** PUBLIC DISCLOSURE COPY **

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

Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2017 calendar year, or tax year beginning	and	l ending	_			
B	Check if applicabl	C Name of organization			D Employer ide	entific	ation number	
Г	Addre	SS WE CARE SOLAR						
F	Name chang				30	-0627	106	
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone nu			—
F	Final return		ivered to street address;	340	I '		-0206	
_	return/ termin ated	City or town, state or province, country, and	7IP or foreign postal code	010	G Gross receipts \$. ,	7,435,42	25
	Amend		ZIF or loreign postar code		H(a) Is this a gro	oun rot		-
F	⊒return □Applic		A STACHEL MD		for subordi	-		ما
_	tion pendir	SAME AS C ABOVE			H(b) Are all subordi			lo lo
_	Γαν.αν			or 527	1 ' '		ist. (see instructions)	10
		e: WWW.WECARESOLAR.ORG	(πισοιττίο.) <u>1047 (α)(1)</u>	01 321	H(c) Group exer		•	
			ssociation Other	I Vear	of formation: 2010		State of legal domicile: C	
	_	Summary	outdistri Curor	L 16a1	or formation, 2010	IVI	State of legal doffficile, c	
		Briefly describe the organization's mission or most	cianificant activities: WE CAR	PE SOLAR S	STRIVES TO SAV	TE.		—
Governance		Differing describe the organization's mission of most LIVES IN CHILDBIRTH BY MAKING SOLAR PO			JIRIVED TO DIT			—
nar		Check this box if the organization disco			than 25% of ita	act occ	noto.	—
Ver	1	Number of voting members of the governing body	· ·			3	5615.	9
		Number of independent voting members of the go	, , , , , , , , , , , , , , , , , , , ,			4		
م د		Total number of individuals employed in calendar y				5		14
ij						6		21
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co				7a		0.
¥		Net unrelated business taxable income from Form				7b		0.
	"	Net differated business taxable income from Form	990-1, IIIIe 54		Prior Year	1/5	Current Year	••
-	8	Contributions and grants (Part VIII, line 1h)			4,158,	376	5,165,75	
Jue		Program service revenue (Part VIII, line 2g)			811,		469,22	
Revenue		Investment income (Part VIII, column (A), lines 3, 4				281.	9,85	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			-,	0.		34.
		Total revenue - add lines 8 through 11 (must equal			4,971,		5,645,16	
		Grants and similar amounts paid (Part IX, column (-,-,-,	0.	0,010,10	0.
		Benefits paid to or for members (Part IX, column (0.		0.
'n		Salaries, other compensation, employee benefits (1,013,		1,127,02	
Expenses		Professional fundraising fees (Part IX, column (A),			41,	-	64,60	
per		Total fundraising expenses (Part IX, column (D), lin			,			
Ж		Other expenses (Part IX, column (A), lines 11a-11d			2,569,	797.	2,268,41	<u> </u>
		Total expenses. Add lines 13-17 (must equal Part I			3,625,		3,460,05	
		Revenue less expenses. Subtract line 18 from line			1,345,	_	2,185,11	
or	1.0			Be	ginning of Current		End of Year	_
ets	20	Total assets (Part X, line 16)			4,758,	_	7,014,75	<u> </u>
Ass	21	Total liabilities (Part X, line 26)			106,	_	168,11	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		4,651,	-	6,846,63	37.
	art II	Signature Block					,	_
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the bes	t of my	knowledge and belief, it	is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge			
								_
Sig	n	Signature of officer			Date			_
Her		LAURA STACHEL, MD, EXECUTIVE DIRE	CTOR					
		Type or print name and title						_
		Print/Type preparer's name	Preparer's signature] [Date	eck	PTIN	_
Pai	d	JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	1	1/15/18 if seli	-employed	P00183358	
Pre	parer	Firm's name CLARK NUBER, PS	1	I	Firm's EI		91-1194016	_
	Only	Firm's address 10900 NE 4TH STREET, SUI	TE 1400					_
	-	BELLEVUE, WA 98004			Phone no	.425-	454-4919	
Ma	v the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		1			No.

	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2 , 253 , 535 . including grants of \$) (Revenue \$	
	SOLAR SUITCASE PROGRAM - WE CARE SOLAR DESIGNS AND DEPLOYS WE CARE		
	SOLAR SUITCASES - COMPACT SOLAR ELECTRIC SYSTEMS FOR HEALTH FACILITIES		
	AND OTHER INSTITUTIONS SERVING VULNERABLE POPULATIONS. THE SOLAR		
	SUITCASE POWERS MEDICAL LIGHTING, CELL PHONES, AND PORTABLE DEVICES		
	SUCH AS FETAL MONITORS OR COMPUTERS. IT ALSO INCLUDES LED HEADLAMPS AND		
	BATTERY CHARGERS FOR AA AND AAA BATTERIES. WE CARE SOLAR SUITCASES		
	STRENGTHEN HEALTHCARE DELIVERY BY (1) ENABLING HEALTH FACILITIES TO		
	CONDUCT DELIVERIES AND EMERGENCY PROCEDURES THROUGHOUT THE NIGHT. (2)		
	IMPROVING MOBILE COMMUNICATION FOR REFERRALS AND CONSULTATIONS, (3)		
	IMPROVING THE MORALE OF HEALTH WORKERS.		
	INTO THE MORE OF THE PORTION.		
4b	(Code:) (Expenses \$ 538,687. including grants of \$) (Revenue \$	469,220
	EDUCATION AND OUTREACH - WE CARE SOLAR EDUCATIONAL PROGRAMS ENHANCE		
	LOCAL CAPACITY TO INSTALL, UTILIZE, AND MAINTAIN OUR SOLAR SUITCASE		
	SYSTEMS. OUR WOMEN SOLAR AMBASSADOR PROGRAM, LAUNCHED IN 2012, ENABLES		
	SOLAR-PROFICIENT VOLUNTEERS TO TRAIN HEALTH WORKERS AND INSTALLERS.		
	LAUNCHED IN 2013, WE SHARE SOLAR STUDENT EDUCATIONAL PROGRAMS GIVE		
	YOUTH THE OPPORTUNITY TO BUILD SOLAR SUITCASES FOR SCHOOLS AND		
	ORPHANAGES IN DEVELOPING COUNTRIES. BY GIVING AMERICAN YOUTH THE		
	OPPORTUNITY TO LEARN, BUILD, AND SHARE, WE ARE SUPPORTING THE NEXT		
	GENERATION OF SOCIAL INNOVATORS.		
	GENERATION OF SOCIAL INNOVATORS.		
4c	(Code:) (Expenses \$ 162,486. including grants of \$) (Revenue \$	
	RESEARCH AND DEVELOPMENT - OUR TECHNOLOGY TEAM INCORPORATES OUR FIELD		
	RESEARCH TO IMPROVE THE DESIGN AND FUNCTION OF THE SOLAR SUITCASE. WE		
	STRIVE TO CREATE THE MOST ROBUST, RELIABLE, AND APPROPRIATE COMPACT		
	SOLAR ELECTRIC SYSTEM FOR RURAL HEALTH SYSTEMS. IN ADDITION TO PRODUCT		
	RESEARCH AND DESIGN, WE CARE SOLAR COLLECTS DATA ON SOLAR SUITCASE		
	USAGE AND IMPACT. WE ALSO IDENTIFY AND TEST MEDICAL DEVICES THAT ARE		
	COMPATIBLE WITH OUR 12V DC SOLAR ELECTRIC SYSTEM.		
4d	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2017) WE CARE SOLAR 30-0627106 Page **3**

Form 990 (2017) WE CARE SOLAR 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)?		х	
2	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Λ	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

Form 990 (2017) WE CARE SOLAR Part IV Checklist of Required Schedules (continued)

20a Dut the organization operate one or more hospital facilities // 11 Yes, "complete Schedule H				Yes	No
21 bit the organization report more than \$5,000 of grants or other assistance to any domestic government on Part IX, column (A), line *1 II I'	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
somestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 2 2	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, courine (if "Yes," complete Schedule I. Part I and III X 24 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? If "Yes," complete Schedule I. Part IV is section A, line 3, 4, or 5 about compensation of the organization in nave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25d Section 501(c)3), 501(c)4), and 501(c)(24) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 1 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person adving the year? If "Yes," complete Schedule L, Part I 25b X 2 b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part II 25b X 2 b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, key employees or a family emplete Schedule L, Part IV instructions for applicable lining thresholds, conditions, and exceptions? 2 b A tambi member of a current or former offic	21				
Part IX, column (A), line 27 iii "Yes," complete Schedule I, Parts I and III 2 3 bid 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? If "Yes," complete Schedule I, Part II and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II Image 25a			21		Х
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization receives officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anower lines 24th brough 24d and complete Schedule K. If "No", or to line 25s 2. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of Cold the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization into the part of the part of transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 29 Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 29 A an entity of which a current for former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 Did the organization related to any tax-exem	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and former officers, directors, trustees is severally and severally seve			22		X
Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer ines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any investigation of the organization and the second of the organization and the second of the organization of the organization and the second of the organization of the organization and the second of the organization of the organization and the second of the organization and the second of the organization of the organization and the second of the organization of the organization and the second of the organization and the second of the organization of the organization and the second of the organization of the organization and the second of the organization and the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X X 25b					
stack day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 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? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did 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 ry for Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25a X 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X 26 Did the organization or persons? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions]: a A current or former officer director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule IV, Part II 34 X Did the organizatio		Schedule J	23		X
Schedule K. If *10°, go to line 25a	24a				
b Did the organization invest any proceeds of fax-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 'no behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 255 Section 501(c)(3), 501(c)(4), and 501(c)(2) organization. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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 prior Forms 990 or 990-E72 If 'Yes,' complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II 25b Did the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (in 'Yes,' complete Schedule L, Part IV 27b Did the organization receive more than \$25,000 in non cash contributions? If 'Yes,' complete Schedule L, Part IV 28b Did the organization receive more than \$25,000 in non cash contributions? If 'Yes,' complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 29 X 20 Did the organization related to any tax-exempt or transfer more than 29% of its net assets? If 'Yes,' complete Schedule M 29 X 20 Did the organization sell, exchange, dispose of, or transfer more than 29% of its net assets? If 'Yes,' co			04-		v
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? 24d 25a Section 501(c/i3), 501(c/i4), and 501(c/i29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "**Yes," complete Schedule I., Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in ing the year? "*Yes," complete Schedule I., Part I 25a X 25b 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-E27 if "Yes," complete Schedule I., Part I 25b X 26b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II 25b X 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III 27c 27c X 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule I., Part IV 28a X 25 Did the organization aparty to a business transaction with one of the following parties (see Schedule I., Part IV 28b X 27c 27	h		-		
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c/S), 301(c)(d), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a	C		24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E27 If "Yes," complete Schedule L, Part I 25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 If "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Z5b I A T T T T T T T T T T T T T T T T T T		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		Х
Complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III winstructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization illeviate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 30 X 31 Did the organization illeviate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 32 Did the organization or 100% of an entity disregarded as separate from the organization and sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 34 X 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 X 37 Did the organization conduct more than 5% of its activities t		former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
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Note. All Form 990 filers are required to complete Schedule O X			37		Х
	38				
		Note. All Form 990 filers are required to complete Schedule O			

Form 990 (2017) WE CARE SOLAR 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	1a	13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c	Х	
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	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		Х
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 A	Account	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		~			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			_		
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	ا ءمدا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	11a				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	Ha				
D		146				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		12a		
		12b		ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the appropriation process on a process to the description of the d			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	,, p and an analysis of the contract of the contrac					

Form 990 (2017) WE CARE SOLAR 30-0627106 Page **6**

	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r		age U
ı uı	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	140 1	СЗРОП	30
				Х
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21
000	tion A. Governing body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year		163	NO
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	office and the state to the state of the sta	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
<i>,</i> u		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion 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?	10a		Х
	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?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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:			

VICTORIA HARRIS - 510-766-0206

2150 ALLSTON WAY SUITE 340, BERKELEY, CA 94704

Form 990 (2017) WE CARE SOLAR 30-0627106 Page **7**

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated	
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) LAURA STACHEL, MD	60.00										
EXECUTIVE DIRECTOR		Х		Х				98,474.	0.	3,000	
(2) GIGI DEKKO GOLDMAN	12.00										
CO-DIRECTOR THRU 2/17		Х						15,000.	0.	0	
(3) DAVID BANK	1.00										
BOARD CHAIR		Х		Х				0.	0.	0	
(4) KARINA GARBESI	1.00										
VICE CHAIR		Х		Х				0.	0.	0	
(5) ALAN SALDICH	1.00										
TREASURER		Х		Х				0.	0.	0	
(6) SPENCER WEISBROTH	1.00	1						_	_	_	
DIRECTOR		Х						0.	0.	0	
(7) KRISTI RAUBE	1.00	ļ									
DIRECTOR	1 00	Х						0.	0.	0	
(8) MAAME AFON YELBERT-OBENG	1.00	x		, .				0.	0		
SECRETARY (9) NINA RICHARDSON	1.00	^		Х				0.	0.	0	
DIRECTOR	1.00	x						0.	0.	0	
(10) JIM ROGERS	1.00	^						0.	0.	0	
DIRECTOR	1.00	x						0.	0.	0	
(11) ROBIN WOLANER	40.00								•••		
CHIEF OPERATING OFFICER THRU 11/17	13.55	1		x				91,606.	0.	380	
		_									
		1									
	1	_	_	_		_	_			OOO (0047	

Form **990** (2017)

	990 (2017) WE CARE SOLAR	R								30-06271	06		Р	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	I (do not check more than one				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organization		ie tion ted
			_											
			_											
	Sub-total								205,080.		0.		3	,380
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A						>	205,080.		0.		3	0 ,380
2	Total number of individuals (including but no compensation from the organization								received more than \$100	0,000 of reportable				
											-		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-			5		х
	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation	from	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	NO	NE					(B) Description of s	services	С		C) nsatio	'n
	Total number of independent contractors (i	includina but n	not li	mite	d to	tho	se li	ster	d above) who received n	nore than				
_	\$100,000 of compensation from the organi	•					0		,			Form	990 (2017

Form 990 (2017) WE CARE SOL Part VIII Statement of Revenue WE CARE SOLAR 30-0627106

			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıt s	1	а	Federated campaigns	1a					
irar			Membership dues						
å,			Fundraising events						
a it			Related organizations						
s, mil			Government grants (contributi						
is is			All other contributions, gifts, grant	· -					
함			similar amounts not included abov	/e 1f	5,165,753.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines						
a S		h	Total. Add lines 1a-1f			5,165,753.			
					Business Code				
e l	2	а	WE SHARE SOLAR		900099	469,220.	469,220.		
Program Service Revenue		b							
S ŭ		С							
eve		d							
og		е							
ᇫ		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f			469,220.			
	3		Investment income (including						
			other similar amounts)			6,438.			6,438.
	4		Income from investment of tax						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	1,793,680.					
		b	Less: cost or other basis						
			and sales expenses	1,790,262.					
		С	Gain or (loss)	3,418.					
		d	Net gain or (loss)		<u></u>	3,418.			3,418.
ne	8	а	Gross income from fundraising	g events (not					
en			including \$	of					
Other Reven			contributions reported on line	1c). See					
er			Part IV, line 18	а					
Ę			Less: direct expenses						
			Net income or (loss) from fund		>				
	9	а	Gross income from gaming ac						
			Part IV, line 19	a					
			Less: direct expenses						
			Net income or (loss) from gam						
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales						
			Miscellaneous Revenu	e	Business Code				
	11		REIMBURSEMENTS		900099	334.			334.
		b							
		С	<u> </u>						
			All other revenue						
			Total. Add lines 11a-11d			334.	, == ==		
	12		Total revenue. See instructions.			5,645,163.	469,220.	0.	10,190.

30-0627106

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).

0001	Check if Schedule O contains a respons			, , ,	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	222,980.	178,399.	32,973.	11,608.
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	628,362.	528,287.	57,313.	42,762.
8	Pension plan accruals and contributions (include	45 555	40 555	3 504	4 440
_	section 401(k) and 403(b) employer contributions)	15,755.	10,556.	3,781.	1,418.
9	Other employee benefits	173,667.	116,232.	41,771.	15,664.
10	Payroll taxes	86,258.	57,793.	20,702.	7,763.
11	Fees for services (non-employees):				
	Management	2 (04	1 005	C 4.7	242
	Legal	2,694.	1,805.	647.	242.
	Accounting	113,480.	76,032.	27,235.	10,213.
	Lobbying	64,609.			64,609.
	Professional fundraising services. See Part IV, line 17	04,003.			04,009.
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	428,697.	287,226.	102,888.	38,583.
12	Advertising and promotion	160.	160.	102,000.	30,303.
13	Office expenses	24,887.	23,107.	661.	1,119.
14	Information technology	21,653.	18,801.	1,812.	1,040.
15	Royalties	,		-,	
16	Occupancy	50,533.	48,270.	577.	1,686.
17	Travel	97,301.	91,414.	759.	5,128.
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,605.	5,766.	2,065.	774.
20	Interest		·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,075.	6,080.	2,178.	817.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SOLAR SUITCASES	1,491,879.	1,491,748.	45.	86.
b	STAFF RECRUITMENT & DEV	1,952.	1,308.	468.	176.
С					
d					
е	All other expenses	17,503.	11,724.	4,200.	1,579.
25	Total functional expenses . Add lines 1 through 24e	3,460,050.	2,954,708.	300,075.	205,267.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2017)

Part X Balance Sheet WE CARE SOLAR 30-0627106 Page **11**

Га		Dalatice Stieet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,202,456.	1	2,305,559.
	2	Savings and temporary cash investments				2	1,462,982.
	3	Pledges and grants receivable, net			1,133,498.	3	2,375,513.
	4	Accounts receivable, net			249,755.	4	97,704.
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
Ä	8	Inventories for sale or use			823,190.	8	746,706.
	9	Prepaid expenses and deferred charges			2,720.	9	5,634.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,644.			
	b	Less: accumulated depreciation		15,381.	10,839.	10c	10,263.
	11	Investments - publicly traded securities			335,657.	11	10,393.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	4,758,115.	16	7,014,754.		
	17	Accounts payable and accrued expenses			103,223.	17	168,117.
	18	Grants payable		18			
	19	Deferred revenue		3,048.	19	0.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	roffice	rs, directors, trustees,			
Ĭ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	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			106,271.	26	168,117.
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 an	id 34.				
auc	27	Unrestricted net assets			1,468,419.	27	1,895,758.
Fund Balances	28	Temporarily restricted net assets			3,183,425.	28	4,950,879.
Ε	29	Permanently restricted net assets		<u></u> <u> </u>		29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in		_		32	
Z	33	Total net assets or fund balances			4,651,844.	33	6,846,637.
	34	Total liabilities and net assets/fund balances			4,758,115.	34	7,014,754.

Form **990** (2017)

WE CARE SOLAR 30-0627106 Page 12 Form 990 (2017) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 5,645,163. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 3,460,050. 2,185,113. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4,651,844. 4 9,678. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 6,846,635. column (B)) 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: Lash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a 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: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis 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? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

30-0627106 WE CARE SOLAR Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	855,816.	1,669,772.	3,863,798.	4,158,376.	5,165,753.	15,713,515.
2	Tax revenues levied for the organ-						
	ization'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	82,422.	84,700.	52,603.			219,725.
4	Total. Add lines 1 through 3	938,238.	1,754,472.	3,916,401.	4,158,376.	5,165,753.	15,933,240.
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)						6,897,739.
	Public support. Subtract line 5 from line 4.						9,035,501.
	etion B. Total Support	() 00/0	#20044	() 00/-	(D 00 (0	() 00/-	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	938,238.	1,754,472.	3,916,401.	4,158,376.	5,165,753.	15,933,240.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			1 200	1 201	6 429	0 020
_	and income from similar sources			1,309.	1,281.	6,438.	9,028.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		6,121.	3,218.		334.	9,673.
44	assets (Explain in Part VI.)		0,121.	3,210.		334.	15,951,941.
	Total support. Add lines 7 through 10	ata (aga inaturati	200)			12	2,577,957.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to			2,377,337.
13	organization, check this box and stop	-	s iirst, second, triirt	u, iourtii, or iiitii ta	x year as a sectio	11 30 1(0)(3)	
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2017 (I			olumn (f))		14	56.64 %
	Public support percentage from 2016					15	94.66 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	•		•		•	▶ X
b	33 1/3% support test - 2016. If the co						
-	and stop here. The organization quali						
17 a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	ū				•	,
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organizatio		•	•	,		· · · · · · · · · · · · · · · · · · ·

Page 3

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

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

Section A. Pub	olic Support	siow, picade com	piete i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ` `	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc						%	
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	port tests - 2016. If the more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		
100		

Part IV Supporting Organizations (continued) Vea No		dule A (Form 990 or 990-EZ) 2017 WE CARE SOLAR	30-0627106	Pa	age 5
Ves No Person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the powering body of a supported organization? 111a 1.5 2.5	Pai	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) blow, the governing body of a supported organization? b A family member of a person described in (g) above? c A 35% controlled entity of a person described in (g) ret) above? 1 Did the directors, brustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No" describe he part VI how the supported organization glefficiently operated, supervised, or controlled the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the directors, brustees, or membership of one or more supported organization, above the powers to appoint and/or remove directors or trustees at all times during the tax year. 2 Did the organization or activities if the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization other than the supported organization of the supported organization other than the supported organization of the s				Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) above? c. A 59% controlled entity of a person described in (a) or (b) above?/if "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If "No," describe in Part VI now the supported organizations (directors or trustees) at all times during the tax year? If "No," describe in Part VI now the supported organization of granization of granization, describe in the degranization of the organization of granization, describe in Part VI now the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the supported organization of the thing that years. 2 Did the organization pervised for the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's was vested in the same persons the controlled or managed the supported organization was vested in the same persons the controlled or managed the supported organization was vested in the same persons the controlled or managed the supported organization was vested in the same persons the controlled or managed the supported organization was responsibl	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above?!! "Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, rustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No" describe how the powers to appoint and/or amove directors or trustees at all times during the tax year. If "No" describe how the powers to appoint and/or amove directors or trustees at all times during the tax year. If a supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organization other than the supported organization of part and the supported organization other than the supported organization of the supported organization or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization or tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization or supported organization or supported organization or supported organization or s	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A 5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's electricity operated, supervised, or controlled the organization's activities. If the organization is describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and more organization 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 ofter than the supported organization of part VI how providing such benefit carried out the purposes of the supported organization of the three three supported organization (s) that operated, supervised, or controlled the supporting organization in Part VI how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization or trustees during the tax year also a majority of the directors or trustees of each 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 tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a volt of the organization's to the date of notification, and (ii) colesc of the organization's provide to each of its supported organization's supported organization's and the capital controlled organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported orga		below, the governing body of a supported organization?	11a		
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Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's described organization and what conditions or restrictions." If any applied to the non exupported organization generally applied organization 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 drift has been did organization of perated organization operated organization operated organization operated organization operated organization operated organization operated organization of the through the supported organization of the supported organization or unanagement of the supporting Organizations are settled. 1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or unanagement of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 2 Section D. All Type II Supporting Organizations. 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 copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided organization's provided organization's governing documents in effect on the date of notification, to the extent not previously provided organization's income or assets at all times during the supported o	С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities, if the organization had more than one supported organization, describe how the powers to appoint and/or envised effectively operated, supervised, or controlled the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization of If "Yes," explain in Part VI how providing such henefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 3 Part VI how providing such henefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 4 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's supported organization's. 5 Were any of the Form 930 that was most recently filed as of the date of notification, and (ii) copies of the organization provide to each of its supported organization's governing documents in effect on the date of notification, to the extent not previously provided? 5 Were any of the organization should be supported organization's supported organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's pulper device or	Sec	tion B. Type I Supporting Organizations			
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trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		3a		
	b		Ja		
	~		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction			
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
EXPENSE REIMBURSEMENTS
2014 AMOUNT: \$ 6,121.
2015 AMOUNT: \$ 220.
2017 AMOUNT: \$ 334.
MISCELLANEOUS
2015 AMOUNT: \$ 2,998.

FOR PUBLIC DISCLOSURE

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

WE	CARE SOLAR	30-0627106				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	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					
		_				
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin y one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	a, or 16b, and that received from				
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.	-				
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled no here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
but it must answer "No" or certify that it doesn't meet	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule					

Name of organization	Employer identification number
WE CARE SOLAR	30-0627106

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$342,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,178,278. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,082,511.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WE CARE SOLAR

30-0627106

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
l		l \$	

R	ributions to organizations described in	30-0627106		
he vear from any one contributor. Complete o	olumns (a) through (e) and the following	a line entry. For organizations		
ompleting Part III, enter the total of exclusively religious Jse duplicate copies of Part III if additions	s, charitable, etc., contributions of \$1,000 or less al space is needed.	s for the year. (Enter this info. once.)		
		(d) Description of how gift is held		
(b) Furpose of gift	(c) Ose of gift	(u) Description of now girt is need		
		-		
	(a) Transfer of with			
	(e) Transier or gift			
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
1				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		_		
		_		
(e) Transfer of gift				
Transfersals name address and 7ID . 4				
Transieree S name, address, ar	IU ZIF + 4	Relationship of transferor to transferee		
(h) Purpose of gift	(c) Use of aift	(d) Description of how gift is held		
(2): 4: pose or give	(6) 600 0. g	(a, Zeeenpaen er nen gint ie neid		
		_		
	(e) Transfer of gift			
	(b) Transier er gint			
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
1				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		_ -		
		-		
		- -		
	(e) Transfer of gift			
Transferee's name. address. ar		Relationship of transferor to transferee		
Transferee's name, address, ar		Relationship of transferor to transferee		
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Jse duplicate copies of Part III if additiona (b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4		

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 Open to Public Inspection

Name of the organization

Employer identification number WE CARE SOLAR 30-0627106

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 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		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic 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 cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove 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	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic 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 tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

_	dule D (Form 990) 2017 WE CARE SOI					OH		0627106		age 2
	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following tha	at are a sign	ificant use	of its collection	n item:	S
	(check all that apply):		. \Box							
а	Public exhibition				hange progr					
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	-		•	-	-		n Part XIII.		
5	During the year, did the organization solicit of								_	7
D	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered	"Yes" on Fo	rm 990, Pa	art IV, line 9, c	ir	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•							1
	on Form 990, Part X?							└── Yes		. No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:						
								Amour	<u>ıt</u>	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-		L Yes	X	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs dack (d)	Three years	Dack (e) Fol	ır years	раск
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balan	•	g, column (a	a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ssion of the organiz	zation th	at are held a	ırıa aamınıste	erea for the	organizatio	n	V	N.s
	by:							0.0	Yes	No
	(i) unrelated organizations								\vdash	
	(ii) related organizations								\vdash	
b	If "Yes" on line 3a(ii), are the related organiza							3b	ш	
Da:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.						
rai			O Dort !	/ line 11 = 1	200 Farry 000	n Dowl V III-	. 10			
	Complete if the organization answere							() 5		
	Description of property	(a) Cost or o			or other	` '	mulated	(d) Boo	ok value	3
_	Lord	basis (invest	iiieiil)	Dasis	(other)	depre	ciation	+		
	Land							_		
b	Buildings							1		

25,644.

Schedule D (Form 990) 2017

10,263.

10,263.

15,381.

e Other

c Leasehold improvements

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

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Schedule D (Form 990) 2017

Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11b. See Form 990, Part X, li	ne 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)			
Fotal . (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, I	ine 11c. See Form 990, Part X, li	ne 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.)			
• • • • • • • • • • • • • • • • • • • •	on Form 990, Part IV, I Description	ine 11d. See Form 990, Part X, li	ne 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I		art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(-)			
(6)			
- : :			
(6)			
(6) (7)			
(6) (7) (8)	e 25.)		
(6) (7) (8) (9)		e to the organization's financial s	statements that reports the

Schedule D (Form 990) 2017 WE CARE SOLAR 30-0627

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. 30-0627106 Page 4

	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,731,214.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	9,678.		
b	Donated services and use of facilities	2b	76,373.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	86,051.
3	Subtract line 2e from line 1			3	5,645,163.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	5,645,163.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		xpenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	3,536,421.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	76,373.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d		•			
е	· · · · · · · · · · · · · · · · · · ·			2e	76,373.
3	Subtract line 2e from line 1			3	3,460,048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а					
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	3,460,048.
Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			l; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informat	ion.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2017
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Name of the organization

Employer identification number

WE CARE SOLAR				30-0627106	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Part IV	/, line 14b.				
=	-		ds to substantiate the amount of its gr		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes L No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
United States.					
3 Activities per Region. (TI	he following Part	I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of		(d) Activities conducted in the region	, , , , , , , , , , , , , , , , , , , ,	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments in the region
		in the region		TRAINING ON INSTALLATION	in the region
				OF SOLAR SUITCASES;	
				INSTALLATION OF SOLAR	
SUB-SAHARAN AFRICA	0	13	PROGRAM SERVICES	SUITCASES; MONITORING	1,296,142.
				TRAINING ON INSTALLATION	, , ,
				OF SOLAR SUITCASES;	
				INSTALLATION OF SOLAR	
SOUTH ASIA	0	4	PROGRAM SERVICES	SUITCASES; MONITORING	269,107.
				TRAINING ON INSTALLATION	
				OF SOLAR SUITCASES;	
				INSTALLATION OF SOLAR	
NORTH AMERICA	0	0	PROGRAM SERVICES	SUITCASES; MONITORING	15,857.
EUROPE (INCLUDING		_			1
ICELAND & GREENLAND)	0	0	FUNDRAISING		0.
					1
3 a Sub-total	0	17			1,581,106.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a		4-			1 501 105
and 3b)	l 0	17			1,581,106.

Schedule F (Form 990) 2017 WE CARE SOLAR 30-0627106 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				<u> </u>	<u> </u>
			tion 501(c)(3) equivalency lette			. .		
3 Enter total number of	Enter total number of other organizations or entities							

Schedule F (Form 990) 2017 WE CARE SOLAR 30-0627106 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017 WE CARE SOLAR 30-0627106 Page **4**

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2017

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

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Name of the organization Employer identification number 30-0627106 WE CARE SOLAR Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations X Internet and email solicitations f X Solicitation of government grants ☐ Phone solicitations **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) B VENTURES - 864 FLORIDA DONOR DEVELOPMENT AND Yes No STREET, SAN FRANCISCO, CA COMMUNICATION SERVICES 0 Х 22,609 -22,609. SMARTERGOOD - 180 9TH AVE FUNDRAISING REPORTING AND SAN FRANCISCO, CA 94118-1223 STRATEGY 0. Х 42,000 -42,000. 64 609 -64 609 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA, NJ

		of fundraising event contributions and gre	•)-EZ, lines 1 and 6b. List	, , , , , , , , , , , , , , , , , , ,	
		· · · · · · · · · · · · · · · · · · ·	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	_	Less. Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
Ö	8	Entertainment				
	9	Entertainment Other direct expenses				
		Direct expense summary. Add lines 4 through	h 9 in column (d)			
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		>	
Pa	ırt ı	Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$13,000 0111 01111 990-LZ, ilile 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ses	2	Cash prizes				
kpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other advantages and a surrange				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
0	E~⁴	tor the state(s) in which the arganization and	uoto gamina sativitias			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
102	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No
		Yes," explain:				
					<u> </u>	

Sch	edule G (Form 990 or 990-EZ) 2017 WE CARE SOLAR 30-062	2/106		Page 3					
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?		Yes	└─ No					
13	Indicate the percentage of gaming activity conducted in:								
а	The organization's facility	13a		%					
	An outside facility	13b		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name								
	Address >								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No					
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount								
	of gaming revenue retained by the third party ▶\$								
С	If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation ▶ \$								
	<u> </u>								
	Description of services provided								
	☐ Director/officer ☐ Employee ☐ Independent contractor								
17	Mandatory distributions:								
	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?		Yes	☐ No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•							
-	organization's own exempt activities during the tax year > \$								
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9	9h 1	0b 15b					
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1100 0	, 00, 1	00, 100,					
	100, 10, and 11 a) at approximation provide any additional information.								
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:								
(I)	NAME OF FUNDRAISER: B VENTURES								
/ T \	ADDRESS OF HUNDRATSER 964 HUNDRASS SERVICES SAN EDANGESSO SA 04110								
(1)	ADDRESS OF FUNDRAISER: 864 FLORIDA STREET, SAN FRANCISCO, CA 94110								

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	WE CARE SOLAR	30-0627106	Page 4
Part IV	Supplemental Infor	mation (continued)		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization Employer identification number WE CARE SOLAR 30-0627106 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 WE CARE SOLAR 30-0627106 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of person and the organization transaction transaction revenues? Yes No HAL R ARONSON PARTNER OF AN OFFIC 83,511.WAGES Х **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: HAL R ARONSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTNER OF AN OFFICER

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

OMB No. 1545-0047

Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** WE CARE SOLAR 30 - 0627106FORM 990, PART I, LINE 6: THE VOLUNTEERS COMPRISE 8 BOARD MEMBERS WHO ATTEND QUARTERLY MEETINGS AND COMMITTEE/PLANNING MEETINGS; 12 SOLAR AMBASSADORS WHO TRAVEL TWO WEEKS/YEAR TRAINING OUR PARTNERS; 1 SUMMER INTERN; SOLAR SUITCASE COURIERS AND INSTALLERS; VARIOUS OTHER VOLUNTEERS AT COMMUNITY EVENTS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SOLAR SUITCASE, FACILITATES TIMELY AND EFFICIENT EMERGENCY CARE IN LOW-RESOURCE REGIONS TO IMPROVE HEALTHCARE AND WELL-BEING FOR MOTHERS AND THEIR INFANTS. IN ADDITION, WE UTILIZE THE EXPERIENCE GAINED IN OUR PRIMARY MISSION TO IMPROVE LIFE CONDITIONS FOR OTHER VULNERABLE POPULATIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD IS PROVIDED WITH A COPY OF THE FORM 990 FOR REVIEW BEFORE FILING. THE ORGANIZATION UNDERWENT A FINANCIAL AUDIT BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ADOPTED A CONFLICT OF INTEREST POLICY IN JANUARY 2013. ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO REVIEW AND COMPLETE A WRITTEN PLEDGE TO UPHOLD THE POLICY. AFTER DISCLOSURE OF A POSSIBLE CONFLICT BY A MEMBER OF THE BOARD OR A COMMITTEE, THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE DETERMINE WHETHER A CONFLICT EXISTS, AND IF SO. THE INTERESTED MEMBER IS ASKED TO RECUSE HIMSELF OR HERSELF FROM DISCUSSION AND VOTING ON THE MATTER OR ALTERNATIVES TO THE PROPOSAL IN

QUESTION THAT WOULD NOT INVOLVE A CONFLICT ARE ENTERTAINED.

Name of the organization WE CARE SOLAR		Employer identification number
WE CIME BOHIN		30 002/100
FORM 990, PART VI, SECTION B, LINE 15:		
THE COMPENSATION COMMITTEE, REVIEWED COMPENSATION FOR	BOTH THE EXECUTIVE	
DIRECTOR AND CHIEF OPERATING OFFICER. THE ORGANIZATION	N PURCHASED A SALARY	
SURVEY FOR NORTHERN CALIFORNIA NONPROFITS AND EXAMINE	D MARKET RATES FOR	
COMPARABLE POSITIONS WHERE AVAILABLE. THE COMPENSATION	N COMMITTEE THEN VOTED	
IN DECEMBER 2017.		
FORM 990, PART VI, SECTION C, LINE 18:		
WE CARE SOLAR LISTS ITS FORM 990 ON GUIDESTAR AND WIL	L PROVIDE ITS FORM 990	
OR FORM 1023 TO MEMBERS OF THE PUBLIC ON REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CO	ONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS	OF THE PUBLIC UPON	
REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OUTSIDE CONTRACTOR SERVICES:		
PROGRAM SERVICE EXPENSES	89,794.	
MANAGEMENT AND GENERAL EXPENSES	32,165.	
FUNDRAISING EXPENSES	12,062.	
TOTAL EXPENSES	134,021.	
PRODUCT DEVELOPMENT:		
PROGRAM SERVICE EXPENSES	26,221.	
MANAGEMENT AND GENERAL EXPENSES	9,393.	
FUNDRAISING EXPENSES	3,522.	_
732212 09-07-17	S	chedule O (Form 990 or 990-EZ) (2017)

	Employer identification number 30-0627106
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