

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Solidaire Network, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1423 Broadway 314 City or town, state or province, country, and ZIP or foreign postal code Oakland, CA 94612 | D Employer identification number 84-2130536 E Telephone number (781)996-7278 G Gross receipts \$ 8,298,870. 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 H(c) Group exemption number |
| 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 | | |
| J Website: solidairenetwork.org | | |
| 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 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 22 6 Total number of volunteers (estimate if necessary) 6 13 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------------|--------------|---|-------------|------------|---|------------|------------|--|------------|------------|--|--------|--------|--|------------|------------|---|-------------|-------------|--|-------------|-------------|--|
| Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">7,872,628.</td> <td style="text-align: right;">7,871,522.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">24,931.</td> <td style="text-align: right;">95,623.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">1,037.</td> <td style="text-align: right;">6,546.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">7,898,596.</td> <td style="text-align: right;">7,973,691.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 7,872,628. | 7,871,522. | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 24,931. | 95,623. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,037. | 6,546. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,898,596. | 7,973,691. | | | | | | | |
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| Expenses | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">9,136,333.</td> <td style="text-align: right;">7,915,711.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">2,399,493.</td> <td style="text-align: right;">3,160,351.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) 263,372.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">913,678.</td> <td style="text-align: right;">1,131,216.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">12,449,504.</td> <td style="text-align: right;">12,207,278.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-4,550,908.</td> <td style="text-align: right;">-4,233,587.</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 9,136,333. | 7,915,711. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,399,493. | 3,160,351. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) 263,372. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 913,678. | 1,131,216. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 12,449,504. | 12,207,278. | 19 Revenue less expenses. Subtract line 18 from line 12 | -4,550,908. | -4,233,587. | |
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| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">12,776,145.</td> <td style="text-align: right;">2,945,543.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">7,257,327.</td> <td style="text-align: right;">1,660,312.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">5,518,818.</td> <td style="text-align: right;">1,285,231.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 12,776,145. | 2,945,543. | 21 Total liabilities (Part X, line 26) | 7,257,327. | 1,660,312. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 5,518,818. | 1,285,231. | | | | | | | | | | | | | |
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Part II Signature Block

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

| | | |
|-------------------------------|---|---|
| Sign Here | Signature of officer: <u>Rajasvini Bhansali</u> <small>012ED55346024AB...</small> | Date: <u>11/14/2023</u> |
| Paid Preparer Use Only | Print/Type preparer's name: <u>Hemali Kane, EA</u> Preparer's signature: <u>HKane</u> Date: <u>11/09/23</u> Firm's name: <u>Rogers & Company PLLC</u> Firm's address: <u>8300 Boone Boulevard, Suite 600 Vienna, VA 22182</u> | Check if self-employed: <input type="checkbox"/> PTIN: <u>P01337292</u> Firm's EIN: <u>58-2676261</u> Phone no.: <u>(703) 893-0300</u> |

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 [X]

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? [X] Yes [] 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 \$ 9,157,807. including grants of \$ 7,875,711.) (Revenue \$) 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 \$ 1,444,704. including grants of \$ 40,000.) (Revenue \$) Donor Organizing and Education - Engage through consistent community building, education, membership meetings, and innovative programming.

4c (Code:) (Expenses \$ 16,309. including grants of \$) (Revenue \$ 5,000.) Solidarity Philanthropy Book Project supports a book project that explores philanthropy's mandate in consequential times.

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

4e Total program service expenses 10,618,820.

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> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 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> | 3 | 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> | 4 | 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | 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> | 6 | 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> | 7 | 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> | 8 | 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> | 9 | 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> | 10 | 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> | 11a | 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> | 11b | 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> | 11c | 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> | 11d | 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> | 11e | 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> | 11f 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> | 12a 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> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 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> | 14b 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> | 15 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> | 16 | 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> See instructions | 17 | 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> | 18 | 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> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 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 the 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 line 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 on 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 on 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 22 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 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 the 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 |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

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 14 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 13 | | |
| 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 on 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 on Schedule O how this was done | X | |
| 12c | | X | |
| 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 on 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, 314, Oakland, CA 94612

See Schedule O for full list of states

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 & Executive Director | 40.00 | X | | X | | | 281,226. | 0. | 54,287. | |
| (2) Jesenia Santana Movement Partnerships Director | 40.00 | | | | X | | 152,060. | 0. | 55,237. | |
| (3) Malachi Larrabee Organizing Director | 40.00 | | | | X | | 164,610. | 0. | 27,304. | |
| (4) Ravi Khanna Director of Finance and Operations/M | 40.00 | | | | X | | 124,413. | 0. | 40,109. | |
| (5) Marlena Sonn Director of Finance and Investments | 40.00 | | | | X | | 130,794. | 0. | 24,113. | |
| (6) Janis Rosheuvel Learning & Reflection Sr. Strategist | 40.00 | | | | X | | 127,068. | 0. | 27,387. | |
| (7) Ingrid Benedict Co-Chair | 6.00 | X | | X | | | 0. | 0. | 0. | |
| (8) Sam Vinal Co-Chair | 6.00 | X | | X | | | 0. | 0. | 0. | |
| (9) Susan Pritzker Treasurer | 6.00 | X | | X | | | 0. | 0. | 0. | |
| (10) Alan Preston Director | 3.00 | X | | | | | 0. | 0. | 0. | |
| (11) Anna Lefer Kuhn Director | 3.00 | X | | | | | 0. | 0. | 0. | |
| (12) Beth Jacobs Director | 3.00 | X | | | | | 0. | 0. | 0. | |
| (13) Dimple Abichandani Director | 3.00 | X | | | | | 0. | 0. | 0. | |
| (14) Farhad Ebrahimi Director | 3.00 | X | | | | | 0. | 0. | 0. | |
| (15) Laura Flynn Director | 3.00 | X | | | | | 0. | 0. | 0. | |
| (16) Elisabeth Schoepflin Director | 5.00 | X | | | | | 0. | 0. | 0. | |
| (17) Melanie Havelin 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (18) Robin Beck Director | 5.00 | X | | | | | | 0. | 0. | 0. |
| (19) Sam Jacobs Director | 3.00 | X | | | | | | 0. | 0. | 0. |
| (20) Shannon Cofrin Gaggero Former Co-Chair | 6.00 | X | | X | | | | 0. | 0. | 0. |
| (21) Hashem Bajwa Former Director | 3.00 | X | | | | | | 0. | 0. | 0. |
| (22) Lateefah Simon Former Director | 3.00 | X | | | | | | 0. | 0. | 0. |
| (23) Willa Conway Former Director | 3.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 980,171. | 0. | 228,437. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 980,171. | 0. | 228,437. |

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 10

| | 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 |
|--|--------------------------------|---------------------|
| Teng & Smith, Inc. 2483 Cordove Street, Oakland, CA 94602 | Learning & evaluation | 137,001. |
| | | |
| | | |
| | | |
| | | |

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 1

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 7,871,522. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ 323,957. | | | | | |
| | h Total. Add lines 1a-1f | | 7,871,522. | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 96,845. | | | 96,845. | |
| | 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 | 323,957. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 325,179. | | | | |
| | c Gain or (loss) | 7c | -1,222. | | | | |
| d Net gain or (loss) | | -1,222. | | | -1,222. | | |
| 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 Project admin revenue | Business Code 900099 | 5,000. | 5,000. | | | |
| | b Other income | 900099 | 1,546. | | | 1,546. | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 6,546. | | | | |
| 12 Total revenue. See instructions | | 7,973,691. | 5,000. | 0. | 97,169. | | |

Part IX Statement of Functional Expenses

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 | 7,744,711. | 7,744,711. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 96,000. | 96,000. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 75,000. | 75,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 294,215. | 191,679. | 77,149. | 25,387. |
| 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 | 1,861,724. | 1,262,709. | 429,023. | 169,992. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 245,795. | 130,635. | 99,483. | 15,677. |
| 9 Other employee benefits | 599,132. | 318,428. | 242,493. | 38,211. |
| 10 Payroll taxes | 159,485. | 106,581. | 38,799. | 14,105. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 63,029. | | 63,029. | |
| c Accounting | 20,824. | | 20,824. | |
| 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.) | 539,607. | 396,823. | 142,784. | |
| 12 Advertising and promotion | 5,736. | 5,736. | | |
| 13 Office expenses | 83,385. | 5,849. | 77,536. | |
| 14 Information technology | 17,319. | 9,142. | 8,177. | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 90,044. | 54,921. | 35,123. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 260,437. | 176,500. | 83,937. | |
| 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 | 45,835. | 44,106. | 1,729. | |
| b Project admin fees | 5,000. | | 5,000. | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,207,278. | 10,618,820. | 1,325,086. | 263,372. |
| 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 <input type="checkbox"/> 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 | 860,765. | 1 | 453,612. |
| | 2 Savings and temporary cash investments | 11,248,095. | 2 | 948,473. |
| | 3 Pledges and grants receivable, net | 25,000. | 3 | 853,378. |
| | 4 Accounts receivable, net | 122,684. | 4 | 132,047. |
| | 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 | 503,333. | 7 | 503,333. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 16,268. | 9 | 54,700. |
| | 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) | 12,776,145. | 16 | 2,945,543. | |
| Liabilities | 17 Accounts payable and accrued expenses | 72,327. | 17 | 152,087. |
| | 18 Grants payable | 7,185,000. | 18 | 1,508,225. |
| | 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 | 7,257,327. | 26 | 1,660,312. |
| 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 | 4,479,568. | 27 | 209,632. |
| | 28 Net assets with donor restrictions | 1,039,250. | 28 | 1,075,599. |
| | 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 | 5,518,818. | 32 | 1,285,231. |
| 33 Total liabilities and net assets/fund balances | 12,776,145. | 33 | 2,945,543. | |

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 | 7,973,691. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,207,278. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -4,233,587. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5,518,818. |
| 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 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,285,231. |

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | 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 _____ | | |

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|-------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | 35,473,054. | 7,872,628. | 7,871,522. | 51,217,204. |
| 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. | 7,872,628. | 7,871,522. | 51,217,204. |
| 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. | | | | | | 51,217,204. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|-------------|------------|------------|-------------------------------------|
| 7 Amounts from line 4 | | | 35,473,054. | 7,872,628. | 7,871,522. | 51,217,204. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | 2,288. | 14,403. | 96,845. | 113,536. |
| 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. | 1,037. | 1,547. | 2,925. |
| 11 Total support. Add lines 7 through 10 | | | | | | 51,333,665. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 10,000. |
| 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 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 on 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 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on 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 on 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 on 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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 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). | | |

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 - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2022 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-2022 | (iii) Distributable Amount for 2022 |
|---|---|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2022 | | |
| a | From 2017 | | |
| b | From 2018 | | |
| c | From 2019 | | |
| d | From 2020 | | |
| e | From 2021 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2022 distributable amount | | |
| i | Carryover from 2017 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2022 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2018 | | |
| b | Excess from 2019 | | |
| c | Excess from 2020 | | |
| d | Excess from 2021 | | |
| e | Excess from 2022 | | |

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.)

Horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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), 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), 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).

| | |
|--|---|
| Name of organization Solidaire Network, Inc. | Employer identification number 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 |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>912,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>502,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>480,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>400,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>375,000.</u> | 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 |
|--|---|

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 | <hr/> <hr/> <hr/> | \$ 340,944. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 320,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 264,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 220,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ 187,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <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 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

2022

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, 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?

Yes No

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)?

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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 | 7,993,691. |
| 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 | 20,000. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 20,000. |
| 3 | Subtract line 2e from line 1 | | 3 | 7,973,691. |
| 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 | 7,973,691. |

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 | 12,227,278. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 20,000. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 20,000. |
| 3 | Subtract line 2e from line 1 | | 3 | 12,207,278. |
| 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 | 12,207,278. |

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.

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 2:

Investigation by the organization's personnel to confirm charitable registration and documentation of CRA number as well as confirmation of annual information return filing with the Canada Revenue Agency. Periodic accountings to assess status of grant distribution.

Part I, line 3:

Organization used GAAP to report expenditures on Schedule F.

**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

2022

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| About Face Veterans Against the War - PO Box 3565 - New York, NY 10008 | 35-2314550 | 501(c)(3) | 55,000. | 0. | | | General Support for 501(c)(3) activities |
| Acorn Center for Restoration and Freedom, Inc - 10699 Hwy 36 - Covington, GA 30014 | 84-4166710 | 501(c)(3) | 55,000. | 0. | | | General Support for 501(c)(3) activities |
| Action St Louis 2857 Sidney Street St. Louis, MO 63104 | 32-0634890 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| African Communities Together 127 West 127th Street New York, NY 10027 | 46-1689772 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| Alabama Justice Initiative 2012 26th Avenue North Birmingham, AL 35234 | 83-2673378 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Alaska Public Interest Research Group, Inc. - PO Box 201416 - Anchorage, AK 99520 | 92-0047627 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **126.**

3 Enter total number of other organizations listed in the line 1 table **8.**

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

Schedule I (Form 990) 2022

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Alianza Nacional de Campesinas, Inc. - PO Box 20033 - Oxnard, CA 93034 | 47-3486630 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| Allgo (Austin Latino/a Lesbian Gay Organization) - 701 Tillery Street, Box 4 - Austin, TX 78702 | 74-2495181 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Allied Media Projects 4126 Third St Detroit, MI 48201 | 01-0559608 | 501(c)(3) | 20,000. | 0. | | | General Support for 501(c)(3) activities for Emergent Strategy Ideation Institute |
| Allied Media Projects 4126 Third St Detroit, MI 48201 | 01-0559608 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Mobile Homecoming |
| Alternate ROOTS Inc. for Spirit House Inc. - 1270 Caroline Street Northeast, Ste D120-353 - Atlanta, GA 30307 | 58-1318198 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for SpiritHouse Inc |
| Anti Police-Terror Project Inc 1201 MLK Jr Way Oakland, CA 94612 | 86-2883695 | 501(c)(3) | 90,000. | 0. | | | General Support for 501(c)(3) activities |
| Arch City Defenders, Inc. 440 North 4th Street, Ste 390 St Louis, MO 63102 | 80-0471494 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Arizona Coalition for Change 1241 East Washington Street, Suite Phoenix, AZ 85034 | 82-2534431 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Atlanta Solidairity Fund - Network for Strong Communities - 80 Mayson Avenue Northeast - Atlanta, GA 30307 | 85-2889531 | 501(c)(3) | 50,000. | 0. | | | Organizational support 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Barred Business Foundation CO 4217 Viewpoint Trail Ellenwood, GA 30294 | 87-1392944 | 501(c)(3) | 60,000. | 0. | | | Organizational support grant |
| Black Belt Justice Center 4323 F Street SE Washington, DC 20019 | 45-4441783 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Acres of Ancestry Initiative/Black Agrarian |
| Black in Appalachia Research Education and Support - 8004 East Andrew Johnson Highway - Whitesburg, TN 37891 | 85-1323988 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| Black Liberation Collective - Idaho Coalition Against Sexual & DV - 1402 W Grove - Boise, ID 83702 | 82-0410899 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Black Lives Matter Phoenix Metro PO Box 56693 Phoenix, AZ 85079 | 84-4398090 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Black Organizing for Leadership and Dignity, Inc. - c/o WatsonRice LLP - New York, NY 10001 | 83-2352971 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Black Organizing for Leadership and Dignity, Inc. - c/o WatsonRice LLP - New York, NY 10001 | 83-2352971 | 501(c)(3) | 70,000. | 0. | | | Organizational support grant |
| Black Phoenix Organizing Collective - 3101 N Central Ave Ste 610 - Phoenix, AZ 85012 | 84-2633423 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| Black Sustainability Inc. 1403 Downs Drive Southwest Atlanta, GA 30311 | 85-3364819 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for the Come Up Project feat. Gangstas To Growers |

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Black Women's Blueprint 271 Cadman Plaza E Brooklyn, NY 11201 | 27-1308862 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Black Women's Blueprint 271 Cadman Plaza E Brooklyn, NY 11201 | 27-1308862 | 501(c)(3) | 66,500. | 0. | | | Organizational support grant |
| Builders of the Highway Foundation 1701 Saint Anthony Street New Orleans, LA 70116 | 27-3376275 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| BVM Capacity Building Institute 4751 Best Road, Suite 490 Atlanta, GA 30337 | 82-3835203 | 501(c)(3) | 75,000. | 0. | | | Organizational support grant |
| Caribbean Community Service Center for ABISA - 6716 Whitby Street - Garden City, MI 48135 | 82-1816468 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Center for Ideas, Equity, and Transformative Change - 1443 Kimwood Drive - Jackson, MS 39211 | 84-2045603 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| Center for NuLeadership on Urban Solutions, Inc - 7 Marcus Garvey Boulevard, Suite 423 - Brooklyn, NY 11206 | 45-4968344 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Center for Third World Organizing 1714 Franklin Street, Suite 100 #24 Oakland, CA 94612 | 52-1211059 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Centro Cultural de Mexico en el Condado de Orange for Radio Santa Ana - PO Box 133 - Santa Ana, CA 92702 | 33-0614169 | 501(c)(3) | 25,000. | 0. | | | General Support for 501(c)(3) 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Chainbreaker Collective 1500 5th Street, Unit 12 Santa Fe, NM 87505 | 80-0420443 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Chicago Freedom School for Project Nia - 719 South State Street - Chicago, IL 60605 | 20-4735643 | 501(c)(3) | 25,000. | 0. | | | General Support for 501(c)(3) activities |
| Color of Change Education Fund Inc. - 1714 Franklin Street, Suite 100-136 - Oakland, CA 94612 | 45-5569879 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| Commonwealth Foundation 1442 A Walnut Street #42 Berkeley, CA 94709 | 22-2543558 | 501(c)(3) | 30,000. | 0. | | | General Support for 501(c)(3) activities for Convergence (formerly Organizing Upgrade) |
| Community Voices Heard Inc. 115 East 106th Street New York, NY 10029 | 13-3901997 | 501(c)(3) | 40,000. | 0. | | | General Support for 501(c)(3) activities |
| Consciously Constructed LLC 1191 Huntington Dr., #239 Duarte, CA 91010 | 88-3168544 | LLC | 10,550. | 0. | | | Movement Protection Grant in support of charitable activities |
| Cooperation Jackson 939 W. Capitol St. Jackson, MS 39203 | 47-1153202 | 501(c)(3) | 40,000. | 0. | | | General Support for 501(c)(3) activities People's Network for Land and Liberation |
| Dancers' Group 44 Gough Street, Suite 201 San Francisco, CA 94103 | 94-2879185 | 501(c)(3) | 30,000. | 0. | | | General Support for 501(c)(3) activities for Embrace Body |
| Defending Rights & Dissent for Justice for Muslim Counterpublics Lab - 1325 G St. NW, Suite 500 - Washington, DC 20005 | 27-0042821 | 501(c)(3) | 90,000. | 0. | | | General Support for 501(c)(3) activities for Justice for Muslim Counterpublics Lab |

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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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Dignity and Power Now 3655 South Grand Ave, Suite 240 Los Angeles, CA 90007 | 46-3064675 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Earthseed Land Collective 7406 L Chapel Hill Road Raleigh, NC 27607 | 47-2181285 | 501(c)(3) | 12,000. | 0. | | | General Support for 501(c)(3) activities for Earthseed Land Collective |
| EQTX Equality Texas Foundation PO Box 2340 Austin, TX 78768 | 74-2569542 | 501(c)(3) | 84,000. | 0. | | | Organizational support grant |
| Equity and Transformation 10 West 35th Street Chicago, IL 60616 | 83-4701430 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Eric BJ Lurry Jr. Foundation 615 North Raynor Avenue, #3 Joliet, IL 60435 | 87-1145713 | 501(c)(3) | 10,000. | 0. | | | Organizational support grant |
| Faith for Justice 2142 Victor Street Saint Louis, MO 63104 | 83-1374949 | 501(c)(3) | 20,000. | 0. | | | Organizational support grant |
| Families for Freedom 35 West 31st Street, #702 New York, NY 10001 | 20-2798922 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Forward Montana Foundation PO Box 2817 Missoula, MT 59802 | 26-2075145 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Fractured Altas 228 Park Ave S New York, NY 10003-1502 | 11-3451703 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities for Equality Labs |

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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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Free Press PO Box 60238 Florence, MA 01062 | 41-2106721 | 501(c)(3) | 76,000. | 0. | | | Organizational support grant |
| Freedom to Thrive 5431 Northeast 20th Avenue Portland, OR 97211 | 93-1181863 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| FreshGreens Market LLC 1570 Meriwether Circle Montgomery, AL 36117 | 86-3670939 | LLC | 11,000. | 0. | | | Charitable project support for activities including rapid response support Black farmers and |
| Global Fund for Women 800 Market Street, 7th Floor San Francisco, CA 94102 | 77-0155782 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities for Black Feminist Fund |
| Grassroots Global Justice 2000 14th St NW, Suite 104 Washington, DC 20056 | 26-4633127 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| Ground Cover 3612 10th Avenue South Minneapolis, MN 55407 | 86-1864677 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Grow Dat Youth Farm 1 Palm Drive New Orleans, LA 70124 | 45-3142732 | 501(c)(3) | 23,286. | 0. | | | General Support for 501(c)(3) activities |
| HEARD 55 M Street Northeast, #934 Washington, DC 20002 | 27-5032142 | 501(c)(3) | 10,600. | 0. | | | General Support for 501(c)(3) activities |
| Highlander Research & Education Center - 1959 Highlander Way - New Market, TN 37820 | 62-0646373 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities for People's Advocacy Institute |

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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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Highlander Research & Education Center - 1959 Highlander Way - New Market, TN 37820 | 62-0646373 | 501(c)(3) | 20,000. | 0. | | | General Support for 501(c)(3) activities for Stay Together Appalachian Youth Project |
| Highlander Research & Education Center - 1959 Highlander Way - New Market, TN 37820 | 62-0646373 | 501(c)(3) | 30,000. | 0. | | | General Support for 501(c)(3) activities for Black Mycelium Project |
| Hmong American Women's Association 3727 West National Avenue Milwaukee, WI 53215 | 39-1791168 | 501(c)(3) | 55,000. | 0. | | | General Support for 501(c)(3) activities |
| Honor the Earth 1430 Haines Avenue, Ste 108 # 225 Rapid City, SD 57701 | 45-4714238 | 501(c)(3) | 75,000. | 0. | | | General Support for 501(c)(3) activities |
| Hopewell Fund 1201 Connecticut Avenue Northwest Washington, DC 20036 | 47-3681860 | 501(c)(3) | 20,000. | 0. | | | Organizational support grant |
| House of Tulip 3816 Bienville Ave New Orleans, LA 70119 | 85-1376745 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Indigenous Environmental Network 303 Railroad Street SW Bemidji, MN 56619 | 38-3653476 | 501(c)(3) | 150,000. | 0. | | | General Support for 501(c)(3) activities |
| Interfaith Working Group for Black Trans Prayer Book - 6757 Greene Street - Philadelphia, PA 19119 | 23-2842734 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Black Trans Prayer Book |
| Intransitive 10420 Helm Dr Mabelvale, AR 72103 | 86-3252369 | 501(c)(3) | 25,000. | 0. | | | General Support for 501(c)(3) 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Ironbound Community Corporation 317 Elm Street Newark, NJ 07105 | 22-1916086 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Jane Place Neighborhood Sustainability Initiative - 2533 Columbus St., Suite 104 - New Orleans, LA 70119 | 26-3909820 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| JQ International 801 Larrabee Street, #10 West Hollywood, CA 90069 | 68-0601176 | 501(c)(3) | 10,000. | 0. | | | Organizational support grant |
| Kentucky Civic Engagement Table 2508 Portland Ave, Suite 14 Louisville, KY 40212 | 83-2413836 | 501(c)(3) | 150,000. | 0. | | | General Support for 501(c)(3) activities |
| Ko'ihonua P.O. Box 1229 Pearl City, HI 96782 | 81-4352379 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| La Plazita Institute 831 Isleta Boulevard Southwest Albuquerque, NM 87105 | 26-2486467 | 501(c)(3) | 250,000. | 0. | | | General Support for 501(c)(3) activities for EBP+ Collaborative |
| Latino Community Fund of Washington State - PO Box 30669 - Seattle, WA 98103 | 20-5987399 | 501(c)(3) | 30,000. | 0. | | | Charitable project support for Firelands Workers Action |
| Lavender Rights Project 911 East Pike Street Seattle, WA 98122 | 81-0969007 | 501(c)(3) | 14,000. | 0. | | | General Support for 501(c)(3) activities |
| LeftRoots, Inc. PO Box 32217 Oakland, CA 94604 | 46-5740696 | 501(c)(3) | 30,000. | 0. | | | Charitable project support for activities including support for a national movement |

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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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Lighthouse Foundation of Chicagoland - 2335 North Orchard Street - Chicago, IL 60614 | 86-3730708 | 501(c)(3) | 115,000. | 0. | | | General Support for 501(c)(3) activities |
| Louisiana Trans Advocates for Nouveau Nom Noir - 650 N 6th Street - Baton Rouge, LA 70802 | 46-1275387 | 501(c)(3) | 45,000. | 0. | | | General Support for 501(c)(3) activities for Nouveau Nom Noir |
| Mary Mitchell Family and Youth Center (for The Black Feminist Project) - 2007 Mapes Avenue - Bronx, NY 10460 | 13-3385032 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities for The Black Feminist Project |
| Masjid al-Rabia 637 South Dearborn Street Chicago, IL 60605 | 82-0715092 | 501(c)(3) | 60,000. | 0. | | | General Support for 501(c)(3) activities |
| Me too, international 245 North Highland Avenue, Suite 23 Atlanta, GA 30307 | 83-4447513 | 501(c)(3) | 150,000. | 0. | | | General Support for 501(c)(3) activities |
| Medicine Bowl Giving Circle Inc. 1472 Brummetts Creek Rd Green Mountain, NC 28740 | 86-3282091 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| Memphis Artists for Change 1540 Netherwood Avenue Memphis, TN 38106 | 81-4207475 | 501(c)(3) | 40,000. | 0. | | | General Support for 501(c)(3) activities for BLM Memphis |
| Memphis Artists for Change 1540 Netherwood Avenue Memphis, TN 38106 | 81-4207475 | 501(c)(3) | 35,000. | 0. | | | Movement Protection Grant for Decarcerate Memphis |
| Metcalf Park Community Bridges Inc - 3624 W North Avenue - Milwaukee, WI 53208 | 81-2101846 | 501(c)(3) | 24,400. | 0. | | | Organizational support 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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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Michigan Disability Rights Coalition - 3498 E Lake Lansing Rd., Suite 100 - East Lansing, MI 48823 | 38-2435517 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities for Detroit Disability Power |
| Minnesota Indian Women's Sexual Assault Coalition - 1619 Dayton Avenue, Suite 202 - Saint Paul, MN 55104 | 20-1421325 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| Mission Edge San Diego Mission Edge San Diego San Diego, CA 92112 | 27-2938491 | 501(c)(3) | 25,000. | 0. | | | General Support for 501(c)(3) activities for Madjal Center |
| Mississippi Center for Cultural Production - 319 White Oak St - Utica, MS 39175 | 81-5217491 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Mississippi Votes 510 George Street, Suite 308 Jackson, MS 39202 | 82-1014316 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| Monsoon Asians & Pacific Islanders in Solidarity - 4944 Franklin Avenue, Suite 8 - Des Moines, IA 50310 | 35-2297207 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Nakagawa Strategies LLC 70200 Dillon Road lot 368 Desert Hot Springs, CA 92241 | 87-2795814 | LLC | 55,000. | 0. | | | General Support for 501(c)(3) activities for ChangeLab |
| National Iranian American Council PO Box 65439 Washington, DC 20035 | 73-1626026 | 501(c)(3) | 20,000. | 0. | | | Organizational support grant |
| Native Justice Coalition 281 1st Avenue Manistee, MI 49660 | 85-1139414 | 501(c)(3) | 55,000. | 0. | | | General Support for 501(c)(3) 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Native Movement 60 Hall Street Fairbanks, AK 99701 | 68-0535413 | 501(c)(3) | 200,000. | 0. | | | General Support for 501(c)(3) activities |
| Native Movement 60 Hall Street Fairbanks, AK 99701 | 68-0535413 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities for Fairbanks Climate Action |
| Native Women's Society of the Great Plains - 118 S willow Street - Eagle Butte, SD 57625 | 26-1921385 | 501(c)(3) | 40,000. | 0. | | | General Support for 501(c)(3) activities |
| NEO Philanthropy 45 West 36th Street New York, NY 10018 | 13-3191113 | 501(c)(3) | 30,000. | 0. | | | General Support for 501(c)(3) activities for Venceremos |
| NEO Philanthropy 45 West 36th Street New York, NY 10018 | 13-3191113 | 501(c)(3) | 75,000. | 0. | | | General Support for 501(c)(3) activities for Law for Black Lives |
| NEO Philanthropy 45 West 36th Street New York, NY 10018 | 13-3191113 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for The Embodiment Institute |
| NEO Philanthropy 45 West 36th Street New York, NY 10018 | 13-3191113 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Black Workers Center |
| New Venture Fund for IllumiNative 1201 Connecticut Avenue Northwest, Washington, DC 20036 | 20-5806345 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities for IllumiNative |
| Nfungotah Ile Osain Ecological Epicenter of New Orleans - 1668 Paul Morphy Street - New Orleans, LA 70119 | 27-0275370 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Ohio Organizing Collaborative 25 East Boardman Street Youngstown, OH 44503 | 26-1601472 | 501(c)(4) | 15,000. | 0. | | | Charitable project support for activities including digital and physical security |
| One Fair Wage, Inc. 45 Mt Auburn St Cambridge, MA 02138 | 85-0692228 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| Poder in Action 5877 West Indian School Road Phoenix, AZ 85031 | 46-2284158 | 501(c)(3) | 20,000. | 0. | | | Movement Protection Grant for The Prometheus Conspiracy |
| Possibility Labs 1410 Franklin St #135 San Francisco, CA 94109 | 85-3989363 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Question Culture |
| Project South 9 Gammon Street Southeast Atlanta, GA 30315 | 58-1956686 | 501(c)(3) | 215,000. | 0. | | | General Support for 501(c)(3) activities for Kindred Healing Southern Justice Collective |
| Proteus Fund 15 Research Drive Amherst, MA 01002 | 04-3243004 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities for Third Wave Fund (Frontlines Fund) |
| Proteus Fund 15 Research Drive Amherst, MA 01002 | 04-3243004 | 501(c)(3) | 150,000. | 0. | | | General Support for 501(c)(3) activities for Piper Fund |
| Proteus Fund 15 Research Drive Amherst, MA 01002 | 04-3243004 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for ReFrame |
| Prutehi Litekyan Save Ritidian 275G Farenholt Ave PMB405 Tamuning, GU 96913 | 66-0982677 | 501(c)(3) | 75,000. | 0. | | | General Support for 501(c)(3) activities |

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| Ramapough Culture and Land Foundation - 21 Hemlock Avenue - Newton, NJ 07860 | 82-3698874 | 501(c)(3) | 55,000. | 0. | | | General Support for 501(c)(3) activities |
| Right to the City Alliance 388 Atlantic Avenue Brooklyn, NY 11217 | 94-3462187 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Homes for All St. Louis |
| Right to the City Alliance 388 Atlantic Avenue Brooklyn, NY 11217 | 94-3462187 | 501(c)(3) | 150,000. | 0. | | | General Support for 501(c)(3) activities |
| Rockefeller Philanthropy Advisors, Inc for Black Girl Freedom Fund - 6 West 48th Street - New York, NY 10036 | 13-3615533 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities for Black Girl Freedom Fund |
| Rouge Support Network LLC 25696 West 12 Mile Road Southfield, MI 48034 | 92-0963681 | LLC | 80,000. | 0. | | | Charitable project support for activities including direct sex worker outreach program |
| Seventh Generation Fund for Indigenous Peoples - 2355 Central Avenue - McKinleyville, CA 95519 | 68-0027247 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| Shake Technologies 57 Shakespeare St Daly City, CA 94014 | 81-1070286 | C Corp | 55,000. | 0. | | | Charitable project support for activities including fortify movement digital security |
| Sikh Coalition Inc 50 Broad Street, Suite 504 New York, NY 10004 | 22-3834037 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| Social and Environmental Entrepreneurs for Women on the Rise GA - 23564 Calabasas Road, Suite 201 - Calabasas, CA 91302 | 95-4116679 | 501(c)(3) | 30,000. | 0. | | | General Support for 501(c)(3) activities for Women on the Rise GA |

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| Social Good Fund 12651-5473 San Pablo Ave Richmond, CA 94805 | 46-1323531 | 501(c)(3) | 17,500. | 0. | | | General Support for 501(c)(3) activities for Marsha P. Johnson Institute |
| Social Good Fund 12651-5473 San Pablo Ave Richmond, CA 94805 | 46-1323531 | 501(c)(3) | 115,000. | 0. | | | General Support for 501(c)(3) activities for Fireweed Collective |
| Southern Rural Black Women's Initiative For Economic and Social Justice - PO Box 11437 - Jackson, MS 39283 | 82-3532800 | 501(c)(3) | 65,000. | 0. | | | General Support for 501(c)(3) activities |
| SPARK Reproductive Justice NOW!, Inc. - 1065 Ralph David Abernathy Boulevard, #200 - Atlanta, GA 30310 | 58-1872316 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |
| State Democracy Project for Black Men Build - 111 Sands Street - Brooklyn, NY 11201 | 52-2003442 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Black Men Build |
| Taller Salud, Inc. PO Box 524 Loiza, PR 00772 | 66-0494692 | 501(c)(3) | 40,000. | 0. | | | General Support for 501(c)(3) activities |
| Tewa Women United 912 Fairview Lane Espa?ola, NM 87532 | 85-0480836 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| The Bottom 2325 Greenfield Lane Knoxville, TN 37917 | 85-2398999 | 501(c)(3) | 30,000. | 0. | | | General Support for 501(c)(3) activities |
| The Fields at Rootsprings 13537 47th Street Northwest Annandale, MN 55302 | 27-1709046 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |

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| The Knights and Orchids Society 17 Broad Street Selma, AL 36701 | 45-2603909 | 501(c)(3) | 100,000. | 0. | | | General Support for 501(c)(3) activities |
| The Penny Foundation 469 Horner Drive Birmingham, AL 35206 | 82-3036091 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities for Woke Vote |
| The People's Harm Reduction Alliance - P.O. Box 85038 - Seattle, WA 98145 | 35-2307112 | 501(c)(3) | 7,500. | 0. | | | General Support for 501(c)(3) activities for Green Light Project |
| The Praxis Project PO Box 7259 Oakland, CA 94601 | 30-0044814 | 501(c)(3) | 30,000. | 0. | | | General Support for 501(c)(3) activities for Free Hearts |
| The Transgender District 1067 Market Street, Suite 2001 San Francisco, CA 94103 | 92-2302661 | 501(c)(3) | 40,000. | 0. | | | General Support for 501(c)(3) activities |
| Tides Advocacy P.O. Box 29198 San Francisco, CA 94129 | 94-3153687 | 501(c)(4) | 100,000. | 0. | | | Supporting Mass Liberation Project's charitable activities permitted under Section |
| Tides Advocacy P.O. Box 29198 San Francisco, CA 94129 | 94-3153687 | 501(c)(4) | 15,000. | 0. | | | Supporting Mass Liberation Arizona's charitable activities permitted under Section |
| Tides Advocacy P.O. Box 29198 San Francisco, CA 94129 | 94-3153687 | 501(c)(4) | 12,000. | 0. | | | Charitable project support for activities including backend infrastructure and |
| Tides Center 1012 Torney Street San Francisco, CA 94124 | 94-3213100 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities for Maria Fund |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Tides Center 1012 Torney Street San Francisco, CA 94124 | 94-3213100 | 501(c)(3) | 55,000. | 0. | | | General Support for 501(c)(3) activities for Palestine Legal |
| Transgender Advocates Knowledgeable Empowering (TAKE Resource Center) - 7769 2nd Ave S - Birmingham, AL 35206 | 85-0702039 | 501(c)(3) | 115,000. | 0. | | | General Support for 501(c)(3) activities |
| Triangle Native American Society Inc. - PO Box 26841 - Raleigh, NC 27611 | 58-1674687 | 501(c)(3) | 6,875. | 0. | | | General Support for 501(c)(3) activities |
| United for a New Economy for Colorado Homes for All - 7190 Colorado Boulevard, Suite 400 - Commerce City, CO 80022 | 26-0019190 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities for Colorado Homes for All |
| Urban Bush Women (UBW) 138 South Oxford Street Brooklyn, NY 11217 | 13-3645651 | 501(c)(3) | 9,000. | 0. | | | General Support for 501(c)(3) activities |
| Vision Change Win 590 Gates Avenue #6C Brooklyn, NY 11221 | 47-4737958 | LLC | 30,000. | 0. | | | Charitable project support for activities including training, technical assistance and |
| White Earth Land Recovery Project 607 Main Avenue Callaway, MN 56521-2120 | 41-1673625 | 501(c)(3) | 25,000. | 0. | | | General Support for 501(c)(3) activities |
| Women Engaged 1530 Dekalb Ave Atlanta, GA 30307 | 47-3911650 | 501(c)(3) | 50,000. | 0. | | | General Support for 501(c)(3) activities |
| WV Can't Wait Mutual Aid a Non-Profit - 403 King Avenue - Fayetteville, WV 25840 | 86-1651437 | 501(c)(3) | 15,000. | 0. | | | General Support for 501(c)(3) activities |

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 |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| Accompaniment and Capacity strengthening grant for 501(c)(3) activities | 3 | 30,000. | 0. | N/A | N/A |
| Movement Protection Grant | 2 | 16,000. | 0. | N/A | N/A |
| 501(c)(3) Activities towards mutual aid funding in New Orleans | 1 | 50,000. | 0. | N/A | N/A |
| | | | | | |
| | | | | | |

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 its grantee 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 Belt Justice Center

(h) Purpose of Grant or Assistance: General Support for 501(c)(3) activities for Acres of Ancestry Initiative/Black Agrarian Fund.

Name of Organization or Government: Black Sustainability Inc.

(h) Purpose of Grant or Assistance: General Support for 501(c)(3) activities for the Come Up Project feat. Gangstas To Growers Training Program & Sweet Sol Co-op

Name of Organization or Government: FreshGreens Market LLC

(h) Purpose of Grant or Assistance: Charitable project support for activities including rapid response support Black farmers and initiating a wellness pilot program within a Black Liberation tradition.

Name of Organization or Government: LeftRoots, Inc.

(h) Purpose of Grant or Assistance: Charitable project support for activities including support for a national movement building gathering to onsite wellness care and security

Name of Organization or Government: Ohio Organzing Collaborative

(h) Purpose of Grant or Assistance: Charitable project support for activitvies including digital and physical security infrastructure

Name of Organization or Government: Rouge Support Network LLC

(h) Purpose of Grant or Assistance: Charitable project support for activities including direct sex worker outreach program resources, emergency and rapid response, and skills training.

Part IV Supplemental Information

Name of Organization or Government: Shake Technologies

(h) Purpose of Grant or Assistance: Charitable project support for activities including fortify movement digital security infrastructure

Name of Organization or Government: Tides Advocacy

(h) Purpose of Grant or Assistance: Supporting Mass Liberation Project's charitable activities permitted under Section 501(c)(3) in developing healing and leadership of justice-impacted people, organizations and communities.

Name of Organization or Government: Tides Advocacy

(h) Purpose of Grant or Assistance: Supporting Mass Liberation Arizona's charitable activities permitted under Section 501(c)(3) in leadership development, healing and personal transformation of justice-impacted people, organizations and communities.

Name of Organization or Government: Tides Advocacy

(h) Purpose of Grant or Assistance: Charitable project support for activities including backend infrastructure and purchasing software

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Solidaire Network, Inc.

Employer identification number

84-2130536

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Rajasvini Bhansali Secretary & Executive Director | (i) | 281,226. | 0. | 0. | 28,428. | 25,859. | 335,513. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Jesenia Santana Movement Partnerships Director | (i) | 152,060. | 0. | 0. | 15,206. | 40,031. | 207,297. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Malachi Larrabee Organizing Director | (i) | 164,610. | 0. | 0. | 16,526. | 10,778. | 191,914. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) Ravi Khanna Director of Finance and Operations/M | (i) | 124,413. | 0. | 0. | 12,441. | 27,668. | 164,522. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) Marlena Sonn Director of Finance and Investments | (i) | 130,794. | 0. | 0. | 12,898. | 11,215. | 154,907. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) Janis Rosheuvel Learning & Reflection Sr. Strategist | (i) | 127,068. | 0. | 0. | 13,955. | 13,432. | 154,455. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 | 16 | 323,957. 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 3 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) 2022

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Solidaire Network, Inc.

Employer identification number

84-2130536

Form 990, Part III, Line 2, New Program Services:

The Solidarity Philanthropy Book Project was commenced during fiscal year 2023.

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.

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

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

The organization contracted with an outside compensation consultant to do a thorough comparability analysis of salaries for comparable positions at similar organizations. The recommended salary ranges for all positions were reviewed and approved by the Board. The Board's deliberation and decision was contemporaneously documented in writing.

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.