Form <b>990</b>
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Department of the Treasury Internal Revenue Service

### \*\* 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) 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.



<u>A</u> F	or th	e 2022 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identif	ication number
	Addre	e WE CARE SOLAR			
	Name Chang	e Doing business as	30-0627106		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	er	
	Final return	2140 SHATTUCK AVE	510-766-0206	5	
	termir ated			<b>G</b> Gross receipts \$	4,162,503.
	Amen return Applio	BERRELEI, CA 94704		H(a) Is this a group r	
	tion _pendi	F Name and address of principal officer: LAORA STACHED, MD		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	- '	a list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2010	M State of legal domicile: CA
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities:		DESIGNS AND	
anc	-	IMPLEMENTS SOLAR ENERGY PROGRAMS TO IMPROVE HEALTHCARE AND E			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			sets.
20	3				9
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10
tivit		Total number of volunteers (estimate if necessary)			
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,276,981.	3,899,946.
ne	9	Program service revenue (Part VIII, line 2g)		567,323.	237,999.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		429.	9,943.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,047.	9,452.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,857,780.	4,157,340.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,274,903.	1,468,809.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ee i		Total fundraising expenses (Part IX, column (D), line 25) 145,			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,736,921.	3,980,780.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,011,824.	5,449,589.
	19	Revenue less expenses. Subtract line 18 from line 12		845,956.	-1,292,249.
s or			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		11,118,538.	9,398,478.
t As	21	Total liabilities (Part X, line 26)		1,078,388.	650,577.
INe	22	Net assets or fund balances. Subtract line 21 from line 20		10,040,150.	8,747,901.
Pa	rt II	Signature Block			

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

Sign	Signature of officer Date												
Here	LAURA STACHEL, MD, EXECUTIVE DIRECTOR	ł											
	Type or print name and title												
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN									
Paid	JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	11/11/23	self-employed P00183358									
Preparer	Firm's name CLARK NUBER, PS			Firm's EIN 91-1194016									
Use Only	Firm's address 10900 NE 4TH STREET, SUIT	'E 1400											
	BELLEVUE, WA 98004			Phone no.425-454-4919									
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No									
				- 000 (2000)									

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Form	990 (2022) WE CARE SOLAR	30-062710	)6 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	WE CARE SOLAR PROMOTES SAFE MOTHERHOOD AND REDUCES MATERNAL MORTALITY		
	IN DEVELOPING REGIONS BY PROVIDING HEALTH WORKERS WITH RELIABLE		
	LIGHTING, MOBILE COMMUNICATION, AND MEDICAL DEVICES USING SOLAR		
	ELECTRICITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Г	
	prior Form 990 or 990-EZ?	l	Yes X No
~	If "Yes," describe these new services on Schedule O.	Г	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by ex	nenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	•	•
	revenue, if any, for each program service reported.		
4a		e \$	51,515.)
	SOLAR SUITCASE PROGRAM - WE CARE SOLAR DESIGNS AND DEPLOYS SOLAR		,
	ELECTRIC SOLUTIONS TO ADDRESS UNMET NEEDS FOR RELIABLE LIGHT AND BASIC		
	POWER IN HEALTHCARE AND OTHER LOW-RESOURCE SETTINGS IN THE DEVELOPING		
	WORLD. IT DEVELOPS REPLICABLE AND SCALABLE RENEWABLE ENERGY SOLUTIONS.		
	THE WE CARE SOLAR SUITCASE IS A COMPLETE SOLAR ELECTRIC SYSTEM POWERING		
	LIGHTS, MOBILE COMMUNICATION, AND PORTABLE MEDICAL DEVICES. IT ALSO		
	INCLUDES A FETAL HEART MONITOR, LED HEADLAMPS, AN INFRARED THERMOMETER,		
	AND BATTERY CHARGERS FOR AA AND AAA BATTERIES. THIS MODULAR SYSTEM IS		
	ROBUST, RELIABLE, AND EASY TO USE, ENABLING TIMELY AND APPROPRIATE		
	EMERGENCY CARE IN HEALTH CENTERS WITHOUT RELIABLE ELECTRICITY. WE CARE		
	SOLAR SUITCASES STRENGTHEN HEALTHCARE DELIVERY BY (1) ENABLING HEALTH		
	FACILITIES TO CONDUCT DELIVERIES AND EMERGENCY PROCEDURES THROUGHOUT		
4b		e\$	186,484.)
	EDUCATION - WE CARE SOLAR LAUNCHED THE WE SHARE SOLAR STUDENT		
	EDUCATIONAL PROGRAM IN 2013. WE SHARE SOLAR EQUIPS STUDENTS FOR THE		
	FUTURE THROUGH SOLAR ENERGY EDUCATION WITH REAL-WORLD IMPACT. WE SHARE		
	SOLAR'S HANDS-ON STEM CURRICULUM GIVES YOUTH THE OPPORTUNITY TO BUILD SOLAR SUITCASES TO SHARE WITH SCHOOLS THAT LACK RELIABLE ELECTRICITY.		
	WITHIN THE UNITED STATES, WE SHARE SOLAR SUITCASES ARE ALSO USED IN		
	SCHOOLS AND LOCAL COMMUNITIES FOR EMERGENCY PREPAREDNESS. WE SHARE		
	SOLAR HAS ACTIVE EDUCATION PROGRAMS IN OVER ONE HUNDRED SCHOOLS AND		
	AFTERSCHOOL PROGRAMS LED BY TEACHERS IN CALIFORNIA, FLORIDA, MINNESOTA,		
	NORTH CAROLINA, AND NEW JERSEY, AS WELL AS A VIRTUAL PROGRAM OFFERING		
	FOR STUDENTS AND EDUCATORS TO ACCESS FROM ANYWHERE. ITS INTERNATIONAL		
	PROGRAMS INCLUDE AOTEAROA (NEW ZEALAND), KENYA AND UGANDA.		
4c	(Code:) (Expenses \$253, 733. including grants of \$) (Revenue	\$	)
	RESEARCH AND DEVELOPMENT - WE CARE SOLAR'S TECHNOLOGY TEAM INCORPORATES		
	ITS FIELD RESEARCH TO IMPROVE THE DESIGN AND FUNCTION OF THE SOLAR		
	SUITCASE. IT STRIVES TO CREATE THE MOST ROBUST, RELIABLE, AND		
	APPROPRIATE COMPACT SOLAR ELECTRIC SYSTEM FOR RURAL HEALTH SYSTEMS. IN		
	ADDITION TO PRODUCT RESEARCH AND DESIGN, WE CARE SOLAR COLLECTS DATA ON		
	SOLAR SUITCASE USAGE AND IMPACT. IT ALSO IDENTIFIES AND TESTS MEDICAL		
	DEVICES THAT ARE COMPATIBLE WITH OUR 12V DC SOLAR ELECTRIC SYSTEM.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	Total program service expenses4,733,633.		_ 000
			Form <b>990</b> (2022)

Form	990 (2022) WE CARE SOLAR 30-06271	)6	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
U		3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4				x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Rev. Proc. 98-19? 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
D		446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47				<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2022)

Form	990 (2022) WE CARE SOLAR 30-0627	106	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	_ <b>24b</b>		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization'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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b	x	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\square$
			Yes	No
		0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) WE CARE SOLAR 30-062710	6	Р	age <b>5</b>
Pa	TTV Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
a		9a		
		9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	50		
	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
44		1		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forn	1 990 (2022) WE CARE SOLAR 30-062710		P	age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	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			X
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 1a1			
	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 0.			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>x</u>
6	Did the organization have members or stockholders?	6		<u>x</u>
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	Tes	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D.	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				
	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	
c				
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availat	DIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	1 <b>f</b> ire e		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a imano	ial	
20	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			
	2140 SHATTUCK AVE, SUITE 305, BERKELEY, CA 94704			

Form 990	(2022) WE CARE SOLAR	30-0627106	Page 1
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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		
	lete this table for all persons required to be listed. Report compensation for the calendar year ending all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), re	5	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle: cer ar	Pos heck ss per	more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SAMANTHA PARSONS	40.00									
MANAGING DIRECTOR				X				161,615.	0.	4,742.
(2) LAURA STACHEL, MD	40.00									
EXECUTIVE DIRECTOR		Х		Х				138,484.	0.	11,084.
(3) BRENT MOELLENBERG	40.00									
DIRECTOR OF ENGINEERING						x		121,218.	0.	4,620.
(4) WENDY CROSS	40.00									
PROGRAM DIRECTOR						x		119,829.	0.	3,595.
(5) AMY DONHAUSER	40.00									
PROGRAM DIRECTOR						x		108,700.	0.	0.
(6) MAAME AFON YELBERT-SAI	1.50									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) BARRY NEAL	1.50									
TREASURER		Х		X				0.	0.	0.
(8) SPENCER WEISBROTH	1.00									
DIRECTOR (THRU 12/22)		Х						0.	0.	0.
(9) DEBORAH KADDU-SERWADDA	1.00									
DIRECTOR (START 3/22)		Х						0.	0.	0.
(10) JOANNIE MARLENE BEWA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) WADSON MUCHEMWA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PUON PENN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) NDOLA PRATA	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MATT RINALDI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) BEN ROGERS	1.00									
DIRECTOR		Х						0.	0.	0.

Form	990 (202	2) WE CARE SOLAF	1								30-062	:7106	5	Page <b>8</b>
Par	t VII   <sub>Se</sub>	ection A. Officers, Directors, Trust	ees, Key Emp	oloy	ees, a	and	l Hig	ahes	t C	ompensated Employee	s (continued)			
		(A)	(B)		,	(C				(D)	(E)		(F	=)
		Name and title	Average		F		ition	i i		Reportable	Reportable			, nated
		Name and the	hours per		not che unless					compensation	compensation			
			week		cer and					from	from related	'		ner
			(list any	tor						the	organizations			nsation
			hours for	direct				_		organization	(W-2/1099-MIS		from	
			related	e or (	tee			sated		(W-2/1099-MISC/	1099-NEC)	<i>"</i>		zation
			organizations	ndividual trustee or director	Institutional trustee		ee	Highest compensated employee		1099-NEC)	1000 (100)		•	elated
			below	ual t	tiona		ploy	vee vee	_	ŕ				zations
			line)	Idivic	stitu	Officer	Key employee	ighes	Former				organi	Lutionio
			,	-	=	ò	Ke	Ξ	Ĕ			-+		
												$\rightarrow$		
												-+		
												-+		
												$ \rightarrow $		
						_								
												$\rightarrow$		
1b	Subtota	Ι								649,846.		٥.	2	24,041.
с	Total fro	om continuation sheets to Part VI	. Section A							٥.		0.		0.
		dd lines 1b and 1c)								649,846.		0.	2	24,041.
2		mber of individuals (including but no								;	00 of reportable			,
2		· · ·		030	iisteu	aD	000	) •••••	516					6
	compens	sation from the organization											V	es No
												ſ	10	
3	Did the c	organization list any former officer,	director, truste	ee, k	ey er	nplo	oyee	e, or	hig	hest compensated empl	oyee on			
	line 1a?	If "Yes," complete Schedule J for st	ıch individual										3	X
4	For any i	individual listed on line 1a, is the su	m of reportable	e co	mper	nsat	tion	and	otł	ner compensation from th	ne organization			
		ted organizations greater than \$150											4 X	:
5		person listed on line 1a receive or a			•							··· [		
-		d to the organization? If "Yes," com										- I	5	x
Sec		dependent Contractors		;	JI SUC	Щ	<i>JEI</i> 30	011 .					Ŭ.	-
		•								· · · · · · · · · · · · · · · · · · ·	100.000 - (			
1		e this table for your five highest cor										ensat	ion from	
	the orga	nization. Report compensation for t	he calendar ye	ear e	nding	g wi	ith o	or wit	hin	the organization's tax ye	ear.			
		(A)								(B)		_	(C)	
		Name and business	address							Description of s	ervices	C	ompensa	ation
LOGE	ENIX, 30	60 WILLIAMS DRIVE SUITE 40	0,											
FAIF	RFAX, VA	22031								SHIPPING AND LOGIS	TICS		16	52,084.
									_					
									_					
2	Total nu	mber of independent contractors (ir	cluding but pr	nt lin	nited	to t	thos	e liet	- P-	above) who received mo	ore than			
-		0 of compensation from the organiz					1			,				

ar	t VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a resp	onse	or note to any line			(0)	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
Ĕ	с	Fundraising events		1c						
ar /		Related organizations								
E	е	Government grants (conti	ributi	ons) <b>1e</b>						
š	f	All other contributions, gifts,	grant	ts, and						
the		similar amounts not included				3,899,946.				
p	-	Noncash contributions included in	lines 1	la-1f <b>1g</b>	\$	25,614.	2 000 046			
ar	h	Total. Add lines 1a-1f				Desta de de	3,899,946.			
	<b>n</b> -					Business Code 624200	231 152	221 152		
	2 a	PROGRAM REVENUE SUITCASE DELIVERY				624200	231,153.	231,153.		
Revenue	b					524200	0,040.	0,040.		
ver	c d									
Re	u e									
		All other program service	reve	nue						
		Total. Add lines 2a-2f					237,999.			
	3	Investment income (inclue								
		other similar amounts)					10,180.			10,1
	4	Income from investment of								
	5	Royalties	<u></u>							
				(i) Rea	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses $\dots$	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	;) <u></u>							
	7 a	Gross amount from sales of		(i) Securi		(ii) Other				
		assets other than inventory	7a	4, 4,	926.					
	b	Less: cost or other basis	7b	5	163.					
	~	and sales expenses	7b 7c		237.					
		Net gain or (loss)					-237.			-23
;		Gross income from fundraisi								
	54	including \$								
		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from								
	9 a	Gross income from gamir	ng ac	tivities. See	e					
		Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from			es	·····				
	10 a	Gross sales of inventory,								
	_	and allowances								
		Less: cost of goods sold								
+	С	Net income or (loss) from	sales	s of invento	ory	Dusines Ord				
		FODETCN CIDDENCY CA	TN			Business Code	1 509			A E (
ne		FOREIGN CURRENCY GA				900099 900099	4,598. 2,932.			4,59
ven	b	MISCELLANEOUS REVEN				900099	1,922.			1,92
Revenue	ر م					500055	1,322.			, , , , , , , , , , , , , , , , ,
		All other revenue				L	9,452.			
1	e	Total. Add lines 11a-11d					4,157,340.	237,999.	0.	19,39

0001	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
Do	not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	(D) Eundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	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	315,924.	93,098.	159,641.	63,185.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	36,869.	36,869.		
7	Other salaries and wages	912,002.	726,760.	124,077.	61,165.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15,348.	11,800.	3,548.	
9	Other employee benefits	91,181.	79,492.	11,689.	
10	Payroll taxes	97,485.	56,357.	36,552.	4,576.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,175.		1,175.	
	Accounting	112,496.		112,496.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	010 115	550 011	10.224	11 050
	column (A), amount, list line 11g expenses on Sch 0.)	810,115.	778,811.	19,334.	11,970.
12	Advertising and promotion	29,976. 8,877.	23,370.	4,431.	2,175.
13	Office expenses		3,505.	5,222.	150.
14	Information technology	76,521.	63,570.	12,951.	
15	Royalties	74,737.	16,900.	57,837.	
16		91,317.	85,903.	4,620.	794.
17 10	Travel Payments of travel or entertainment expenses	51,517.		4,020.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,446.	19,349.	97.	
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,302.	2,302.		
23	Insurance	8,594.	232.	8,362.	
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.)	0 710 005	0 510 005		
a	SOLAR SUITCASES	2,719,335.	2,719,335.		
b	PROGRAM MATERIALS	14,671.	14,671.	2 0 2 0	
c	OUTREACH AND PROMOTION DONATION PROCESSING FEE	4,288. 3,855.	349.	3,939. 3,855.	
d		3,855.	960.	3,855.	1,823.
	All other expenses	5,449,589.	4,733,633.	570,118.	1,823.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	5,225,505.	±,,35,055.	5,0,110.	113,050.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				I	<b>Gauss 000</b> (0000)

WE CARE SOLAR

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

Form 990 (2022)

Net Assets or Fund Balances

27

28

29

30

31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

1 2 3 4 4 5 7 7 8 8 9 10 10 11 12 13 14 15 16 17	1 2 3 4 5 6 7 8 9	Balance Sheet         Check if Schedule O contains a response or note         Cash - non-interest-bearing         Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from any current or         trustee, key employee, creator or founder, subst         controlled entity or family member of any of thes         Loans and other receivables from other disqualif         under section 4958(f)(1)), and persons described         Notes and loans receivable, net         Inventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D	former office antial contrib e persons ied persons i n section 4	r, director, utor, or 35% as defined 958(c)(3)(B)	(A) Beginning of year 6,153,488. 1,505,226. 2,505,557. 67,831. 882,815. 0.	1 2 3 4 5 5 6 7 8 9	(B) End of year 2,786, 1,519, 3,855, 31, 31,
22 34 5 6 7 8 9 9 10 11 12 13 14 15 16 17	2 3 4 5 6 7 8 9	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	former office antial contrib e persons ied persons i n section 4	r, director, utor, or 35% as defined 958(c)(3)(B)	(A) Beginning of year 6,153,488. 1,505,226. 2,505,557. 67,831. 882,815.	1 2 3 4 5 5 6 7 8	(B) End of year 2,786, 1,519, 3,855, 31,
22 34 5 6 7 8 9 9 10 11 12 13 14 15 16 17	2 3 4 5 6 7 8 9	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	former office antial contrib e persons ied persons i n section 4	er, director, utor, or 35% as defined 958(c)(3)(B)	6,153,488. 1,505,226. 2,505,557. 67,831. 882,815.	2 3 4 5 5 6 7 8	2,786, 1,519, 3,855, 31,
22 34 5 6 7 8 9 9 10 11 12 13 14 15 16 17	2 3 4 5 6 7 8 9	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	former office antial contrib e persons ied persons i n section 4	er, director, utor, or 35% as defined 958(c)(3)(B)	1,505,226. 2,505,557. 67,831. 882,815.	2 3 4 5 5 6 7 8	1,519, 3,855, 31,
33 44 55 66 77 8 59 10 10 11 12 13 14 15 16 17	3 4 5 6 7 8 9	Pledges and grants receivable, netAccounts receivable, netAccounts receivables, netAccounts receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net	former office antial contrib e persons ied persons i in section 4	r, director, utor, or 35% as defined 958(c)(3)(B)	2,505,557. 67,831. 882,815.	3 4 5 6 7 8	3,855, 31,
4 5 7 8 9 10 10 11 12 13 14 15 16 17	4 5 6 7 8 9	Accounts receivable, net	former office antial contrib e persons ied persons in section 4	r, director, utor, or 35% as defined 958(c)(3)(B)	67,831. 882,815.	4 5 6 7 8	31,
5 6 7 8 9 10 11 12 13 14 15 16 17	5 6 7 8 9	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	former office antial contrib e persons ied persons in section 4	r, director, utor, or 35% as defined 958(c)(3)(B)	882,815.	5 6 7 8	
6 7 8 9 10 11 12 13 14 15 16 17	6 7 8 9	trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	antial contrib e persons ied persons l in section 4	utor, or 35% as defined 958(c)(3)(B)		6 7 8	1,204,
7 8 9 10 11 12 13 14 15 16 17	7 8 9	controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	e persons ied persons in section 4	as defined 958(c)(3)(B)		6 7 8	1,204,
7 8 9 10 11 12 13 14 15 16 17	7 8 9	Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	ied persons in section 4	as defined 958(c)(3)(B)		6 7 8	1,204,
7 8 9 10 11 12 13 14 15 16 17	7 8 9	under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	in section 4	958(c)(3)(B)		7 8	1,204,
8 9 10 11 12 13 14 15 16 17	8 9	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other				7 8	1,204,
8 9 10 11 12 13 14 15 16 17	8 9	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other				8	1,204,
9 10 11 12 13 14 15 16 17	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other					1,204,
10 11 12 13 14 15 <u>16</u> 17		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other			0.	9	
11 12 13 14 15 <u>16</u> 17	0a	Land, buildings, and equipment: cost or other					
12 13 14 15 <u>16</u> 17		basis Complete Part VI of Schedule D					
12 13 14 15 16 17		basis. Completer art vi of Schedule D	10a	12,960.			
12 13 14 15 16 17	b	Less: accumulated depreciation		11,701.	3,561.	10c	1,
13 14 15 <u>16</u> 17	1	Investments - publicly traded securities				11	
14 15 <u>16</u> 17	2	Investments - other securities. See Part IV, line 1				12	
15 16 17	3	Investments - program-related. See Part IV, line 1				13	
<u>16</u> 17	4	Intangible assets				14	
17	5	Other assets. See Part IV, line 11			60.	15	
	6	Total assets. Add lines 1 through 15 (must equa			11,118,538.	16	9,398,
	7	Accounts payable and accrued expenses			1,078,388.	17	639,
18	8	Grants payable				18	
19	9	Deferred revenue			٥.	19	11,
20	0	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete F				21	
22		Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst	-	· ·			
		controlled entity or family member of any of thes	e persons	,		22	
23	3	Secured mortgages and notes payable to unrela	•	ies		23	
24		Unsecured notes and loans payable to unrelated				24	
25		Other liabilities (including federal income tax, pay					
_		parties, and other liabilities not included on lines					
		of Schedule D	-			25	
26		Total liabilities. Add lines 17 through 25		F	1,078,388.	26	650,

9,398,478. Form 990 (2022)

1,960,798.

8,079,352.

10,040,150.

11,118,538.

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2,786,122. 1,519,966. 3,855,395. 31,145.

1,204,110. 481.

1,259.

Ο.

9,398,478. 639,327.

11,250.

650,577.

2,411,980.

6,335,921.

8,747,901.

Form	1990 (2022) WE CARE SOLAR	30-0627106		Pag	<sub>ge</sub> 12
Pa	rt 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	4,	157,	340.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	449,	589.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	292,	249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				150.
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	8,	747,	901.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
		_		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 on Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	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?	L	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a		X
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	<u> </u>	3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	

**Open to Public** 

Inspecti	ion
i de matifica esti e m	mu mahaa

Nam	Name of the organization Employer identification number									
			E SOLAR						30-0627106	
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The c	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	Х	An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe			-					
9		An agricultural research org	•			-		-	-	
		or university or a non-land-g	grant college of agric	uiture (see instructions).	Enter the I	name, city	, and state of	the college	or	
10		university: An organization that norma	Illy receives (1) more	than 33 1/30% of its supp	ort from o	ontribution	ne momborsh	in foos and	d gross receipts from	
10		activities related to its exem								
		income and unrelated busir							-	
		See section 509(a)(2). (Con				oco doqui				
11		An organization organized a		velv to test for public sat	fetv. See	section 50	)9(a)(4).			
12		An organization organized a	-	•	•			rrv out the	purposes of one or	
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		] Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting	
		organization. You must o	complete Part IV, Se	ctions A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		<b>Type III functionally inte</b>						ly integrate	d with,	
		its supported organization	.,.							
d		<b>Type III non-functionally</b>	• •					° °		
		that is not functionally int		• •	•		-	an attentiv	veness	
		requirement (see instructi	-							
е		Check this box if the orga					Type I, Type	II, Type III		
	Ento	functionally integrated, or or the number of supported or		<i>y c i i</i>	0 0	ation.				
י מ		vide the following information	•	d organization(s)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Tota										

WE CARE SOLAR

30-0627106

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2020 (d) 2021 (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,550,286. 6,994,772. 5,749,798 5,276,981. 3,899,946 24,471,783. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,550,286, 6,994,772. 5,749,798 5,276,981. 3 899 946. 24,471,783. 4 Total. Add lines 1 through 3 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) 8,870,628. 15,601,155. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 2,550,286. 6,994,772. 5,749,798. 5,276,981. 3,899,946, 24,471,783. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 10,711 12,138 3,817 419. 10,180. 37,265. and income from similar sources 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.) 3,158. 67,706. 255,281 13,047. 9,452. 348,644. 24,857,692. **11 Total support.** Add lines 7 through 10 1,707,327. **12** Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 62.76 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 56.23 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# Schedule A (Form 990) 2022 WE CARE SOLAR 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							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services 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 bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	L						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total	
	Amounts from line 6							
10a	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							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	·	l	<u> </u>				
14	First 5 years. If the Form 990 is for th	-						
Se	check this box and stop here ction C. Computation of Publi							
	Public support percentage for 2022 (I	• •		column (f))		15	%	
	Public support percentage from 2022 (i		•			16	%	
	ction D. Computation of Inves						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Investment income percentage for 20			ne 13, column (f))		17	%	
18	Investment income percentage from					18	%	
19a	a 33 1/3% support tests - 2022. If the					3 1/3%, and	line 17 is not	
ł	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						/3%, and	
~								
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							

1

Yes

No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

a /				
-	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b A	A family member of a person described on line 11a above?	11b		
c /	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	S,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 [	Did the organization operate for the benefit of any supported organization other than the supported			
c	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
F	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
			Yes	No
1 \	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
C	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			
t	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1 [	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
c	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
۲ د	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
C	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			
c	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
i	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.			
s		3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
Secti				
Secti	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct			
Secti 1 (	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below.			
Secti 1 (	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	ions).	ons).	
Secti 1 ( a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below.	ions).	on <u>s).</u> Yes	No
Secti 1 ( a b c 2 /	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ions).		No
Secti 1 ( a b c 2 / a [	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ions).		No
Secti 1 ( a b c 2 / a [ t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s Activities Test. Answer lines 2a and 2b below. 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	ions).		No
Secti 1 ( a b c 2 / a [ t t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s Activities Test. Answer lines 2a and 2b below. 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,	ions).		No
Secti 1 ( a b c 2 / a [ t t t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s Activities Test. Answer lines 2a and 2b below. 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	ions).		No
Secti 1 ( a b c 2 / a [ t t t t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s Activities Test. Answer lines 2a and 2b below. 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,	ions). ee instructio		No
Secti         1         ()           1         ()         a         b           0         c         2         //           2         /         a         t           t         t         t         t           b         t         t         t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in the supported 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 organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	ions). ee instructio		No
Section           1         ()           a         b           c         2           a         []           t         b           b         []           t         b           b         []	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s Activities Test. Answer lines 2a and 2b below. 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	ions). ee instructio		No
Section           1         0           a         b           c         2           a         1           t         t           t         t           b         t           t         t           t         t           t         t           t         t           t         t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	ions). ee instructio		No
Section           1         0           a         b           c         2           a         1           t         t           b         t           b         t           t         t           t         t           t         t           t         t           t         t           t         t           t         t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. 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 described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	ions). ee instructio		No
Section           1         0           a         b           c         2           a         1           t         t           b         t           b         t           t         t           t         t           t         t           t         t           t         t           t         t           t         t           t         t           t         t           t         t           t         t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity (see activities Test. <b>Answer lines 2a and 2b below.</b> 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? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b> 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	ions). ee instructio		No
Secti 1 ( a b c 2 / a ( t b ( t 3 ( a ( 1) ( 1) ( 1) ( 2) ( 1) () ) ()	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. 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? <i>If</i> "Yes," <i>then in</i> 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 described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ions). ee instructio		No
Secti 1 ( a b c 2 / a ( t b ( t 3 f a ( t t 3 f a ( t t t t t t t t t t t t t	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity (see instruct to example the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b> 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below</b> . 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? <i>If</i> "Yes" or "No" provide details in <b>Part VI</b> .	ions). ee instructio		No
Secti 1 ( a b c 2 / a ( t t b ( 3 F a ( 4 b ( 5 5 5 5 5 5 5 5 5 5 5 5 5	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. 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? <i>If</i> "Yes," <i>then in</i> 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 described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ions). ee instructio		No

232025 12-09-22

Schedule A (Form 990) 2022

Yes No

WE CARE SOLAR Part IV Supporting Organizations (continued)

Sche	dule A (Form 990) 2022 WE CARE SOLAR			30-0627106 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-functiona	lly integrated	d Type III supporting ora	anization (see
	instructions).			•

	dule A (Form 990) 2022 WE CARE SOLAR				30-0627106	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continue</sub>	d)		
Sect	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	,		10		
Sect	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2022		(iii) Distributa Amount for		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022 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 and 2; Part IV, Sectior	۱C,
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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	V, Section B, line 1e; Pa onal information.	art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
EXPENSE REIMBURSEMENTS		
2018 AMOUNT: \$ 3,158.		
2019 AMOUNT: \$ 67,706.		
2020 AMOUNT: \$ 13,638.		
2022 AMOUNT: \$ 2,932.		
FOREIGN CURRENCY GAIN		
2020 AMOUNT: \$ 46,767.		
2021 AMOUNT: \$ 13,047.		
2022 AMOUNT: \$ 4,598.		
MISC REVENUE		
2020 AMOUNT: \$ 194,876.		
2022 AMOUNT: \$ 1,922.		

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

umber

Name of the organization		Employer identification nur
WE	CARE SOLAR	30-0627106
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F , line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er ) instead of the contributor name and address), II, and III.	ientific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mo here the total contributions that were received during the year for an <i>exclusively</i> religious mplete any of the parts unless the <b>General Rule</b> applies to this organization because it n e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>

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

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

Schedule B (Form 990) (2022)

**Schedule B** 

(Form 990)

Department of the Treasury Internal Revenue Service

	B (Form 990) (2022)		Page 2
Name of or	rganization		Employer identification number
WE CARE	SOLAR		30-0627106
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$100,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$\$750,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$313,	266.       Person       X         Payroll       Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$152,	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$225,	000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$150,	Person X Payroll

	3 (Form 990) (2022)		Page 2
Name of or	rganization		Employer identification number
WE CARE	SOLAR		30-0627106
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7		\$150,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
<u>8</u>		\$1,249,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$125,	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

ame of or	ganization	En	nployer identification num
E CARE	SOLAR		30-0627106
Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
		\$	

Page **4** 

Name of o	rganization		Employer identification number
E CARE	SOLAR		30-0627106
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	nrough (e) and the following line ent ritable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year htty. For organizations 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 git	
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of git	[
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(ạ) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gif	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 git	lft
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee

SCHEDULE [	)
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### **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.



	ment of the Treasury I Revenue Service	ttach to Form 990.	to Form 990. instructions and the latest information.					Open t Inspec	to Public tion	
Nam	e of the organizati	on WE CARE SOLAR					Emp	-	dentificati 0-062710	on number
Pa	t I Organiza	ations Maintaining Donor Advise	d Funds or Othe	r Si	imilar Funds	or Ac	cour	n <b>ts.</b> c	complete if	the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.						·	
			(a) Donor ad	vise	d funds	(	<b>b)</b> Fun	ids and	other acco	ounts
1	Total number at er	nd of year								
2		f contributions to (during year)								
3		f grants from (during year)								
4	Aggregate value at end of year									
5		on inform all donors and donor advisors in		s hel	ld in donor advis	sed fund	s			
	-	on's property, subject to the organization's	-						Yes	No
6		on inform all grantees, donors, and donor a								
		ooses and not for the benefit of the donor o								
	impermissible priv	ate benefit?			· · ·				Yes	No
Pa		ation Easements. Complete if the or								
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	ly).						
	Preservation	n of land for public use (for example, recrea	tion or education)		Preservation o	f a histo	rically	importa	ant land are	ea
		of natural habitat			Preservation o	f a certi	ied his	storic st	tructure	
	Preservation	n of open space								
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation con	tribu	ution in the form	of a cor	nserva	tion eas	sement on t	the last
	day of the tax year									the Tax Year
а	Total number of co	onservation easements					2a			
b							2b			
с	•	vation easements on a certified historic structure					2c			
d		vation easements included in (c) acquired a								
	historic structure l	isted in the National Register	• • •				2d			
3		vation easements modified, transferred, rel					zation	during	the tax	
	year					-		-		
4	Number of states	where property subject to conservation eas	sement is located							
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, insp	oecti	ion, handling of					
	violations, and enf	orcement of the conservation easements it	holds?						Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,							during the	year
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and	d enf	forcing conserva	tion eas	ement	ts durin	g the year	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requiren	nents	s of section 170	(h)(4)(B)(	i)			
	and section 170(h)	)(4)(B)(ii)?							Yes	No
9		be how the organization reports conservation					ent an	d		
	balance sheet, and	d include, if applicable, the text of the footr	ote to the organization	on's	financial statem	ents tha	t desc	ribes th	ne	
		ounting for conservation easements.								
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical 1	rea	asures, or O	ther S	mila	r Asse	ets.	
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	reve	enue statement a	and bala	nce sł	neet wo	orks	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, educat	tion,	or research in f	urtheran	ce of p	public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that	desc	cribes these iten	าร.				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its reve	enue	statement and	balance	sheet	works	of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education	n, or	research in furt	herance	of put	blic serv	vice,	
	provide the followi	ing amounts relating to these items:								
	(i) Revenue inclu	ded on Form 990. Part VIII. line 1						\$		

HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	provide the following amounts relating to these items:	

Sche	dule D (Form 990) 2022 WE CARE SOL	AR						30 - 062	7106	Pa	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar	· Assets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following that	make sigr	ificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	m					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	-		-	-						
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang							, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par			-							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other ass	ets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII					]
Par	t V Endowment Funds. Complete if	the organization an	nswered	"Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) F	rior year	(c) Two year	s back (d	I) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1ç	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	_%									
с	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	I "Yes" on Form 990	), Part IV	', line 11a. S	See Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or o		(b) Cost	t or other	• •	umulate	d	(d) Book	value	е
		basis (investr	nent)	basis	(other)	depr	eciation				
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment				12,960.		11,	701.		1,	259.
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	<u>X. colun</u>	nn (B), line 1	0c.)					1,	259.
							:	Schedule	D (Form	990)	2022

#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Eec	deral income taxes	

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	edule D (Form 990) 2022	WE CARE SOLAR			30-0627106	Page 4
Pa	rt XI Reconciliation o	f Revenue per Audited Finar	ncial Statements W	/ith Revenue per F	Return.	
	Complete if the organ	ization answered "Yes" on Form 990	, Part IV, line 12a.			
1	Total revenue, gains, and oth	ner support per audited financial state	ements		. 1	4,351,700.
2	Amounts included on line 1 k	but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	1		
b	Donated services and use of	facilities	2t	194,36	0.	
с	Recoveries of prior year gran	nts	20	>		
d	Other (Describe in Part XIII.)			ł		
е	Add lines 2a through 2d				2e	194,360.
3	Subtract line 2e from line 1				3	4,157,340.
4		990, Part VIII, line 12, but not on line $^{\circ}$				
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b	4a	1		
b	Other (Describe in Part XIII.)		44	)		
с					4c	0.
5	Total revenue. Add lines 3 ar	nd <b>4c.</b> (This must equal Form 990, Pa	rt I. line 12.)		. 5	4,157,340.
Pa	rt XII Reconciliation o	f Expenses per Audited Fina	Incial Statements	With Expenses per	r Return.	
	Complete if the organ	nization answered "Yes" on Form 990	, Part IV, line 12a.			
1	Total expenses and losses pe	er audited financial statements			1	5,643,949.
2	Amounts included on line 1 k	but not on Form 990, Part IX, line 25:				
а	Donated services and use of	facilities	2a	194,36	0.	
b				<b>)</b>		
с	Other losses		20			
d				1		
е	Add lines 2a through 2d				2e	194,360.
3						5,449,589.
4		990, Part IX, line 25, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a	a		
b	Other (Describe in Part XIII.)		44	)		
с					4c	0.
5	Total expenses. Add lines 3	and <b>4c.</b> (This must equal Form 990. F			. 5	5,449,589.
Pa	rt XIII Supplemental In	formation.				

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

232071	10-17-22

SCHEDULE F (Form 990) Department of the Treasury	Complete if the	e organization a	ivities Outside the Ur nswered "Yes" on Form 990, Part IV, Attach to Form 990.	line 14b, 15, c	or 16. Or	OMB No. 1545-0047
Internal Revenue Service	Go to <sub>W</sub>	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		spection
Name of the organization					Employer ider	ntification number
WE CARE SOLAR					30-062710	5
Part I General Inf	formation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered	"Yes" on
 Form 990, Par				5		
1 For grantmakers. Do	pes the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligibilit	y for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
-	escribe in Part V the	e organization's l	procedures for monitoring the use of its	grants and oth	ner assistance o	utside the
United States.						
3 Activities per Region. (a) Region	(The following Part (b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Region	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and
	_	contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
		in the region		TRAINING ON	I INSTALLATIC	N S
				OF SOLAR SU	UITCASES;	
				INSTALLATIC	-	
SUB-SAHARAN AFRICA	1	6	PROGRAM SERVICES	SUITCASES;	MONITORING	3,989,000.
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	FUNDRAISING	N/A		0.
EAST ASIA AND THE				INVENTORY H	IELD IN THE	
PACIFIC	0	0	INVENTORY	PHILIPPINES	5	21,890.

### of Activities Outside the United States

3	Activities per Region.	The following Part I, line 3 table can be duplicated if additional space is need	ed.)

3 a	Subtotal	1	6		4,010,890.
b	Total from continuation sheets to Part I	0	0		0.
С	Totals (add lines 3a	1	6		4 010 890.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

<sup>2</sup> 

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

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.

(d) Purpose of

grant

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2022

(f) Manner of

of cash grant cash disbursement

(e) Amount

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

WE CARE SOLAR

(c) Region

(b) IRS code section

and EIN (if applicable)

Part II

1

(a) Name of organization

Part III	Grants and Other Assistance	e to Individuals Outside	e the United Sta	tes. Complete
	Part III can be duplicated if a	dditional space is needed	d.	
(a) Type of grant or assistance		<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant

Schedule F (Form 990) 2022

(e) Manner of cash disbursement

## if the organization answered "Yes" on Form 990, Part IV, line 16.

(f) Amount of

noncash assistance

(g) Description of noncash assistance

**(h)** Method of valuation (book, FMV, appraisal, other)

30-0627106

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

#### Part V Supplemental Information

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

PART I, LINE 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

SC	HEDULE J	Compensation Information	OMB No. 1545-0047					
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LULL				
	tment of the Treasury	Attach to Form 990.		Open to		ic		
	al Revenue Service le of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer	Inspection lover identification number				
INCI	ie of the organization	WE CARE SOLAR		)627106	Jii iiu	liber		
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	onal use					
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's						
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.	01110					
	X Compensation							
		ompensation consultant						
		ther organizations	committee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severanc	e payment or change-of-control payment?		4a		Х		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	סרו					
~	contingent on the re			Fo		x		
a r	Any related organiz	ation?		<u>5a</u> 5b		X		
U		ation? pr 5b, describe in Part III.		50				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
5	contingent on the n							
а	0			6a		x		
	Any related organiz	ation?		6b		x		
		or 6b, describe in Part III.						
7		, on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3					
		nes 5 and 6? If "Yes," describe in Part III		7		x		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	) 2022		

30-0627106

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SAMANTHA PARSONS	(i)	161,615.	0.	0.	0.	4,742.	166,357.	0
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

|--|

(Form 990)

### **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.

OMB	No.	1545-0047

2022
Open To Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions an							Inspection			
Name of the organization	า					Employer i	identification r	umber		
	WE CARE S	OLAR				30-0627106				
Part I Excess E	Benefit Trans	sactions (section 50	01(c)(3), section	501(c)(4), and see	ction 501(c)(29) orgar	nizations only	/).			
Complete if	the organizatio	n answered "Yes" on I	-orm 990, Part	IV, line 25a or 25b	o, or Form 990-EZ, Pa	rt V, line 40b	).			
1 (b) Relationship between disqualified (c) Description of transaction						(d) Corrected				
(a) Name of disqualified person		person and or	ganization	(0	(c) Description of transaction			No		
2 Enter the amount of	f tax incurred by	the organization man	agers or disqua	lified persons dur	ing the year under					
section 4958						\$_				
3 Enter the amount of	f tax, if any, on l	ine 2, above, reimburs	ed by the organ	nization		\$_				
Part II Loans to	and/or From	n Interested Pers	sons.							
Complete if	the organizatio	n answered "Yes" on F	<sup>-</sup> orm 990-EZ, P	art V, line 38a or F	Form 990, Part IV, line	e 26; or if the	organization			
reported an	amount on For	m 990, Part X, line 5, 6	1 I							
(a) Name of	(b) Relation		(d) Loan to or from the	(e) Original	(f) Balance due			Written		

interested person	with organization	of loan	organization?		principal amount	default?		committee?		agreement?	
			То	From		Yes	No	Yes	No	Yes	No
Total					\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990. Part IV. line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022 WE CAR	RE SOLAR
Part IV       Business Transactions Involving Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 28.         (a) Name of interested person       (b) Relationship between interested person and the organization         IAL ARONSON       OFFICER'S SPOUSE	
Complete if the organization answe	ered <u>"Yes" on Form 990, Part IV, line 28a</u> ,
(a) Name of interested person	(b) Relationship between interested person and the organization
HAL ARONSON	OFFICER'S SPOUSE
Part V Supplemental Information.	- · · · · · · · · · · · · · · · · · · ·

Provide additional information for responses to questions on Schedule L (see instructions).

(d) Description of

transaction

(c) Amount of

transaction

35,196.WAGES

(e) Sharing of organization's revenues?

No

Х

Yes

WE CARE SOLAR

#### ns.

, line 28a, 28b, or 28c.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

C

ZU

Name of the organization

WE

30-0627106

Par	t I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of detern noncash contribution	•	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	2	5,163.	FAIR MARKET VALUE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other $_{\dots}$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			00.454			
25	Other ( <u>SOFTWARE</u> )	X	2	20,451.	COST		
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organiz		•			0	
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement 29		-	<u> </u>
20-	During the year did the exception reactive by	( contributio		artad in Dart L lines 1 through		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of					_	x
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	۰				a	
	Does the organization have a gift acceptance p	onliny that re	ouires the review (	of any nonstandard contribut	ions?		x
31	Does the organization have a gift acceptance p Does the organization hire or use third parties				ions? <u>3</u> .	•	
JZd			-		32	a	x
h	If "Yes," describe in Part II.					ч 	
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	(for which column (a) is cher	sked		
00	describe in Part II.		a type of property	a is which countin (a) is chec	,		
	UUSUNDE III I AILII.						

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

Schedule M (Form 990) 2022 WE CARE SOLAR	30-0627106	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organiz combination of both. Also cor	ation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS REFERS TO THE NUMBER OF CONTRIBUTIONS		
RECEIVED.		
232142 09-09-22	Schedule M (For	m 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE NIGHT; (2) 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 TRAINERS.

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

Name of the organization WE CARE SOLAR	Employer identification number 30-0627106
LEADERSHIP FUNCTIONS SUCH AS ATTENDING AND LEADING MEETINGS AND TRAINING	
CERTAIN PERSONNEL OF THE ORGANIZATION. CHERYL AND DAVID FELLOWS ARE THE	
CURRENT OFFICERS OF THE FELLOWS GROUP. THE FELLOWS GROUP RECEIVED \$ \$72,000	
FOR THEIR SERVICES IN 2022.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD IS PROVIDED WITH A COPY OF THE FORM 990 FOR REVIEW BEFORE FILING.	
THE ORGANIZATION UNDERWENT A FINANCIAL AUDIT BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION ADOPTED A CONFLICT OF INTEREST POLICY IN JANUARY 2013.	
ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO REVIEW AND	
COMPLETE A WRITTEN PLEDGE TO UPHOLD THE POLICY. AFTER DISCLOSURE OF A	
POSSIBLE CONFLICT BY A MEMBER OF THE BOARD OR A COMMITTEE, THE REMAINING	
MEMBERS OF THE BOARD OR COMMITTEE DETERMINE WHETHER A CONFLICT EXISTS, AND	
IF SO, THE INTERESTED MEMBER IS ASKED TO RECUSE HIMSELF OR HERSELF FROM	
DISCUSSION AND VOTING ON THE MATTER OR ALTERNATIVES TO THE PROPOSAL IN	
QUESTION THAT WOULD NOT INVOLVE A CONFLICT ARE ENTERTAINED.	
FORM 990, PART VI, SECTION B, LINE 15:	
WE CARE SOLAR 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	
2022. THE MANAGING DIRECTOR'S COMPENSATION WAS LAST REVIEWED IN 2022 USING	
2021 SURVEY REPORTS ON NONPROFIT COMPENSATION. THE COMPENSATION COMMITTEE	

RECOMMENDED A SALARY ADJUSTMENT TO THE BOARD, WHO APPROVED IT.

Schedule O (Form 990) 2022

Name of the organization

Page 2

Employer identification number

Name of the organization		Employer identification numbe 30-0627106
WE CARE SOLAR		50-0627106
WE CARE SOLAR LISTS ITS FORM 990 ON THEIR OWN WI	EBSITE 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 DOCUMEN	NTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO MI	EMBERS OF THE PUBLIC UPON	
REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACTORS - INSTALLATIONS AND MAINTENANCE:		
PROGRAM SERVICE EXPENSES	357,895.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	357,895.	
CONTRACTORS - GLOBAL TEAM:		
PROGRAM SERVICE EXPENSES	344,668.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	344,668.	
CONTRACTORS - OTHER:		
PROGRAM SERVICE EXPENSES	22,262.	
MANAGEMENT AND GENERAL EXPENSES	19,334.	
FUNDRAISING EXPENSES	8,220.	
	49,816.	

Schedule O (Form 990) 2022	orm 990) 2022 Page <b>2</b>		
Name of the organization WE CARE SOLAR		Employer identification number 30-0627106	
PROGRAM SERVICE EXPENSES	53,986.		
MANAGEMENT AND GENERAL EXPENSES	0.		
FUNDRAISING EXPENSES	3,750.	_	
TOTAL EXPENSES	57,736.		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	810,115.		