fractured Atlas Fractured Atlas P.O. Box 55 Hartsdale, NY 10530	11-3451703	501C3	100,000.	0.	N/A	N/A	Urgent Protection Grant
Fractured Atlas Fractured Atlas P.O. Box 55 Hartsdale, NY 10530	11-3451703	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Equality Labs
Re:Frame Youth Arts Center 37 W Jones Ave Phoenix, AZ 85041	83-2639125	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Free Press 40 Main St STE 301 Florence, MA 01062	41-2106721	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Freedom Inc. 601 Bayview CT Madison, WI 53715	43-2023570	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Feminist Future
Freedom to Thrive 5431 NE 20th Ave Portland, OR 97211	93-1181863	501C3	60,000.	0.	N/A	N/A	General Support for 501c3 activities
Fresh Communities LLC 709 Jones Street Waycross, GA 31501	85-3355399	LLC	37,200.	0.	N/A	N/A	Charitable urgent protection support for physical security and travel support for racial
FreshGreens Market LLC 1570 Meriwether Cr. Montgomery, AL 36117	86-3670939	LLC	140,000.	0.	N/A	N/A	Charitable project support for 501c3 activities for a community revitalization
Fund for the City of New York 121 6th Ave New York, NY 10013	13-2612524	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities

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Future Leaders of America PO Box 51637 Oxnard, CA 93031	77-0071036	501C3	15,000.	0.	N/A	N/A	Urgent Protection Grant
Georgia NAACP 2001 M.L.K. Jr Dr SW Atlanta, GA 30310	13-1084135	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
Grassroots International 179 Boylston Street Suite 4 Jamaica Plain, MA 02130	04-2791159	501C3	75,000.	0.	N/A	N/A	Urgent Protection Grant
Grassroots Policy Project 2040 S ST NW Washington, DC 20009	52-1846313	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
Grow Dat Youth Farm 1 Palm Dr New Orleans, LA 70124	45-3142732	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
HEARD PO Box 1160 Washington, DC 20013	27-5032142	501C3	120,000.	0.	N/A	N/A	General Support for 501c3 activities
Highlander Research & Education Center - Black Mycelium Project - 1962 Highlander Way - New Market, TN 37820	62-0646373	501C3	60,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Mycelium Project
Highlander Research & Education Center - 1962 Highlander Way - New Market, TN 37820	62-0646373	501C3	438,000.	0.	N/A	N/A	General Support for 501c3 activities
Highlander Research & Education Center - 1962 Highlander Way - New Market, TN 37820	62-0646373	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities for BOLD: Black Organizing for Leadership and Dignity

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Highlander Research & Education Center - 1962 Highlander Way - New Market, TN 37820	62-0646373	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Organizing for Leadership and Dignity
Highlander Research & Education Center - 1962 Highlander Way - New Market, TN 37820	62-0646373	501C3	40,000.	0.	N/A	N/A	General Support for 501c3 activities for Stay Together Appalachian Youth Project
Highlander Research & Education Center - 1962 Highlander Way - New Market, TN 37820	62-0646373	501C3	60,000.	0.	N/A	N/A	Urgent Protection Grant
Hindus for Human Rights 361 Warren St Brooklyn, NY 11201	36-4952444	501C3	25,000.	0.	N/A	N/A	Urgent Protection Grant
Hmong American Women's Association 2414 W Vliet St Milwaukee, WI 53215	39-1791168	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
Honor the Earth PO Box 63 Callaway, MN 56521	45-4714238	501C3	185,000.	0.	N/A	N/A	General Support for 501c3 activities
Honor the Earth PO Box 63 Callaway, MN 56521	45-4714238	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
House of Tulip 3403 New Orleans Street New Orleans, LA 70122	85-1376745	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
I am Green, Inc. 1021 S 37th St San Diego, CA 92113	84-4627830	501C3	14,000.	0.	N/A	N/A	Urgent Protection Grant

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Idaho Coalition Against Sexual and Domestic Violence, Inc. - 200 N 4th Ste 10 - Boise, ID 83702	82-0410899	501C3	60,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Liberation Collective
Indigenous Environmental Network PO Box 485 Bemidji, MN 56619	38-3653476	501C3	300,000.	0.	N/A	N/A	General Support for 501c3 activities
INFACT (DBA Corporate Accountability) - 10 Milk Street Suite 610 - Boston, MA 02108	41-1322686	501C3	15,000.	0.	N/A	N/A	Urgent Protection Grant
Inquilinx Unidxs por Justicia 3715 Chicago Avenue Minneapolis, MN 55407	47-4987940	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
Inquiring Systems for SAAFON 887 Sonoma Avenue #23 Santa Rosa, CA 95404	94-2524840	501C3	195,000.	0.	N/A	N/A	General Support for 501c3 activities
Instituto Lab 221 E Indianola Ave Phoenix, AZ 85012	83-2887275	501C3	12,000.	0.	N/A	N/A	Urgent Protection Grant
Interfaith Working Group 6757 Greene St, Suite 200 Philadelphia, PA 19119	23-2842734	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Trans Prayer Book
Ironbound Community Corporation 317 Elm St Newark, NJ 07105	22-1916086	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Islah for Majdal Center PO Box 714 Santa Cruz, CA 95061	46-2544409	501C3	50,000.	0.	N/A	N/A	General Support for 501c3 activities for Majdal Center

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Jane Place Neighborhood Sustainability Initiative - 2533 Columbus St, Suite 104 - New Orleans, LA 70119	26-3909820	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
Just Media of CultureWorks Greater Philadelphia - 1315 Walnut Street, Suite 320 - Philadelphia, PA 19107	46-3109411	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Just Media
Ko'ihonua PO Box 1229 Pearl City, HI 96782	81-4352379	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Lavender Rights Project & Black Trans Task Force - 1004 Martin Luther King Jr. Way - Tacoma, WA 98405	81-0969007	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Lavender Rights Project & Black Trans Task Force
Louisiana Trans Advocates 650 N. 6th Street Baton Rouge, LA 70802	46-1275387	501C3	40,000.	0.	N/A	N/A	General Support for 501c3 activities for Nouveau Nom Noir
Make the Road New York for Make the Road States - 301 Grove st - Brooklyn, NY 11237	11-3344389	501C3	7,500.	0.	N/A	N/A	General Support for 501c3 activities
Masjid al-Rabia 637 S Dearborn St, Fl 1 Chicago, IL 60605	82-0715092	501C3	60,000.	0.	N/A	N/A	General Support for 501c3 activities
Miami Workers Center 745 NW 54th Street Miami, FL 33137	65-0942224	501C3	20,000.	0.	N/A	N/A	Urgent Protection Grant
Mississippi Votes 510 George St, Suite 308 Jackson, MS 39202	82-1014316	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN350 for the Frontline Fund 4407 East Lake Street Minneapolis, MN 55406	45-2754381	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Monsoon Asians & Pacific Islanders in Solidarity - 4944 Franklin Ave Suite B - Des Moines, IA 50310	35-2297207	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Native Justice Coalition 281 1st Ave, PO Box 1052 Manistee, MI 49660	85-1139414	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
Native Movement PO Box 83467 Fairbanks, AK 99708	68-0535413	501C3	435,000.	0.	N/A	N/A	General Support for 501c3 activities
Native Movement PO Box 83467 Fairbanks, AK 99708	68-0535413	501C3	50,000.	0.	N/A	N/A	General Support for 501c3 activities for Alaska's Poor People Campaign.
Native Movement PO Box 83467 Fairbanks, AK 99708	68-0535413	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Fairbanks Climate Action Coalition.
Native Women's Society of the Great Plains - PO Box 428 - Eagle Butte, SD 57625	26-1921385	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
NDN Collective 317 Main St STE 1 Rapid City, SD 57701	82-3776329	501C3	250,000.	0.	N/A	N/A	General Support for 501c3 activities
NEO Philanthropy 45 W 36th St Fl 6 New York, NY 94601	13-3191113	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for The Embodiment Institute/The Black Embodiment

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEO Philanthropy 45 W 36th St Fl 6 New york, NY 94601	13-3191113	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
NEO Philanthropy 45 W 36th St Fl 6 New york, NY 94601	13-3191113	501C3	60,000.	0.	N/A	N/A	General Support for 501c3 activities for Venceremos.
NEO Philanthropy 45 W 36th St Fl 6 New york, NY 94601	13-3191113	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities for Law for Black Lives.
NEO Philanthropy for National Black Worker Center - 45 W 36th St Fl 6 - New york, NY 94601	13-3191113	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities for National Black Worker Center
New Economy Coalition 64 Liberty Ave #2 Somerville, MA 02144	03-0278626	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
New Venture Fund to Illuminative 1201 Connecticut Avenue NW Suite 30 Washington, DC 20036	20-5806345	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities on project IllumiNative
Nfungotah Ile Osain Ecological Epicenter of New Orleans - 1668 Paul Morphy St - New Orleans, LA 70119	27-0275370	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
North Carolina Association of Black Lawyers Land Loss Prevention Project - PO Box 179 - Durham, NC 27702	56-1348982	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
Northeast Native Network of Kinship and Healing Inc. - PO Box 2236 - Vineyard Haven, MA 02568	85-4370212	501C3	125,000.	0.	N/A	N/A	Urgent Protection Grant

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memphis Artists for Change - Official Black Lives Matter Memphis Chapter - 1540 Netherwood Ave - Memphis, TN 38106	81-4207475	501C3	60,000.	0.	N/A	N/A	General Support for 501c3 activities for Official Black Lives Matter Memphis Chapter
One Fair Wage, Inc. 7510 Hillmount Dr Oakland, CA 94605	85-0692228	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
One Love Global PO BOX 70054 Lansing, MI 48906	20-0373503	501C3	70,000.	0.	N/A	N/A	Urgent Protection Grant
OurSpace World 10602 Fitzgibbon Court Bowie, MD 20721	61-1663030	501C3	22,500.	0.	N/A	N/A	General Support for 501c3 activities
Parceleras Afrocaribeas por la Transformacin Barrial inc. - PO Box 1321 Saint Just Station - Trujillo Alto, PUERTO RICO 978	66-0924847	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
Poder in Action for Black Lives Matter Phoenix Metro - 5877 West Indian School Road - Phoenix, AZ 85031	46-2284158	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Black Lives Matter Phoenix
Poder in Action for The Prometheus Conspiracy - 5877 West Indian School Road - Phoenix, AZ 85031	46-2284158	501C3	20,000.	0.	N/A	N/A	General Support for 501c3 activities for the Prometheus Conspiracy
Poder in Action for The Prometheus Conspiracy - 5877 West Indian School Road - Phoenix, AZ 85031	46-2284158	501C3	60,500.	0.	N/A	N/A	Urgent Protection Grant
Polaris Institute for Indigenous Climate Action - 1901 Olympic Boulevard Suite 200 - Walnut Creek, CA 94596	74-3099465	501C3	235,000.	0.	N/A	N/A	General Support for 501c3 activities for Indigenous Climate Action

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Polaris Institute for Sacred Earth Solar - 1901 Olympic Boulevard Suite 200 - Walnut Creek, CA 94596	74-3099465	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities for Sacred Earth Solar
Political Research Associates 1310 Broadway Suite 201 Somerville, MA 02144	36-3193323	501C3	40,000.	0.	N/A	N/A	General Support for 501c3 activities
Project Say Something 11106 N Wood Ave Florence, AL 35630	81-1455750	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Project South 9 Gammon Ave Atlanta, GA 30315	58-1956686	501C3	100,000.	0.	N/A	N/A	Urgent Protection Grant
Project South 9 Gammon Ave Atlanta, GA 30315	58-1956686	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
Project South 9 Gammon Ave Atlanta, GA 30315	58-1956686	501C3	400,000.	0.	N/A	N/A	General Support for 501c3 activities for Gulf Coast Center for Law and Poverty
Proteus Fund 15 Research Dr. Suite B Amherst, MA 01002	04-3243004	501C3	20,000.	0.	N/A	N/A	General Support for 501c3 activities for the Piper Fund
Prutehi Litekyan Save Ritidian 275G Farenholt Ave PMB 405 Tamuning, GU 96913	66-0982677	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities
PushBlack 700 12th Street Northwest Washington, DC 20005	81-3834388	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Question Culture, LLC 8011 S Halldale Los Angeles, CA 90017	84-8191800	LLC	100,000.	0.	N/A	N/A	Charitable project support for media development and engagement with Black
Ramapough Culture and Land Foundation - 22 Hemlock Ave - Newton, NJ 07860	82-3698874	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
Resource Generation 1216 Broadway Fl 2 New York, NY 10001	27-1847561	501C3	10,000.	0.	N/A	N/A	General Support for 501c3 activities
Right to the City Alliance 388 Atlantic Ave 3rd Fl Brooklyn, NY 11217	94-3462187	501C3	400,000.	0.	N/A	N/A	General Support for 501c3 activities for Homes for All South
Right to the City Alliance 388 Atlantic Ave 3rd Fl Brooklyn, NY 11217	94-3462187	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for All St. Louis Tenants Organizing
Right to the City Alliance 388 Atlantic Ave 3rd Fl Brooklyn, NY 11217	94-3462187	501C3	300,000.	0.	N/A	N/A	General Support for 501c3 activities
Rockefeller Philanthropy Advisors, Inc for Black Girl Freedom Fund - 6 West 48th St, 10th Floor - New York, NY 10036	13-3615533	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
Sankofa Research Institute PO Box 8352 Houston, TX 77288	46-1422753	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Seventh Generation Fund for Indigenous Peoples - PO Box 4569 - Arcata, CA 95518	68-0027247	501C3	250,000.	0.	N/A	N/A	General Support for 501c3 activities

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shake Technologies 57 Shakespeare St Daly City, CA 94014	81-1070286	S Corp	100,000.	0.	N/A	N/A	Charitable project support for 501c3 activities to provide training and capacity
Shirley's Kitchen Cabinet 31 West 31st street Kansas City, MO 64108	82-4463445	501C3	25,000.	0.	N/A	N/A	Urgent Protection Grant
Sikh Coalition Inc 50 Broad St, Suite 504 New York, NY 10004	22-3834037	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
SisterReach 2811 Clarke Road Memphis, TN 38115	45-4013343	501C3	90,000.	0.	N/A	N/A	Urgent Protection Grant
SisterReach 2811 Clarke Road Memphis, TN 38115	45-4013343	501C3	200,000.	0.	N/A	N/A	General Support for 501c3 activities
SisterSong, Inc. 1237 Ralph David Abernathy Blvd SW Atlanta, GA 30310	51-0544927	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Women of Color Reproductive Justice Collective
Social and Environmental Entrepreneurs for Women on the Rise GA - 23564 Calabasas Rd Suite 201 - Calabasas, CA 91302	95-4116679	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Women on the Rise Georgia
Social Good Fund 12651-5473 San Pablo Ave Richmond, CA 94805	46-1323531	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Social Good Fund for Wildfire Project - 12651-5473 San Pablo Ave - Richmond, CA 94805	46-1323531	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities for Wildfire Project

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Social Good Fund for Marsha P. Johnson Institute - 12651-5473 San Pablo Ave - Richmond, CA 94805	46-1323531	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Marsha P. Johnson Institute
Southern Center for Human Rights 60 Walton St NW Atlanta, GA 30303	62-1025326	501C3	30,000.	0.	N/A	N/A	Urgent Protection Grant
Southern Conservation Partners for Earthseed Land Collective - PO Box 33222 - Raleigh, NC 27636	47-2181285	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Earthseed Land Collective
Southern Rural Black Women's Initiative for Economic and Social Justice - PO Box 11437 - Jackson, MS 39283	82-3532800	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Southern Vision Alliance PO BOX 51698 Durham, NC 27717	61-1639641	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
SouthWest Organizing Project (SWOP) - 211 10th Street Southwest - Albuquerque, NM 87102	85-0368743	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
SPARK Reproductive Justice NOW!, Inc. - 1065 Ralph David Abernathy Blvd - Atlanta, GA 30310	58-1872316	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
St James Infirmiry for The Transgender District - 730 Polk St, 4th Floor - San Francisco, CA 94109	94-3330568	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities for The Transgender District
SWOP USA for People of Color's Sex Worker Outreach Project - 340 S Lemon Ave #7566 - Walnut Creek, CA 91789	26-2264638	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for People of Color's Sex Worker Outreach Project

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Taller Salud, Inc. PO Box 524 Loiza, PUERTO RICO	66-0494692	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities
The Arkansas Harm Reduction Project for Intransitive - 3829 Ridge Road - North Little Rock, AR 72116	83-3867162	501C3	50,000.	0.	N/A	N/A	General Support for 501c3 activities for Intransitive
Mary Mitchell Family and Youth Center, Inc. for The Black Feminist Project - 2007 Mapes Ave - Bronx, NY 10460	13-3385032	501C3	60,000.	0.	N/A	N/A	General Support for 501c3 activities for The Black Feminist Project
The Bottom 2340 East Magnolia Ave Knoxville, TN 37917	85-2398999	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
The Fields at Rootsprings 13537 47th St NW Annandale, MN 55302	27-1709046	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Launch Pad Teen Center 1660 South City View Trail Prescott, AZ 86303	46-5601468	501C3	7,000.	0.	N/A	N/A	Urgent Protection Grant
The Montana Racial Equity Project 234 E Babcock St, STE 1 Bozeman, MT 59715	47-5462992	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities
The Praxis Project for Free Hearts PO Box 7259 Oakland, CA 94601	30-0044814	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities for Free Hearts
The Praxis Project for The UndocuBlack Network - PO Box 7259 - Oakland, CA 94601	30-0044814	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities for The UndocuBlack Network

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Praxis Project for National Black Food and Justice Alliance - PO Box 7259 - Oakland, CA 94601	30-0044814	501C3	300,000.	0.	N/A	N/A	General Support for 501c3 activities for National Black Food and Justice Alliance
The Praxis Project PO Box 7259 Oakland, CA 94601	30-0044814	501C3	55,000.	0.	N/A	N/A	General Support for 501c3 activities
Ruckus Society PO Box 28741 Oakland, CA 94604	81-0504390	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Thousand Currents 2120 University Avenue STE 205 Berkeley, CA 94704	77-0071852	501C3	90,000.	0.	N/A	N/A	Urgent Protection Grant
Three Point Strategies 830 Mountain Street Philadelphia, PA 19148	47-5224386	LLC	175,000.	0.	N/A	N/A	Charitable urgent protection support for digital security to identify and address
Tides Advocacy Solidaire Action Fund - P.O Box 29198 - San Francisco, CA 94129	94-3153687	501C3	245,000.	0.	N/A	N/A	General Support for 501c3 activities
Tides Center for Nobody Leaves Mid-Hudson Education Fund - 1012 Torney Avenue - San Francisco, CA 94129	94-3213100	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
Tides Center for Palestine Legal 1012 Torney Avenue San Francisco, CA 94129	94-3213100	501C3	80,000.	0.	N/A	N/A	General Support for 501c3 activities for Palestine Legal
Tides Center for Dream Defenders Education Fund - 1012 Torney Avenue - San Francisco, CA 94129	94-3213100	501C3	30,000.	0.	N/A	N/A	Urgent Protection Grant for Dream Defenders Education Fund

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tides Foundation for Center for Working Families Fund - 1012 Torney Avenue - San Francisco, CA 94129	51-0198509	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities for Center for Working Families Fund
Tides Foundation for Electoral Justice Voter Fund - 1012 Torney Avenue - San Francisco, CA 94129	51-0198509	501C3	7,500.	0.	N/A	N/A	General Support for 501c3 activities
Tides Foundation for Florida Rights Restoration Coalition - 1012 Torney Avenue - San Francisco, CA 94129	51-0198509	501C3	7,500.	0.	N/A	N/A	General Support for 501c3 activities
Tides Foundation for Justice Teams Network - 1012 Torney Avenue - San Francisco, CA 94129	51-0198509	501C3	13,500.	0.	N/A	N/A	Urgent Protection Grant
TODEC Legal Center PO Box 1733 Perris, CA 92570	33-0711527	501C3	50,000.	0.	N/A	N/A	Urgent Protection Grant
Transgender Advocates Knowledgeable Empowering (TAKE Resource Center) - 7769 2nd Ave S - Birmingham, AL 35206	85-0702039	501C3	10,000.	0.	N/A	N/A	General Support for 501c3 activities
Transgender Law Center for Black LGBTQIA Migrant Project (BLMP) - PO Box 70976 - Oakland, CA 94612	05-0544006	501C3	150,000.	0.	N/A	N/A	General Support for 501c3 activities
Transgender, Gender Variant, Intersex Justice Project - 370 Turk St. #370 - San Francisco, CA 94102	85-3693121	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
United for a New Economy for Colorado Homes for All - 7190 Colorado Blvd Suite 400 - Commerce City, CO 80022	26-0019190	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Unkitawa for GINIW Collective 23103 Marine View Dr S Des Moines, WA 98198	83-2398323	501C3	30,000.	0.	N/A	N/A	Urgent Protection Grant
Urban Bush Women (UBW) 138 S Oxford St #4B Brooklyn, NY 11217	13-3645651	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Urban Growers Collective 1200 W 35th St #118 Chicago, IL 60609	82-3336616	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities
Urban Tilth 323 Brookside Dr Richmond, CA 94801	20-4124161	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities
Victory in Praise 2029 E Harding Way Stockton, CA 95205	68-0347160	501C3	65,000.	0.	N/A	N/A	Urgent Protection Grant
Village Micro Fund for The Come Up Project - 185 Florida Ave SW - Atlanta, GA 30310	47-1748802	501C3	140,000.	0.	N/A	N/A	General Support for 501c3 activities
Vision Change Win 590 Gates Avenue #6C Brooklyn, NY 11221	47-4737958	LLC	100,000.	0.	N/A	N/A	Charitable urgent protection support for digital security and development of safety
Vision Change Win 590 Gates Avenue #6C Brooklyn, NY 11221	47-4737958	LLC	200,000.	0.	N/A	N/A	Charitable project support for activities including training, technical assistance and
Warehouse Workers for Justice 37 South Ashland Avenue 1st Floor Chicago, IL 60607	47-1032750	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
We the People MI 440 Burroughs St #174 Detroit, MI 48202	84-3520391	501C3	15,000.	0.	N/A	N/A	Urgent Protection Grant
We the People of Detroit 1520 Chateaufort Place Detroit, MI 48207	47-5123903	501C3	100,000.	0.	N/A	N/A	General Support for 501c3 activities
Western Native Voice 310 N 27th St Billings, MT 59103	45-3771715	501C3	60,000.	0.	N/A	N/A	Urgent Protection Grant
White Earth Land Recovery Project 607 Main Ave PO Box 97 Callaway, MN 56521	41-1673624	501C3	50,000.	0.	N/A	N/A	General Support for 501c3 activities
Working Narratives 20 N 4th St Wilmington, NC 28403	81-1408770	501C3	10,000.	0.	N/A	N/A	General Support for 501c3 activities
Young Aspriing Americans for Social and Political Activism - PO Box 202092 - Denver, CO 80220	27-1970080	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant
Youth Council for Positive Development for Organization for Black Struggle - PO Box 5277 - Saint Louis, MO 63115	43-1562820	501C3	40,000.	0.	N/A	N/A	General Support for 501c3 activities for Organization for Black Struggle
Youth Rise Texas PO Box 824 Austin, TX 78767	83-0663313	501C3	35,000.	0.	N/A	N/A	General Support for 501c3 activities
Zami Nobla 3117 Grant Way East Point, GA 30344	45-3692914	501C3	10,000.	0.	N/A	N/A	Urgent Protection Grant

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Urgent Protection Grant	8	59,000.	0.		
Grant for 501c3 Activities on Project Called by Water over two years	1	100,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Our grantmaking work is deeply rooted in building trust with our movement partners. The partnership between Solidaire and Partners is assessed through mutual trust, learning and accountability. We monitor grants through check-ins and annual interviews with grantees. Per our agreement, grantees are required to report any significant organizational changes throughout the duration of the grant.

Part II, line 1, Column (h):

Part IV Supplemental Information

Name of Organization or Government: Black Lives Matter DC

(h) Purpose of Grant or Assistance: Charitable urgent protection support for digital security for members of the Black Lives Matter collective.

Name of Organization or Government:

Black Women's Blueprint for Maji ya Chai Land Sanctuary

(h) Purpose of Grant or Assistance: General Support for 501c3 activities for Black Women's Blueprint for Maji ya Chai Land Sanctuary

Name of Organization or Government: Consortium for Change DBA ChangeLab

(h) Purpose of Grant or Assistance: Charitable project support for 501c3 activities to revitalize contemporary Asian American advocacy grounded in multiracial solidarity.

Name of Organization or Government: Cooperation Jackson

(h) Purpose of Grant or Assistance: Charitable project support for 501c3 activities to revitalize contemporary Asian American advocacy grounded in multiracial solidarity.

Name of Organization or Government:

East Bay Permanent Real Estate Cooperative, Inc.

(h) Purpose of Grant or Assistance: Charitable project support for a pilot program to revitalize the East Bay Cultural Cooperative Corridor and bring together Black-led arts, community, real estate, small business, and finance organizations

Name of Organization or Government: Fresh Communities LLC

(h) Purpose of Grant or Assistance: Charitable urgent protection support

Part IV Supplemental Information

for physical security and travel support for racial justice movement
leaders

Name of Organization or Government: FreshGreens Market LLC

(h) Purpose of Grant or Assistance: Charitable project support for 501c3
activities for a community revitalization project producing
community-grown food and jobs and supporting local projects/businesses.

Name of Organization or Government: NEO Philanthropy

(h) Purpose of Grant or Assistance: General Support for 501c3 activities
for The Embodiment Institute/The Black Embodiment Initiative

Name of Organization or Government: Question Culture, LLC

(h) Purpose of Grant or Assistance: Charitable project support for media
development and engagement with Black liberation movement organizations.

Name of Organization or Government: Shake Technologies

(h) Purpose of Grant or Assistance: Charitable project support for 501c3
activities to provide training and capacity building to social justice
organizations around digital security.

Name of Organization or Government: Three Point Strategies

(h) Purpose of Grant or Assistance: Charitable urgent protection support
for digital security to identify and address threats to work supporting
Black liberation messaging and movement organizations.

Name of Organization or Government: Vision Change Win

(h) Purpose of Grant or Assistance: Charitable urgent protection support

Part IV Supplemental Information

for digital security and development of safety training for racial justice movement groups

Name of Organization or Government: Vision Change Win

(h) Purpose of Grant or Assistance: Charitable project support for activities including training, technical assistance and rapid response support to movement organizations around the U.S. within a Black Liberation tradition.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Solidaire Network, Inc.** Employer identification number **84-2130536**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	341,844.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Solidaire Network, Inc.

Employer identification number

84-2130536

Form 990, Part VI, Section B, line 11b:

The 990 is prepared by an independent CPA. The initial review is done by the senior staff and counsel followed by the final review by the Board Co-Chairs, Treasurer and Secretary. Once the reviews are complete, a copy is provided to full Board of Directors, prior to filing.

Form 990, Part VI, Section B, Line 12c:

The organization regularly monitors compliance with the policy which requires each individual covered by the policy to disclose, on a continuous basis, any relationships with people doing business with the organization that could give rise to a conflict of interest. At the onset of an agreement and on an annual basis the board of directors, staff, and key partners sign a Conflict of Interest Policy Acknowledgement and Disclosure Form, acknowledging receipt of policy and agreeing to comply with the terms. The annual disclosure forms are reviewed on an annual basis and records are maintained to ensure compliance. At any time that an actual or potential conflict of interest has been identified, whether through the filing of Conflicts of Interest Disclosure Statements, voluntary disclosure by staff members, or disclosure by an individual other than the staff, the Executive Director reviews the circumstances. If the Executive Director is involved, the Board Co-Chairs make the determination.

Form 990, Part VI, Section B, Line 15:

We contracted with an outside consultant to do a thorough analysis of salaries for comparable positions. The recommendation for salary ranges for all positions were reviewed and approved by the Board.

Name of the organization Solidaire Network, Inc.	Employer identification number 84-2130536
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Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AR, CA, FL, GA, HI, KS, KY, MA, MI, MN, MS, NH, NM, NY, OR, PA, RI, WI

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

With/without donor restricted net assets at beginning of the FY20 year	272,952.
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