PUBLIC DISCLOSURE INSTRUCTIONS

- 1. THE PUBLIC DISCLOSURE COPY MUST BE SIGNED AND DATED BY AN OFFICER OF THE ORGANIZATION.
- 2. THE "PUBLIC DISCLOSURE COPY" IS FOR YOUR CONVENIENCE.
 - PLEASE NOTE THAT WE HAVE REMOVED ALL INFORMATION THAT IS NOT OPEN TO PUBLIC INSPECTION.
- 3. Public disclosure requirements (failure to comply may result in penalties):
 - Make the return available for 3 years after the date the return is required to be filed or it is actually filed, whichever is later.
 - Make the return available for public inspection at its principal, regional, or district offices during regular business hours and you may have an employee present in the room.
 - ALLOW THE INDIVIDUAL MAKING THE INSPECTION TO TAKE NOTES FREELY AND TO MAKE A PHOTOCOPY
 OF THE DOCUMENTS FOR A REASONABLE FEE.
 - GENERALLY, YOU MUST RESPOND TO AN IN-PERSON REQUEST FOR COPIES OF RETURNS ON THE SAME DAY
 OF THE REQUEST. IF, DUE TO UNUSUAL CIRCUMSTANCES, YOU CANNOT PROVIDE THEM ON THE SAME
 DAY, YOU MUST PROVIDE THEM NO LATER THAN THE NEXT BUSINESS DAY FOLLOWING THE DAY THE
 UNUSUAL CIRCUMSTANCES CEASE TO EXIST OR THE FIFTH BUSINESS DAY AFTER THE DAY OF THE REQUEST,
 WHICHEVER OCCURS FIRST.
 - YOU MUST RESPOND TO A WRITTEN REQUEST FOR COPIES OF YOUR RETURN WITHIN 30 DAYS FROM THE DATE YOU RECEIVE THE REQUEST. IF YOU REQUIRE PAYMENT IN ADVANCE, YOU MUST PROVIDE THE DOCUMENTS 30 DAYS FROM THE DATE YOU RECEIVE PAYMENT. FOR REQUESTS MADE IN PERSON, YOU MUST ACCEPT PAYMENT BY CASH OR MONEY ORDER. FOR REQUESTS MADE IN WRITING, YOU MUST ACCEPT PAYMENT BY CERTIFIED CHECK, MONEY ORDER, PERSONAL CHECK OR CREDIT CARD. IN BOTH INSTANCES, YOU MAY ACCEPT OTHER TYPES OF PAYMENT AS WELL.
 - YOU ARE NOT REQUIRED TO RESPOND TO REQUESTS FOR COPIES OF YOUR RETURN IF YOU HAVE MADE IT "WIDELY AVAILABLE" BY POSTING IT ON A WORLD WIDE WEB PAGE THAT YOU ESTABLISH AND MAINTAIN OR, AS PART OF A DATABASE OF SIMILAR DOCUMENTS OF OTHER TAX-EXEMPT ORGANIZATIONS THAT ANOTHER ENTITY ESTABLISHES AND MAINTAINS.

** 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)

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	e 2020 calendar year, or tax year beginning	and	ending					
	Check if applicab	C Name of organization			D Employer iden	tificatio	n number		
	Addre	e WE CARE SOLAR							
	Name	e Doing business as			30-06271	06			
	Initial return Final return	Number and street (or P.O. box if mail is not deli 2150 ALLSTON WAY	,	Room/suite 340	E Telephone num 510-766-02				
	termir ated	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$	G Gross receipts \$ 6,378,336.			
	Amen return	ded DEDVETEV CA 04704			H(a) Is this a grou	p return			
	Application	F Name and address of principal officer: LACKA	STACHEL, MD		for subordina	tes?	Yes X No		
	pendi	SAME AS C ABOVE			H(b) Are all subordinat	es included	? Yes No		
			■ (insert no.)	or 527	If "No," attac	h a list. S	See instructions		
		te: WWW.WECARESOLAR.ORG			H(c) Group exemp	otion nun	nber 🕨		
		organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 2010	M Stat	e of legal domicile; CA		
-	1	Briefly describe the organization's mission or most	significant activities: WE CAR	E SOLAR I	DESIGNS AND				
Governance		IMPLEMENTS SOLAR ENERGY PROGRAMS TO IM	PROVE HEALTHCARE AND E	DUCATION					
rna	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net	assets.			
ove	3	Number of voting members of the governing body (3	10		
		Number of independent voting members of the gov				4	9		
Activities &	5	Total number of individuals employed in calendar ye				5	13		
Ĭ. Ži	6	Total number of volunteers (estimate if necessary)				6	10		
Act	7 a	Total unrelated business revenue from Part VIII, colu				7a	0.		
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			7b	0.		
		Contributions and sweets (Dort VIII line 11s)			Prior Year 6,994,77	2	Current Year		
ne	8	D ' (D 1)(III II O)			223,87		5,749,798.		
Revenue	9		and 7d\		12,10	_	4,178.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			67,70		255,281.		
	11				7,298,45		6,378,336.		
_	12	Total revenue - add lines 8 through 11 (must equal I Grants and similar amounts paid (Part IX, column (A				0.	0.		
	14	Benefits paid to or for members (Part IX, column (A)				0.	0.		
	15	Salaries, other compensation, employee benefits (P			1,251,96		1,433,738.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			19,50	_	5,000.		
pen	b	Total fundraising expenses (Part IX, column (D), line			,		,		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		3,515,66	3.	3,534,486.		
		Total expenses. Add lines 13-17 (must equal Part IX			4,787,13	1.	4,973,224.		
		Revenue less expenses. Subtract line 18 from line 1			2,511,32	2.	1,405,112.		
70	£	·		Ве	ginning of Current Ye	ar	End of Year		
Net Assets or	20	Total assets (Part X, line 16)			8,774,39	4.	9,472,086.		
ASS	21	Total liabilities (Part X, line 26)			985,31	2.	277,892.		
		Net assets or fund balances. Subtract line 21 from l	ine 20		7,789,08	2.	9,194,194.		
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return,				my know	ledge and belief, it is		
true	, corre	et, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer			Doto				
Sig		'	THO D		Date				
Hei	re	LAURA STACHEL, MD, EXECUTIVE DIRECT Type or print name and title	CTOR						
		,	<u> </u>	Tr	Date Check		PTIN		
De!	d	Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer's signature		1 /1 0 / 0 1		00183358		
Pai			DECKER HARKIS	μ.	1 1 22 2.		-1194016		
	parer Only	Firm's name CLARK NUBER, PS Firm's address 10900 NE 4TH STREET, SUIT	PE 1400		Firm's EIN	→ 31.	1194010		
USE	Only	BELLEVUE, WA 98004	17 7400		Phone no. 4	25-454	-4919		
N/a	v tha !!	RS discuss this return with the preparer shown above	o2 Soo instructions		j Priorie no. 4	12 ±24			
ivid	y u le l	to discuss this return with the preparer shown above	C: OCC				X Yes No		

30-0627106

Form 990 (2020) 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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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 donor-restricted endowments	٠. ا		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
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	
b				
	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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form 990 (2020) WE CARE SOLAR

Part IV Checklist of Required Schedules (continued) 30-0627106 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-1	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
บรวบบ	1 12 22 20	Form	990	(2020)

Page 5

28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year entition with or within the year converted by this return 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Yes	No
b If at least once is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_(iii) (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	1:	3		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 4c All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). 5c Was the organization for foreign country (such as a bank account, securities account, or other financial account). 5c Was the organization for foreign country (such as a bank account, securities account, or other financial account). 5c Was the organization for foreign country (such as a bank account, securities account, or other financial account). 5c Was the organization to provide or foreign Bank and Financial Accounts (FBAF). 5c Was the organization to provide or provide or a spray to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Variance of Variance of Variance of Variance of Variance or Contributions or grits were not tax deductible? 7c Organization stath may receive deductible accharitable contributions under section 170(c). 8d University of the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7d Organization stath may receive a payment in excess of \$75 made party as a contribution of ago and services provided to the payor? 7d Variance of the organization receive a payment in excess of \$75 made party as a contribution of a payment of the organization of the organization of Forms 8202 fled during the year 9d If the organization received a contribution of capatile finitelectual property, did the organization fle port of Forms 8202 fled during the year 9d If the organization received a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explaination on Schedule O 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a such account, securities account, or other financial account)? 4. A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a such account, securities account, or other financial accounts? 4. B If "Yes," erict the name of the foreign country Explain 5. B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. B D Id any taxable party norify the organization file Form 8886-17 6. B Des the organization have armusil gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charnable contributions? 6. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charnable contribution and aparty for gods and services provided to the payor? 7. Organizations that may receive deductible contributions under section 170(c). 8. Bid the organization receive a payment in excess of S7 made party as a contribution and party for gods and services provided? 9. Did the organization receive a payment in excess of S7 made party as a contribution or aparty to receive the form to the section 170(c). 10. If the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 10. If the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 11. If the organization received an contribution of cars, botts, airplanes, or other vehicles, did the organization file a Form 1098-0? 12. Sponsoring organizations maintaining donor advised funds. Did a conor advised		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, ecounties account, or other financial accounts (FBAR). 5b If Yes, 'enter the name of the foreign country ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce In the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5ce In Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c					3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a					3b		
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization in 5 or 5 bild did not paralytion for the organization filing form 8867. So I "Yes" to line 5 or 5 bild did not granustation filing form 8867. So I "Yes" to line 5 or 5 bild did not organization filing form 8867. So I "Yes" did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? So I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If the organization that may receive deductible contributions under section 170(c). If I "Yes," did the organization notify the donor of the value of the goods or services provided? To I "Yes," did the organization notify the donor of the value of the goods or services provided? To I I "Yes," did the organization notify the donor of the value of the goods or services provided? To I I the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required? To I I the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required? To I I the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 C? If I the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 C? Sonsoning organization have excess business holdings at any time during the year? If I the organi	4a						١
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Do Set the organization file Form 8886-17 6 Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive aparment in excess of \$76 made party as a contribution and party for goods and services provided to the payor? 7 Test, "Indicate the number of Forms 8882? filed during the year 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Test, "If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 The organization received a contribution of cars, boats, aripanas, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations make any taxable distributions under section 4966? 9 Sponsoring organizations make any taxable distributions under section 4968? 10 Did the sponsoring organization make any taxable distributions under section 4968? 10 Did the sponsoring organization make any taxable distributions under section 4968? 10 Did the sponsoring organization make any taxable distributions under section 4968 in the organization file a Form 1047? 10 Did the organization receive any payments for indoor tanning services duri			ccoun	t)?	4a		ı x
5.6 Wis the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did any taxable party notify the organization tile form 888617? 6. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6. Different that the strength of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. Different that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. Different that the organization notify the donor of the value of the goods or services provided? 7. Different than 170 the organization notify the donor of the value of the goods or services provided? 7. Different to make 2827 7. Different than 170 the organization notify the donor of the value of the goods or services provided? 7. Different than 170 the organization notify the donor of the value of the goods or services provided? 7. Different makes 2827 8. Different organization makes 2827 8. Different makes 2	b			(FD 4 D)			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	E				Ea		v
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	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			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b	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:	75		
		8a	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125		
ŭ	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	
	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	100		
_	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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			
	BRANDON AUGER - 510-766-0206			
	2150 ALLSTON WAY SUITE 340, BERKELEY, CA 94704			

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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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	octor						the	organizations	compensation
	hours for	Individual trustee or director	96			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		99/	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	idual t	utiona	70	Key employee	sst cor	e.			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) SAMANTHA PARSONS	40.00									
CHIEF OPERATING OFFICER				Х				141,704.	0.	4,191.
(2) LAURA STACHEL, MD	40.00									
EXECUTIVE DIRECTOR/SECRETARY		Х		Х				120,300.	0.	21,700.
(3) CHRISTINA BRIEGLEB	40.00									
PROGRAM DIRECTOR						Х		119,380.	0.	11,604.
(4) BRENT MOELLENBERG	40.00							101 100		10.006
DIRECTOR OF ENGINEERING (5) WENDY CROSS	40.00					Х		101,108.	0.	10,826.
(5) WENDY CROSS PROGRAM DIRECTOR	40.00					x		100,110.	0.	10,866.
(6) MAAME AFON YELBERT-OBENG	1.50					^		100,110.	0.	10,888.
BOARD CHAIR	1.50	х		х				0.	0.	0.
(7) BARRY NEAL	1.50							· · ·	•	<u></u>
TREASURER		х		х				0.	0.	0.
(8) KARINA GARBESI	1.00									
DIRECTOR THRU 6/20		Х						0.	0.	0.
(9) GIGI DEKKO GOLDMAN	12.00									
DIRECTOR/STRATEGIC ADVISOR		х						0.	0.	0.
(10) BEN ROGERS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVID BANK	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MATT RINALDI	1.00									
DIRECTOR		Х						0.	0.	0.
(13) NDOLA PRATA	1.00									
DIRECTOR		Х				_		0.	0.	0.
(14) J. NWANDO OLAYIWOLA	1.00									•
DIRECTOR THRU 12/20	1 00	Х						0.	0.	0.
(15) SPENCER WEISBROTH DIRECTOR	1.00	х							0.	•
(16) WADSON MUCHEMWA	1.00	Α	\vdash		_			0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
<u> </u>								· · ·	0.	<u> </u>
		1								
	<u> </u>		_		<u> </u>		<u> </u>	l	l	000

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Section A. Officers, Directors, Tru		oloy	ees,			ghes	st C		, ,				
(A)	(B)			Pos	C) ition	1		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than is botl		Reportable compensation	Reportable compensation		l	stimate nount	
	week					or/trus		from	from related		ا	other	
	(list any	ector						the	organizatior		com	pensa	
	hours for	or dire	e e			ated		organization	(W-2/1099-MI	SC)	l	rom th	
	related organizations	ustee	truste		9	Suedu		(W-2/1099-MISC)			ı -	janizat d relat	
	below	Individual trustee or director	Institutional trustee	L	Key employee	st con	, ₁₀				l	anizati	
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former						
		-											
		-											
	-	\vdash											
		1											
		1											
		-											
		-											
1b Subtotal		<u> </u>		L			<u> </u>	582,602.		0.		59,	,187.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	582,602.		0.	<u> </u>	59,	,187.
2 Total number of individuals (including but	not limited to th	iose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			5
compensation from the organization												Yes	
3 Did the organization list any former office	director trust	ee l	CEV 6	mnl	ove	e or	hio	nhest compensated emp	lovee on	- 1		100	110
line 1a? If "Yes," complete Schedule J for			•	•	•		_		•		3		х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ıch <u>ı</u>	pers	on				<u></u>	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest c										pensa	tion fro	om	
the organization. Report compensation for (A)	trie caleridar y	Jai e	HUII	ig w	ILIT	JI WI	um	(B)	ear.			C)	
Name and busines	s address							Description of s	ervices	C	Compe		n
LOGENIX, 3060 WILLIAMS DRIVE SUITE	100,												
FAIRFAX, VA 22031								TRANSPORTATION SER	VICES			178,	,945.
							\dashv						
2. Total number of independent continues	ingluding but =		nita	4 + ^ :	tha	20 11-	+0.5	abovo) who reasing	ara than				
2 Total number of independent contractors	incluaing but n	ot IIr	nite	ı to '	เทอร	se iis	ted	above) who received me	ore than				

\$100,000 of compensation from the organization

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Form 990 (2020) WE CARE SOLUTION Form VIII Statement of Revenue

			Check if Schedule O	contai	ins a re	sponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D) Revenue excluded
								Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
									10.110.110.1110.110.110.1		sections 512 - 514
ts ts	1	а	Federated campaigns		1	а					
iran		b	Membership dues		1	b					
F,G		С	Fundraising events		1	С					
a ii						d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ibutio	ns) 1	е					
r Si		f	All other contributions, gifts,	grants	s, and						
the the			similar amounts not included	above	<u> 1</u>	f	5,749,798.				
달		g	Noncash contributions included in	lines 1a	ı-1f 1	g \$					
a S		h	Total. Add lines 1a-1f					5,749,798.			
							Business Code				
ġ.	2	а	WE SHARE SOLAR				900099	369,079.	369,079.		
ē Š		b									
Program Service Revenue		С									
an eve		d									
Pg B		е									
ፈ		f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f)	369,079.			
	3		Investment income (include	ling d	ividend	s, intere	st, and				
			other similar amounts)				>	3,817.			3,817.
	4		Income from investment of	f tax-	exempt	bond p	roceeds				
	5		Royalties								
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u>							
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a		361.					
		b	Less: cost or other basis								
e			and sales expenses	7b		0.					
ther Revenue		С	Gain or (loss)	7с		361.					
Be		d	Net gain or (loss)				<u> </u>	361.			361.
her	8	а	Gross income from fundraising	ng eve	nts (not	:					
ŏ			including \$			of					
			contributions reported on		•						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from				>				
	9	а	Gross income from gamin			- 1					
			Part IV, line 19								
			Less: direct expenses				<u> </u>				
			Net income or (loss) from			ities					
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold)				
_		С	Net income or (loss) from	sales	of inve	ntory)				
<u>s</u>			CALEG MAY DESIGN				Business Code	104.055			104 085
eor Te	11	_	SALES TAX REFUND	TNT			900099	194,876.			194,876.
Miscellaneous Revenue		~	FOREIGN CURRENCY GA	ΤΝ			900099	46,767.			46,767.
Sce		•	REIMBURSEMENTS				900099	13,638.			13,638.
Σ̈́			All other revenue					255 201			
			Total. Add lines 11a-11d				·····	255,281.	260 070	0	250 450
	12		Total revenue. See instruction	ins .				6,378,336.	369,079.	0.	259,459.

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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).

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				Х
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	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	276,695.	123,469.	107,191.	46,035.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	69,271.	69,271.		
7	Other salaries and wages	880,372.	602,421.	252,763.	25,188.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20,370.	14,364.	5,353.	653.
9	Other employee benefits	89,285.	65,060.	21,977.	2,248.
10	Payroll taxes	97,745.	59,561.	31,208.	6,976.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,350.	3,350.		
С	Accounting	119,270.	54,503.	64,767.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	5,000.			5,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	807,185.	798,355.		8,830.
12	Advertising and promotion	10,664.	10,184.		480.
13	Office expenses	12,162.	9,444.	1,924.	794.
14	Information technology	57,312.	26,903.	28,234.	2,175.
15	Royalties				
16	Occupancy	56,235.	33,696.	22,539.	
17	Travel	16,158.	12,698.	2,742.	718.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,185.	8,228.	1,957.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,545.	2,545.		
23	Insurance	6,026.	6,026.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SOLAR SUITCASES	2,412,845.	2,412,795.	50.	
b	BAD DEBT EXPENSE	14,772.	6,746.	8,026.	
С	BANK & CREDIT CARD FEES	3,557.	1,658.	36.	1,863.
d	PERMITS AND FEES	1,066.	30.	1,036.	
е	All other expenses	1,154.	490.	664.	
25	Total functional expenses. Add lines 1 through 24e	4,973,224.	4,321,797.	550,467.	100,960.
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)				Form 990 (2020)

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Form 990 (2020) Part X Balance Sheet

				- III II III 3 I AI I A			
			•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,392,020.	1	2,588,890.
	2	Savings and temporary cash investments			1,495,468.	2	1,504,423.
	3	Pledges and grants receivable, net			4,395,651.	3	4,643,708.
		Accounts receivable, net			268,907.	4	370,762.
		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial contr	ributor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu		s (as defined			
		under section 4958(f)(1)), and persons descri		6			
σ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			212,276.	8	357,965.
As	9	Prepaid expenses and deferred charges			6,672.	9	0.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		29,692.			
	b	Less: accumulated depreciation		23,354.	3,400.	10c	6,338.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, lii				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e		8,774,394.	16	9,472,086.	
	17	Accounts payable and accrued expenses			985,312.	17	277,892.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ω	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
īg		controlled entity or family member of any of t		·		22	
<u> </u>	23	Secured mortgages and notes payable to un		Г		23	
	24	Unsecured notes and loans payable to unrela	ated third parti	es		24	
	25	Other liabilities (including federal income tax,	payables to re	elated third			
		parties, and other liabilities not included on li	nes 17-24). Co	mplete Part X			
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			985,312.	26	277,892.
		Organizations that follow FASB ASC 958, o	check here	X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions		L	1,677,055.	27	2,106,551.
Bal	28	Net assets with donor restrictions			6,112,027.	28	7,087,643.
р		Organizations that do not follow FASB AS6					
ᆲ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Ę ∣	32	Total net assets or fund balances			7,789,082.	32	9,194,194.
	33	Total liabilities and net assets/fund balances			8,774,394.	33	9,472,086.

Form **990** (2020)

Form 990 (2020) WE CARE SOLAR 30-0627106 Page **12**

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,378,	336.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,973,	224.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,405,	112.			
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	9	,194,	194.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	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							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?		3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** WE CARE SOLAR 30-0627106 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,158,376.	5,165,753.	2,550,286.	6,994,772.	5,749,798.	24,618,985.
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						
4	Total. Add lines 1 through 3	4,158,376.	5,165,753.	2,550,286.	6,994,772.	5,749,798.	24,618,985.
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)						8,836,102.
	Public support. Subtract line 5 from line 4.						15,782,883.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,158,376.	5,165,753.	2,550,286.	6,994,772.	5,749,798.	24,618,985.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,281.	6,438.	10,711.	12,138.	3,817.	34,385.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		334.	3,158.	67,706.	255,281.	326,479.
11	Total support. Add lines 7 through 10						24,979,849.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	2,182,650.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
_	organization, check this box and stop		······				<u></u>
	ction C. Computation of Publi					Г	
	Public support percentage for 2020 (I					14	63.18 %
	Public support percentage from 2019					15	69.99 %
16a	33 1/3% support test - 2020. If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o				ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact			=	*	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	ū				•	0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	•	• • •		▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	16b, 17a, or 17b,	check this box a	nd see instructions	>

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.)

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						r is flot
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	=	-				nd
	line 18 is not more than 33 1/3%, ched	ck this box and st	top here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 line 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
4		
1		
2		
_		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
3.2		
9с		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		'	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	Ton Or Type in Supporting Organizations		Vaa	Na
_	Want a majority of the appearing time to all materials all minerals and minerals are a majority of the all materials.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Tion B. All Type III Supporting Organizations		· ·	
	5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)					
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _{(contini}	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
_	_,,5555 5111 E5E5				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 WE CARE SOLAR	30-0627106	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section (/, Section B, line 1e; Part	C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
EXPENSE REIMBURSEMENTS		
2017 AMOUNT: \$ 334.		
2018 AMOUNT: \$ 3,158.		
2019 AMOUNT: \$ 67,706.		
2020 AMOUNT: \$ 13,638.		
FOREIGN CURRENCY GAIN		
2020 AMOUNT: \$ 46,767.		
SALES TAX REFUND		
2020 AMOUNT: \$ 194,876.		

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

2020

Employer identification number

	WE (CARE	SOLAR	30-0627106
Organization type (check one):		ne):		
Filers of	f:	Secti	on:	
Form 99	00 or 990-EZ	X	501(c)(³) (enter number) organization	
			4947(a)(1) nonexempt charitable trust not treated as a private foundation	
			527 political organization	
Form 99	00-PF		501(c)(3) exempt private foundation	
			4947(a)(1) nonexempt charitable trust treated as a private foundation	
			501(c)(3) taxable private foundation	
	nly a section 501(c)(7 I Rule For an organization	7), (8), filing	ed by the General Rule or a Special Rule . or (10) organization can check boxes for both the General Rule and a Special Rule Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or
	property) from any o	one co	entributor. Complete Parts I and II. See instructions for determining a contributor's	total contributions.
Special	Rules			
X	sections 509(a)(1) and any one contributor	nd 170 , durir	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or get the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount Complete Parts I and II.	or 16b, and that received from
	contributor, during t	the ye nal pu	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ar, total contributions of more than \$1,000 exclusively for religious, charitable, sci rposes, or for the prevention of cruelty to children or animals. Complete Parts I (end of the contributor name and address), II, and III.	entific,
	year, contributions of is checked, enter he purpose. Don't com	<i>exclus</i> ere the plete	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>ively</i> for religious, charitable, etc., purposes, but no such contributions totaled most total contributions that were received during the year for an <i>exclusively</i> religious any of the parts unless the General Rule applies to this organization because it recontributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it m	ust answer "No" on F	Part IV	covered by the General Rule and/or the Special Rules doesn't file Schedule B (For, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No. 1	Name, address, and ZIP + 4	\$115,000.	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			
2		\$1,064,980.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 4	Name, address, and ZIP + 4	Total contributions \$984,091.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$314,323.	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			
6		\$313,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,000,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash 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 Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		 \$					
(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 \$					

ame of org	ganization		Employer identificat	tion numbe
E CARE S			30-0627106	
Part III	from any one contributor. Complete columns (a)	through (e) and the following line e	n section 501(c)(7), (8), or (10) that total more than \$1,00 entry. For organizations	00 for the yea
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional states.	charitable, etc., contributions of \$1,000 on the space is needed.	or less for the year. (Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
		(e) Transfer of g	gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
	Transferee's name, address, ar	(e) Transfer of g	gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
		(e) Transfer of g		
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
Part I				
-		(e) Transfer of g	gift	
	Transferee's name, address, ar		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

WE CARE SOLAR 30-0627106 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ______ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X

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

Scho	dule D (Form 990) 2020 WE CARE SO	LAR					3(0-062	7106	Da	age 2
_	t III Organizations Maintaining C		t, Histo	rical Tre	asures, o	r Other S					ige -
3	Using the organization's acquisition, access									uou,	
	collection items (check all that apply):	·	•	•	· ·	· ·					
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	y further th	ne organizatio	n's exemp	t purpose ir	n Part 2	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical treas	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on Fo	orm 990, Pa	art IV, I	ine 9, or		
	reported an amount on Form 990, Pa	•									
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for co	ontributions	s or other ass	ets not inc	cluded		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amount		
С	Beginning balance						1c				
d	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		No
_	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	if the organization an						Ī			
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back (d) Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the cur	•		column (a))) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С	Term endowment	_%									
0-	The percentages on lines 2a, 2b, and 2c sho	•	4 41 4	and balaban	and an almost a trade of			_			
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid ar	na aaminister	ea for the	organizatior	1	Г	V	NI -
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Pai	Describe in Part XIII the intended uses of the		wment tu	nas.							
· u) Dort IV	lino 11a S	00 Form 000	Dort V lin	no 10				
	Complete if the organization answere								(d) Pool	, volue	
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)		umulated eciation		(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements	I									
d	Equipment				29,692.		23,354			6,	338.

Schedule D (Form 990) 2020

6,338.

e Other

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

Part VII Investments - Other Securities.			r age
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)		<u> </u>	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
	5 000 B + 11/4 II	11 0 5 000 5 1 1 1 10	
Complete if the organization answered "Yes" or (a) Description of investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	Lof-year market value
	(b) Dook value	(c) Welfied of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8) (9)		1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	711a. 335 1 5111 335, 1 art X, iii 6 15.	(b) Book value
	•		. ,
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	>	
Part X Other Liabilities.	· - ·	•	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	>	

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

Schedule D (Form 990) 2020

30-0627106

Pai	t XI Reconciliation of Revenue per Audited Financial S		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,378,336.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,378,336.
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	2 12.)	5	6,378,336.
Pa	rt XII Reconciliation of Expenses per Audited Financial		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	4,973,224.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	4,973,224.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		_
	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information.	ne 18.)	5	4,973,224.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic	de any additional information.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

	N.D					20.0627126	
Pa	CARE SOLAR	Information on	Activities Out	side the United States. Compl	1 '611	30-0627106	
ra		Part IV, line 14b.	Activities Out	side the Officed States. Compl	ete if the organ	iization answered "Y	es" on
1			on maintain recor	ds to substantiate the amount of its gra	ants and other	assistance.	
	=	-		the selection criteria used to award the			Yes No
2	For grantmakers. United States.	Describe in Part V t	he organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
3	Activities per Regio	on. (The following Pa	urt I, line 3 table c	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number o		1:::		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		e specific type	investments
			in the region	recipients located in the region)	Of Service	(s) in the region	in the region
					TRAINING ON	N INSTALLATION	
					OF SOLAR SU	JITCASES;	
					INSTALLATIO	ON OF SOLAR	
	SAHARAN AFRICA		0 6	PROGRAM SERVICES	SUITCASES;	MONITORING	2,915,000.
	OPE (INCLUDING						
	LAND & GREENLANI	·					
	LBANIA, ANDORRA	·					
USI	TRIA, BELGIUM		0 0	FUNDRAISING	N/A		500.
							_
			+	-			
			+	1			
			1				
3 a	Subtotal		0 6				2,915,500.
	Total from continua	ation					, , ,
_	sheets to Part I		0 0				0.
С	Totals (add lines 3						
	and 3b)		0 6				2,915,500.

Schedule F (Form 990) 2020 WE CARE SOLAR 30-0627106 Page **2**

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)
			ecognized as charities by the f					
exempt 501(c)(3) orga			or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			

Schedule F (Form 990) 2020 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 ac	(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) 2020 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) 2020

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 3:
SCHEDULE F IS KEPT ON ACCRUAL BASIS.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAINING ON INSTALLATION OF
SOLAR SUITCASES; INSTALLATION OF SOLAR SUITCASES; MONITORING AND
EVALUATION OF PROGRAMS

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

2020

Open To Public Inspection

Name of the organization									Em	ployer	ident	ificati	on nu	mber
WE CAR	E SOLAR								3	0-062	7106			
Part I Excess Benefit Tr	ansacti	ons (section 5	01(c)(3)), secti	ion 501	I(c)(4), and sec	ctior	1 501(c)(29) orga	nizatio	ons on	ly).			
Complete if the organiz														
1,,,,	(b) F	Relationship bet	ween d	disqual	ified							(d)	Corre	cted?
(a) Name of disqualified person		person and or				(0	c) De	escription of trar	sactio	on		Y	es	No
2 Enter the amount of tax incurre	d by the o	rganization man	agers o	or disc	ualifie	d persons dur	ing t	he year under						
4050										> \$				
3 Enter the amount of tax, if any,										\$				
	ŕ	,	,	`										
Part II Loans to and/or F	rom Int	erested Pers	sons.											
Complete if the organiz	ation ansv	wered "Yes" on I	Form 9	90-EZ	, Part V	/, line 38a or F	orm	990, Part IV, lin	e 26;	or if th	e orga	nizatio	n	
reported an amount on					,	,		,			Ū			
	elationship	(c) Purpose	(d) Lo	an to or	(е) Original	(f) Balance due	(g) In	(h) Ap	proved	\'' <i>\</i> ''	/ritten
	rganization	of loan		n the zation?	princ	ipal amount	`		defa	ault?	by bo		agree	ment?
			То	From	1				Yes	No	Yes	No	Yes	No
Total		•				> \$								
Part III Grants or Assista	nce Ber	nefiting Inter	estec	d Per	sons.									
Complete if the organiz	ation ansv	wered "Yes" on I	Form 9	90, Pa	art IV, li	ne 27.								
(a) Name of interested person		(b) Relationship	betwe	en	((c) Amount of		(d) Type	of		(e) Purp	ose o	f
		interested pers	son and			assistance		assistan	ce			assista	ance	
		the organiza	ation											

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

Schedule L (Form 990 or 990-EZ) 2020

		ered "Yes" on Form 990, Part IV, line 28a, 28		(4) Daniel 11	(e) Sha	rina of	
(a) Name of inf	terested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
					Yes	No	
HAL ARONSON		OFFICER'S SPOUSE	69,271.	WAGES		Х	
					1		
					1		
					-		
Dort V Cumplem	antal Information						
	ental Information.						
Provide add	litional information for re	esponses to questions on Schedule L (see in	nstructions).				

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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WE CARE SOLAR

Employer identification number 30 - 0627106

FORM 990, PART I, LINE 6:
WE CARE SOLAR'S VOLUNTEERS ARE COMPRISED OF TEN UNCOMPENSATED BOARD
MEMBERS. ALL BOARD MEMBERS ATTEND QUARTERLY MEETINGS, RETREATS, AND
COMMITTEE AND/OR PLANNING MEETINGS. BOARD MEMBERS ALSO CONDUCT REGULAR
ADVOCACY AND NETWORKING ACTIVITIES AND ON AVERAGE PROVIDE 1-2 HOURS OF
SERVICE PER WEEK.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR SOLAR INNOVATION, THE WE CARE 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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IMPROVING MOBILE COMMUNICATION FOR REFERRALS AND CONSULTATIONS; (3)
IMPROVING THE CAPACITY TO DETECT FETAL HEART RATE DURING PREGNANCY AND
LABOR; AND (4) IMPROVING THE SAFETY AND MORALE OF HEALTH WORKERS. THE
ORGANIZATION LEADS WORKSHOPS TO EMPOWER LOCAL PARTNERS TO IMPLEMENT
SOLAR SUITCASE PROGRAMS IN UNDERSERVED COMMUNITIES. IN-PERSON AND
VIRTUAL TRAININGS ARE SUPPORTED BY PRINTED GUIDES AND VIDEOS. THESE
TRAININGS ENABLE TECHNICIANS TO INSTALL AND MAINTAIN THE SOLAR SUITCASE
AND ENSURE THAT HEALTH WORKERS AT EACH HEALTH CENTER LEARN HOW TO USE
THE SOLAR SUITCASE AND ITS APPLIANCES. THE WOMEN SOLAR AMBASSADOR
PROGRAM, LAUNCHED IN 2012, PROMOTES WOMEN AS SOLAR INSTALLERS AND
MD A TNIPD C

Name of the organization WE CARE SOLAR	Employer identification number 30-0627106
FORM 990, PART VI, SECTION A, LINE 3:	
WE CARE SOLAR HIRED THE FELLOWS GROUP TO PERFORM CERTAIN FINANCE OFFICE	
SERVICES. THESE SERVICES INCLUDED CFO-LEVEL SERVICES SUCH AS CREATING,	
ANALYZING, AND PRESENTING FINANCIAL REPORTS TO VARIOUS AUDIENCES;	
OVERSEEING PROGRAM ACCOUNTING; SUPPORTING THE AUDIT AND FORM 990	
PRODUCTION; DEVELOPING AND MONITORING CERTAIN BUDGETS; AND PERFORMING OTHER	
LEADERSHIP FUNCTIONS SUCH AS ATTENDING AND LEADING MEETINGS AND TRAINING	
CERTAIN PERSONNEL OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD IS PROVIDED WITH A COPY OF THE FORM 990 FOR REVIEW 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION PURCHASED A SALARY SURVEY FOR NORTHERN CALIFORNIA	
NONPROFITS AND EXAMINED MARKET RATES FOR COMPARABLE POSITIONS WHERE	
AVAILABLE. THE COMPENSATION COMMITTEE VOTED ON THE EXECUTIVE DIRECTOR'S	
COMPENSATION IN DECEMBER 2020. THE CHIEF OPERATING OFFICER'S COMPENSATION	Schodulo O (Form 990 or 990 E7) 2020

Name of the organization WE CARE SOLAR		Employer identification number
WAS LAST REVIEWED IN SEPTEMBER 2019 USING 2019 SU	RVEY REPORTS ON NONPROFIT	
COMPENSATION. THE EXECUTIVE DIRECTOR RECOMMENDED A	A SALARY ADJUSTMENT TO THE	
BOARD, WHO APPROVED IT.		
FORM 990, PART VI, SECTION C, LINE 18:		
WE CARE SOLAR LISTS ITS FORM 990 ON GUIDESTAR AND	WILL 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	S, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO MEM	BERS OF THE PUBLIC UPON	
REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTORS - INSTALLATIONS:		
PROGRAM SERVICE EXPENSES	338,111.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	338,111.	
CONTRACTORS - PROGRAMS:		
PROGRAM SERVICE EXPENSES	254,043.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	254,043.	
CONSULTANTS:		
PROGRAM SERVICE EXPENSES	111,359.	
032212 11-20-20		Schedule O (Form 990 or 990-FZ) 2020

Name of the organization WE CARE SOLAR		Employer identification number 30-0627106
MANAGEMENT AND GENERAL EXPENSES	0.	•
FUNDRAISING EXPENSES	8,500.	
TOTAL EXPENSES	119,859.	
RESEARCH AND DEVELOPMENT:		
PROGRAM SERVICE EXPENSES	48,260.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	48,260.	
QUALITY CONTROL:		
PROGRAM SERVICE EXPENSES	3,924.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,924.	
PRODUCT DEVELOPMENT CONTRACTORS:		
PROGRAM SERVICE EXPENSES	3,590.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,590.	
OTHER:		
PROGRAM SERVICE EXPENSES	39,068.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	330.	
TOTAL EXPENSES	39,398.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	807,185.	
032212 11-20-20		Schedule O (Form 990 or 990-F7) 2020