Form	990

Change of Accounting Period

OMB No. 1545-0047

				Organization E						2020	
	artment of t nal Revenu	the Treasury ue Service	► Do not e	, 527, or 4947(a)(1) of the Inte enter social security numbers o w.irs.gov/Form990 for instru	on this form as it	t may be made	e public.	-		Open to Pub Inspection	lic 1
Α	For the	2020 calenda	ar year, or tax year begin	ning 1/01	, 2020,	and ending	6/3	30	,	20 2021	
В	Check if a	pplicable:	С					D Employ	er identif	ication number	
	Addre		Solidarity					-	04908		
	Name		PO Box 220	1071					ne numbe		
		netum	Placentia, CA 92	2871				714	-924-	-4186	
		return/terminated						C a	., ć	270	
		nded return cation pending	F Name and address of princip	al officer:			H(a) Is this a	G Gross re group return			,654. X №
	Appli	cation pending	F Name and address of principa Same As C Above	aromeer. Kevin Mo-W	ong		.,	subordinates attach a list.		103	No
ī	Tax-exe		X 501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527	lf "No,"	attach a list.	See inst	ructions	
<u>.</u>	Webs		w.solidaritynpo.	, , ,	1017(4)(1) 01		H(c) Group e	exemption nu	imber 🕨		
ĸ			X Corporation Trust	Association Other	LY	ear of formatio				gal domicile: CA	
-	rt I	Summary				our or formatio	2000	, [<u>.</u>
			e the organization's missi	on or most significant ac	tivities: EQU	IPPING	LATIN	O,IMMI	GRAN'	C FAMILIE	S IN
е			SOURCED NEIGHBOR								
anc	_										
Activities & Governance											
30V		heck this box	✓ I if the organization ing members of the gover	on discontinued its operat						s.	F
& (3 N 4 N	umber of voli	ependent voting members	s of the governing body (Fart VI, line I	a)	b)			3		<u>5</u>
ies			of individuals employed in						5		20
tivil	6 To	otal number o	of volunteers (estimate if	necessary).					6		350
Ac			d business revenue from I						7a		0.
	b N	et unrelated I	business taxable income	from Form 990-T, Part I,	line 11		1		7b		0.
	•			11->				rior Year		Current Ye	
e			and grants (Part VIII, line ce revenue (Part VIII, line				-	759,3			<u>,185.</u>
Revenue		0	come (Part VIII, column (A	6,				24,3	10.	14	<u>,577.</u> 12.
Re			(Part VIII, column (A), lir					32,8		15	,880.
			- add lines 8 through 11					816,5			,654.
			nilar amounts paid (Part I					65,4			<u></u>
	14 B	enefits paid t	to or for members (Part I)	K, column (A), line 4)							
~	15 Sa	alaries, other	r compensation, employee	e benefits (Part IX, colum	n (A), lines 5	-10)		312,2	61.	199	,190.
ses	16a P	rofessional fu	undraising fees (Part IX, o	column (A), line 11e)							
Expenses	b To	otal fundraisi	ng expenses (Part IX, col	umn (D), line 25) 🕨		547.					
Ě	17 O	ther expense	es (Part IX, column (A), lir	nes 11a-11d, 11f-24e)				180,8	86.	75	,946.
			s. Add lines 13-17 (must					558,5			,136.
			expenses. Subtract line 1					258,0			,482.
r Ses							Beginnin	g of Current		End of Ye	
Net Assets or Fund Balances	20 To	•	Part X, line 16)					365,7		355	,832.
t As Id Ba	21 To	otal liabilities	(Part X, line 26)					23,7	39.	18	,261.
			fund balances. Subtract li	ne 21 from line 20				342,0	53.	337	,571.
	rt II	Signature									
Unde	r penalties plete, Decla	of perjury, I declar aration of prepare	re that I have examined this return, ir er (other than officer) is based on	ncluding accompanying schedules ar all information of which preparer	nd statements, and has any knowled	to the best of m	y knowledge	and belief, it i	s true, cor	rect, and	
Sic		Signature	e of officer				Dat	te			
Sig He	jii re	Kovi	n Mo-Wong				Frech	itive I	lir		
			print name and title				LACCU				
		Print/Type pre	eparer's name	Preparer's signature		Date		Check X	ζif F	PTIN	
Pai	id	Julie	L Davis	Julie L Davis				self-employe	_	200626457	
	eparer					1					
Us	e Only	Firm's addres		lma Ave Suite 2	07			Firm's EIN	20-	3384336	
	-			92807				Phone no.	(714		03
Мау	the IRS	6 discuss this	s return with the preparer	shown above? See instru	ictions					X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Form	990 (2020)) Solidari	ty					51-049082	1 Pa	age 2
Par		tatement of Pr				Dert				
1		eck if Schedule O scribe the organization		orise or note	to any line in this					·
•	-	PING LATINO,		FAMILIE	S IN UNDER-	RESOURCED	NEIGHBORH	HOODS FOR CO	OMMUNITY	<u></u>
	TRANSI	FORMATION								
2	Did the o	ganization underta	ake any significa	ant program s	services during the	e year which were	e not listed on	the prior		
		or 990-EZ?							Yes X	No
•		describe these new							v v	
3		ganization cease describe these cha	-	-	int changes in nov	v it conducts, an <u>i</u>	y program serv	lices ?	Yes X	No
4	Describe	the organization's	program service	e accomplish	ments for each of	its three largest	program servic	es, as measured	by expenses	<i>.</i>
	Section 5 and rever	01(c)(3) and 501(c) nue, if any, for eac	c)(4) organizatio h program servi	ns are requir ce reported.	ed to report the ar	nount of grants a	and allocations	to others, the tota	al expenses,	
4 a	(Code:) (Exper			including grants		/、	Revenue \$)
		<u>porhood Init</u> prevention t			<u>Mamas suppo</u>	ort groups,	basic co	omputer clas	sses, an	id a
	<u>yang</u>		Leen progr	<u>a</u>						
4 b	(Code:) (Exper	ises \$	82 163	including grants	of \$) (F	Revenue \$)
	• _	ration Initi							ited	
	progra	am, that pro	ovides aff	ordable,	quality in	migration	services	to the grea	ater Ora	inge
	County	<u>z area.</u>								
4 c	: (Code:		nses \$		including grants			Revenue \$)
		tion Initiat								
		een_students of math and				ducational		<u>and grown</u>	<u>n in che</u>	;
	<u>u1040</u>		<u></u>							
		- 								
						_				
4 d	Other pro	gram services (De	scribe on Scheo	lule O.)						
	(Expense	-		cluding gran	is of \$) (Revenue \$)	
4e 844	Total prog	gram service expe	nses 🕨	187	,490.				Form 990 (20201
R D A					TEEA0102 10/07/	20			- EOHH 330 (ZUZU1

Form 990 (2020) Solidarity
Part IV Checklist of Required Schedules

1 --

1..

			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 public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
ä	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	11 f		Х
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
I	• 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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2020) Solidarity Page 4

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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
25 a	a 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		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ä	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	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		Х
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		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.1 a1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.1 b0			

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

1 c

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State: merita, Nad for the calculary are indiring with or within the year covered by this return. 2a 2b X bit at least one is reported on ine 2, dig the organization fie all required to e-file (see instructions) 3a X X bit the state one is reported on ine 2, dig the organization have an interest in, or a signature or other authority over, a financial account in a foreign country is on the ine 3b, previa an equired to e-file (see instructions) 3a X bit Yes, inert the name of the long country is on problem to as before the maxed account in a foreign country is on problem to as before the maxed account in a foreign country is on problem to as before the maxed account in a foreign country is on problem to as before the maxed account is (FBAR). 5a X bit Yes, inert the anse of the long contract in the frame and incomplex contract in the foreign Bank and Financial Accounts (FBAR). 5a X bit Yes, inert to associal to any contract that the renew and the complex to associal to any contract the regeneration include with every in the complex to associal to any contract the approximation approximation approximation approximation approximation approximation approximation and proximation approximation approximation and proximation approximation approximation approximation approximation approximation approximation approximatin anopproximation approximatin an expression approximat			(2020)		lidar														49082	1	F	Page 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State- berts, field of the calefuldr year deviced by which within the year covered by this return 2a 20 b at least one is reported on line 2a, do the argumation the all expect deviced by this return. 2b X b at least one is reported on line 2b, do the argumation the all expect deviced by this return. 2b X b at least one is reported on line 2b, do the argumation these on interest in, or a signature or other subhority over, a financial account is deviced by second on one during the year? 3a b if 'ks_a that this a form 390 fm the year? 3a X b if 'ks_a that this a form 390 fm the year? 5a X b if 'ks_a that this a form 390 fm the year? 5a X b if 'ks_a that this a form 390 fm the year? 5a X b if any taxable party notify the organization the form 3856 fT. 5a X b if any taxable party notify the organization in form 3856 fT. 5a X b if the organization notube with every solicitation and synthe culture that such contributions or gifts were not tax dedicative as a partyle prohibited tax sinter transaction? 5b X c if 'ks's, to if the organization include with every solicitation and synthe culture that such contributions or gifts were not tax dedicative. 5b X c if 'ks's, id a	Part	V	ç	Stater	ments	Rega	rding	Othe	er IRS	S Fili	ings	and	Tax	Comp	oliance	(con	ntin	ued)				
ments, field for the calendar year ending with or within the year covered by this return																					Yes	No
ments, field for the calendar year ending with or within the year covered by this return	22	Ento	r tha ni	umbor	of empl	ovees r	anarta	d on Ec	orm W	/-3 Tr	ranemi	ittal of	f Waa	n and T	Tav Stata	.	I		[
Note: It must be and 2s is greater than 250, you may be required to e-the (see instructions) Image: Control of Contro Of Control Of Control Of Contecto Of Control Of Control	2 a	ment	s, filed	d for the	e calend	lar year	rending	g with a	or with	hin the	e year	cover	red by	this re	eturn		2 a		20			
3a Ddt the organization have unreliated business gross income of \$1.000 or more during the year? \$3 a X 3b Df "res," there during the calendar year, did the organization have an interest in, or a signature or other authority over, a 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X bit "Yes," extent the name of the toring (south as a bahl account, securities escount, or other financial accounts (FDAR). 5a X 5a Was the organization have annual gross receipts that sheller transaction at any time during the tax year? 5a X bit any taxable party notify the organization if form 388-677. 5a X cit "set," to the organization include where not its acceluate contributions or gifts were for tax acceluate acceluate contributions or gifts were for tax acceluate acceluate contributions or gifts were for tax acceluate acceluate contributions and partly for goods and services provided to the prograziation include with every solicitation an express statement that such contributions or gifts were for tax acceluate dispose of tangible personal property for which it was required to file form 388-7 (the organization include with every solicitation can partily as a contribution and partly for goods and services provided to the prograziation selectible acceluate dispose of tangible personal property for which it was required to file form 388-7 (the organization include with every solicitation can benefit contract? 7c X d If "ses," dud the organization file, duality, directly or ind	b	lf at l	least o	ne is r	eported	on line	2a, dio	d the or	rganiza	ation	file all	l requi	ired fe	ederal e	employme	ent tax	k ret	urns?		2 b	Х	
b If Yes, the it field a fam 980-T for the year? (Mor thins 3b, provide an explanation an Sadedule 0		Note	: If the	sum o	of lines 1	a and 2	2a is gr	reater t	han 2	:50, yc	ou ma <u>y</u>	y be re	equire	ed to e-	file (see	instru	ctio	ns)				
4 A try time during the calendar year, did the organization have an interest in, or a signature or other mandail account)? 4 a X bit "res," enter the name of the foreign country Set instructions occurred, so that is a bank account, so other financial accounts? 4 a X bit any time during the calendar year, did the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X c) It ves,' the the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c) It ves,' the the organization the vers not is a distart organization nave ennual gross receipts that are normally greater than \$100,000, and did the organization for annual pross receipts that are normally greater than \$100,000, and did the organization for the distart the vers of \$75 made party as a contributions or gifts were for tax distart were not tax distart were not tax distart were not tax distarts. 6 b 7 organizations that may receive deductible contributions under section 17Q(c). 0 0 a Did the organization necked as any time during the year. 7 d 7 b If ves,' indicate the number of Forms S827 field during the year. 7 d 7 7 b If ves,' indicate the number of Forms S827 field during the year. 7 d 7 7 7 7 b If ves,' indicate the number of Forms S827 field during the year. 7 d 7 7			-					-	-													Х
In Yes, 'inter the name of the foreign county (such as a bank account, securities account, or other thrancel accounts) 4a X See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a X Sa Was the organization a party the domain that it was or is 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 file Form 8886-T7. 5c 5a X 6 a Does the organization has per annual gross receipts that are normally greater than \$100,000, and did the organization file form 8886-T7. 6a X b If Yes, 'id the organization neave posicipis that are normally greater than \$100,000, and did the organization file form solicit any contributions that were not tax deductible contributions are press statement that such contributions or gifts were not tax deductible contributions under section 178(c). 6b X b If Yes, 'id the organization neave pay of ment in excess of \$75 made parity as a contribution and parity for goods and services provided to the goods or services provided? 7b X b D due torganization areave any hunds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If Yes, 'idd the erganization neever any hunds, directly or indirectly, on a personal benefit contract? 7t X f Did the organization areave any hunds, directly or indirectly, to a pay premiums on a person			,						<i>,</i> ,											3 b		
See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Sa Was the organization that it was or is a party to a prohibited tax shelter transaction? 5a Sa Dost the organization that was enally core screepits that a enorphy to prohibited tax shelter transaction? 5c So bid any contributions that were not tax deductible as charitable contributions? 6a N Types, id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organization receive a payment in excess of 57 made partly as a contribution and partly for goods and services provided to the payor? 7b C Did the organization nective a payment in excess of 57 made partly as a contribution and partly for goods and services provided to the payor? 7b C Did the organization nective as function of the value of the goods or services provided? 7c X M Types, indicate the number of Forms 8282? Filed during the year? 7c X If the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of acts, airplanes, or other vehicles, did the organization file a form 1089 7g X g organiza		finan	cial ac	count	in a fore	ign cou	untry (s	such as	a ban	zation nk acc	n have count,	an int securi	terest ities a	in, or a account	a signatu , or other	re or o finan	othe icial	r authority over account)?	r, a 	4a		Х
5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?. 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5 b X c11 * vs.; it to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5 c 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charabited contributions? 6 a X b If *ys.; idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provide? 7 b 7 c X b If *rs.; ridicate the number of Forms 8282 filed during the year. 7 d 7 c X 7 d X f Did the organization ceceived a contribution of qualified intellectual property for which it was required to file as a row provide of the payle and the set or apersonal benefit contract? 7 c X g If the organization received a contribution of qualified intellectual property, did the organization file a row provide of the approxements, directly or infleretly, on a personal benefit contract? 7 c X <							-	-	_													
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a Gross income from members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12 b a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14 a 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a 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 instructions and file Form 4720, Schedule N. 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				•					il, line	: 12, fo	or pub	olic use	e of c	lub faci	lities	1	0 b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11b 12 a Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041?. 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b 12 a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12 b 13 a a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 b 13 c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b 14 b 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 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X 16 X																1	- 1					
against amounts due or received from them.). 11 b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14 a 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b 14 b 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 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X 16 X																1	1 a					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 15 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 instructions and file Form 4720, Schedule N. 16 X																1	1b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 b 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. 13 b c Enter the amount of reserves on hand 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a 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 instructions and file Form 4720, Schedule N. 16 X	12 a	Secti	ion 494	47(a)(1)) non-ex	empt c	haritat	ole trus	sts. ls t	the or	ganiza	ation f	iling F	Form 99	90 in lieu	of Fo	rm [·]	041?		12 a		
a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 a 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. 13 b c Enter the amount of reserves on hand 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b 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 instructions and file Form 4720, Schedule N. 16 X	b	lf 'Ye	es,' ent	er the	amount	of tax-e	exempt	t interes	st rece	eived	or acc	crued	during	g the ye	ear	1	2b					
Note: See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans. Image: I	13	Secti	ion 50 1	1(c)(29)) qualifie	ed non	profit h	ealth in	nsura	nce is	ssuers	5.										
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 13b c Enter the amount of reserves on hand 13c 14a X 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 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X	а	Is the	e orgar	nizatior	n license	ed to iss	sue qua	alified h	nealth	plans	s in mo	ore tha	an on	e state	?					13 a		
which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14 b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16		Note	: See t	he inst	tructions	for add	ditional	linform	nation	the o	rganiz	ation	must	report	on Sched	ule O						
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 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X																1	3b					
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	С	Enter	r the a	mount	of reser	ves on	hand .									1	3c					
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?	14a	Did tl	he orga	anizatio	on receiv	ve any	payme	nts for	indoo	or tanr	ning se	ervices	s duriı	ng the	tax year?		• • • •			14 a		Х
excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X	b	lf 'Ye	es,' has	s it filed	d a Form	n 720 to	o report	t these	paym	ients?	lf 'No	o,' pro	vide a	an expl	anation o	n Sch	iedu	le O		14 b		
If 'Yes,' see 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			0		,					n pay	•									15		X
			•			• •	•	-		ıle N.												
			•						ubject	to the	e secti	ion 49	968 ex	cise ta	x on net i	nvest	mer	it income?		16		Х

Ра	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	, and	l for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges	on	
	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	ction A. Governing Body and Management			
	Establish were the state of the second state of the terms of te		Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1 a 5			
	b Enter the number of voting members included on line 1a, above, who are independent 1b			
	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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body? b Each committee with authority to act on behalf of the governing body?	8 a 8 b		X X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue	Code	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	operations are consistent with the organization's exempt purposes?	10b		v
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		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?			
	a The organization's CEO, Executive Director, or top management official	15 a		X X
	b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	15 b		Χ
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10	taxable entity during the year?	16 a		Х
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure	100		
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(available for public inspection. Indicate how you made these available. Check all that apply.	c)(3)s	only)	
19		to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
BA/	Brandon Yoshihara 601 Valencia Ave Fullerton CA 92801 (714) 924-4186		000 (

Form 990 (2020) Solidarity

51-0490821

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors	ompensated Employees, a	ind
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 Compens	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year e organization's tax year.	ending with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizatio compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ns), regardless of amount of	

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(C)						
(A) Name and title	(B) Average hours per	IS	dire	an o ector/	trust	,		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kevin Mo-Wong	40									
Executive Dir.	0	Х		Х				26,825.	0.	0.
(2) Tamra Malone Head of Advance	<u>0.5</u> 0	Х						0.	0.	0.
(3) Andrew Paine	0.5									
Treasurer	0	Х		Х				0.	0.	0.
(4) David MacLeod	0.5									
Board Chair	0	Х						0.	0.	0.
(5) Veronica Wadsworth	0.5	-								
Secretary	0	Х		Х				0.	0.	0.
(6) Valerie Sosa	0.5	-								
Head of Governa	0	Х						0.	0.	0.
		-								
		-								
		-								
(10)		-								
(11)		-								
(12)										
(13)										
(14)										
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Part VII Section A. Officers, Directors, Tru		Key	Em	•	-	es,	an	d Highest Co	npensated Emp	oloyee	S (continued)
(A) Name and title	(B) Average hours per week	box, offic	, unles cer and	s pe d a d	sition more erson directo	than o is both pr/trust	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	C	(F) ated amount f other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the o an	nsation from rganization d related anizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal							•	26,825.	0.		0.
c Total from continuation sheets to Part VII, Sectio d Total (add lines 1b and 1c)							•	<u> </u>	0.		0.
2 Total number of individuals (including but not limit	ed to tho	se lis	ted a	abov	ve) v	who r	rece	20,825. eived more than \$		e comp	
from the organization b 0											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	than \$15	0,000	D? If	'Ye	es,' (comp	lete	e Schedule J for		4	X
 such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes, 	compens	ation	ı fron	n ar	ny u	nrela	ted	organization or ir	idividual		Х
Section B. Independent Contractors	complet	0 0 01	louui		101	Suom	poi				
 Complete this table for your five highest compensa- compensation from the organization. Report comp 	ated inder ensation	oende for th	ent c 1e ca	ont Ilen	ract dar	ors th year	nat enc	received more tha ding with or within	n \$100,000 of the organization's ta	ax year	
(A) Name and business addr	ess							(B) Description of	of services	((Compe	C) nsation
2 Total number of independent contractors (includin \$100,000 of compensation from the organization		limite	ed to	tho	ose l	listed	l ab	ove) who received	more than		

Form 990 (2020) Solidarity

		Check if Schedule O contains a res		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts tts	1	a Federated campaigns	a				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1	b				
Am S, G		c Fundraising events					
Gift lar		d Related organizations 1	d				
imi		e Government grants (contributions) 1	a 37,025.				
rior S	1	f All other contributions, gifts, grants, and similar amounts not included above 1	202 100				
the d		a Noncash contributions included in					
d C		lines 1a-1f					
		h Total. Add lines 1a-1f.		240,185.			
Program Service Revenue			Business Code				
sver		a <u>Legal Services</u>	541900	10,157.	10,157.		
ě		b <u>Misc Program receipts</u>	611600	4,420.	4,420.		
<u>vi</u> č		c					
Sei		d					
am		e					
<u>i</u> g		f All other program service revenue					
<u>ā</u>		g Total. Add lines 2a-2f.		14,577.			
	3	Investment income (including dividend other similar amounts).		10			10
	4	Income from investment of tax-exemp		12.			12.
	4 5	Royalties.					
	Э	(i) Real	(ii) Personal				
	6	a Gross rents					
	-	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		(i) Securities	(ii) Other				
	7	a Gross amount from sales of assets					
		other than inventory					
		b Less: cost or other basis and sales expenses 7b					
		c Gain or (loss) 7c					
			►				
		- · · ·					
Ine	8	a Gross income from fundraising events (not including \$					
/er		of contributions reported on line 1c).					
Bei		· · · · · · · · ·	8a				
<u>ا</u>			8b				
Other Reven		\mathbf{c} Net income or (loss) from fundraising					
0							
	9	a Gross income from gaming activities. See Part IV, line 19	9a				
			9b				
		c Net income or (loss) from gaming acti					
	10	a Gross sales of inventory, less returns and allowances	0a				
		b Less: cost of goods sold	0 b				
		c Net income or (loss) from sales of inv					
ŝ			Business Code				1
Miscellaneous Revenue	11	a <u>Rental reimb</u>	531120	15,880.	15,880.		
scellaneo Revenue		<pre>b Interest</pre>					
ellä Sve		c					
Š 🖁		d All other revenue					
Σ		e Total. Add lines 11a-11d		15,880.			
	12	Total revenue. See instructions		270,654.	30,457.	0	. 12.
BAA				0109L 10/07/20	00,10,1	0	Form 990 (2020)

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

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Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	173,523.	103,643.	69,880.	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages.				-
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits.	10,121.	4,332.	5,789.	
10	Payroll taxes	15,546.	9,338.	6,208.	
	Fees for services (nonemployees):	10,010.	5,000.	0,200.	
ā	Management.	1,000.		1,000.	
	Legal.	6,976.		6,976.	
	Accounting.	2,249.		2,249.	
	Lobbying	2,219.		2,215.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees.				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	903.	129.	774.	
13	Office expenses	2,438.	1,207.	1,231.	
14	Information technology	3,945.	300.	3,645.	
15	Royalties				
16	Occupancy	55,498.	53,787.	1,711.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	294.	294.		
23	Insurance	5,018.		5,018.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>CFR Program Supplies</u>	5,041.	4,988.	53.	
	Bank_Fees/Google_charges	4,097.	812.	3,285.	
	Volunteer_appreciation	547.			547
	Misc	444.		444.	
	All other expenses.	-12,504.	8,660.	-21,164.	
	Total functional expenses. Add lines 1 through 24e	275,136.	187,490.	87,099.	547
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)		,	, ,	
					Form 990 (202

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

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2020) Solidarity Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			195,643.	1	89,617.
	2	Savings and temporary cash investments			164,054.	2	256,023.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contribut	tor. or 35%		5	
	6	Loans and other receivables from other disqualified pe		-		-	
	Ŭ	section 4958(f)(1)), and persons described in section 4	-			6	
	7	Notes and loans receivable, net				7	
ი	8	Inventories for sale or use		_		8	
Assets	9	Prepaid expenses and deferred charges			5,215.	9	9,606.
AS			I I		5,215.	-	5,000.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	6,711.			
	b	Less: accumulated depreciation		6,125.	880.	10 c	586.
	11	Investments – publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets.		-		14	
	15	Other assets. See Part IV, line 11.		15			
	16						355,832.
			000,102.	16	000,002.		
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities.				20	
es	21	Escrow or custodial account liability. Complete Part IV				21	
Labilities	22	Loans and other payables to any current or former offi key employee, creator or founder, substantial contribu controlled entity or family member of any of these per		22			
	23	Secured mortgages and notes payable to unrelated this		_		23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	•				
					23,739.	25	18,261.
	26	Total liabilities. Add lines 17 through 25			23,739.	26	18,261.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		Х			
ala	27	Net assets without donor restrictions			342,053.	27	337,571.
ñ	28	Net assets with donor restrictions		· · · · · · · · · · · · · · · · · · ·		28	
Funo		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	ck here ►	· []			
2	29	Capital stock or trust principal, or current funds				29	
ŝ	30	Paid-in or capital surplus, or land, building, or equipm				30	
й С	31	Retained earnings, endowment, accumulated income,				31	
tΑ	32	Total net assets or fund balances		_	342,053.	32	337,571.
Š	33	Total liabilities and net assets/fund balances		L	365,792.	33	355,832.
BAA				L 10/07/20	,	1 1	Form 990 (2020

Forn	n 990 (2020) Solidarity 51.	-0490821	Page 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	270,654.
2	Total expenses (must equal Part IX, column (A), line 25)	2	275,136.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	342,053.
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	337,571.
Pa	rt XII Financial Statements and Reporting		

		Yes	No
		res	NO
1 Accounting method used to prepare the Form 990: X Cash Ccrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2 b		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:			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3 b		
BAA TEEA0112L 10/19/20	Form	990 ((2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No.	1545-0047
20	20

Open to Public Inspection

Total

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

	Name of the organization						Employer identification number						
		arity Deccen for Dublic Cher	the Chattana (All area	enizationa must a	malat	, this m	51-049082						
Par		Reason for Public Char					,	ns.					
1 ne o	rya	A church, convention of church	•	•		-	,						
2							, , , , , , , , , , , , , , , , , , , 						
3			170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) spital service organization described in section 170(b)(1)(A)(iii).										
4	_	A medical research organizat					• •	or the hernital's					
-		name, city, and state:			cochoca	in Secu							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х	An organization that normally in section 170(b)(1)(A)(vi). (0	receives a substantia					eral public described					
8		A community trust described		(Complete Part II	.)								
9		-			-	d in con	iunction with a land-gra	ant college					
5		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10		An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organization organized an		•	ty. See	section	509(a)(4).						
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		Type I. A supporting organization (s) the power to a complete Part IV, Sections A	tion operated, superv	ised, or controlled by it	s suppor	rted orga	inization(s), typically by	giving the supported anization. You must					
b		Type II. A supporting organiza management of the supportin must complete Part IV, Secti	ig organization vested	ntrolled in connection v I in the same persons t	with its s hat contr	upported ol or ma	d organization(s), by ha mage the supported org	ving control or ganization(s). You					
с		Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in cor lete Part IV, Sections A	nection , D, and	with, an E.	d functionally integrated	d with, its supported					
d		Type III non-functionally inte functionally integrated. The o instructions). You must comp	rganization generally	must satisfy a distributi	n connec on requi	tion with rement a	n its supported organiza and an attentiveness re	ition(s) that is not quirement (see					
e		Check this box if the organiza integrated, or Type III non-fur ter the number of supported of	nctionally integrated s	upporting organization.			51 7 51 7 51	II functionally					
u a		ovide the following information											
(me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)													
<u>(E)</u>													

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 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.'). 669,099 665,511 552,625 476,861 763,149 3,127,245. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf..... 0. 3 The value of services or facilities furnished by a governmental unit to the organization without charge... 0 Total. Add lines 1 through 3.... 4 669,099 665,511 552,625 476,861 763,149 3, 127 245 The portion of total 5 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). 0. 6 Public support. Subtract line 5 from line 4 3,127,245. Section B. Total Support Calendar year (or fiscal year (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total beginning in) 7 Amounts from line 4 669,099 665,511 552,625 476,861 763,149 3,127,245. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources..... 349 1 10 360. Net income from unrelated 9 business activities, whether or not the business is regularly carried on..... 0. Other income. Do not include 10 gain or loss from the sale of capital assets (Explain in 0. Part VI.).... Total support. Add lines 7 11 3,127,605. through 10..... Gross receipts from related activities, etc. (see instructions)..... 12 0. 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))..... 14 99,99% 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 15 99.99% 16a 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Х b 33-1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization gualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... 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 or 990-EZ) 2020

Page 2

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.)

Sec	tion A. Public Support	··	·					
	dar year (or fiscal year beginning in) ► Gifts, grants, contributions,	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020)	(f) Total
	and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support			-	•			
Calen	lar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020)	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
-	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 in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is f organization, check this box and	stop here		hird, fourth, or fift	h tax year as a se	ction 501(c)	(3)	►
-	tion C. Computation of Pu Public support percentage for 20			0 13 column (f)			15	010
15		•					15	
16	Public support percentage from 2						16	010
	tion D. Computation of Inv				(0)			•
17	Investment income percentage for					ŀ	17	% 0
18	Investment income percentage fr						18	00
	33-1/3% support tests–2020. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organiza	tion	
	33-1/3% support tests–2019. If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported o	rganiza	tion 🕨
20	Private foundation. If the organiz	auon dia not chec	ik a box on line 14	+, 198, or 190, che	ECK THIS DOX and S	ee instructio	115	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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 <i>Part VI</i> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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 <i>Part VI</i> 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.	4c		
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).	5а		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <i>Part VI</i> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
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,' <i>answer line 10b below</i>	10a		
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.).	10b		

Page 4

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		-	

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

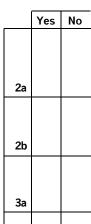
Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete *line 2* below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- с The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain inPart VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in *Part VI*.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

3b



Part V

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

Sec	tion 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		
ec	tion 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):			
ć	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
0	: Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail inPart 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		
iec	tion 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-functionally inter	aratod Ty	no III supporting orga	nization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2020

Par		borung organization	is (continued)		
<u>Sect</u>	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported organiz	zations,		
	in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required – provide	details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
-	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organ in Part VI). See instructions.	nization is responsive (pi	rovide details	8	
	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
	Breakdown of line 7:	1			
	Excess from 2016				
	Excess from 2017	1			
С	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Page 8

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

Schedu	ıle B
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(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No 1545-0047

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

2020

Employer identification number 51-0490821

Name of the organization Solidarity

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

► G

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990,	990-EZ, or 990-PF) (2020)				
Name of organization					

Employer identification number

51-0490821

1

1 Page **2**

Solidarity

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1_</u> _		\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u> _		\$ <u>5,000.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>5,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>25,000</u> .	Person X Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)		1 1	Page 3
Name of organization	E	mployer identification	number
Solidarity	5	1-0490821	

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
(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 receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		\$	
AA		Schedule B (Form 990, 990-I	Z. or 990-PF) (2

	3 (Form 990, 990-EZ, or 990-PF) (2020)			1 1 Page 4		
Name of organ Solida:				Employer identification number $51 - 0490821$		
	<i>Exclusively</i> religious, charitable, etc. or (10) that total more than \$1,000 for the following line entry. For organizations con contributions of \$1,000 or less for the year. (I Use duplicate copies of Part III if additional s	the year from any one contr mpleting Part III, enter the total of Enter this information once. See	ibutor. Compl of exclusively	ibed in section 501(c)(7), (8), ete columns (a) through (e) and religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
- untr	N/A					
	I	(e) Transfer of gift				
	Transferee's name, addres			ionship of transferor to transferee		
			· — — — — — — — — — — — — — — — — — — —			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			·			
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relat	ionship of transferor to transferee		
		+				
(-)			 T			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			+			
			+			
		(e) Transfer of gift	t			
	Transferee's name, addres	s, and ZIP + 4	Relat	ionship of transferor to transferee		
		+	·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			+			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ionship of transferor to transferee		
		+				
	L					
	<u> </u>					

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020

· complete il the organization answered Tes on Form 550,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization	

►

Employer i	dentification	number

Sol	lidarity			51-0490821			
Pa		or Other Similar Fund	ds or A				
ı aı	Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 6	5.				
		advised funds		Funds and other accounts			
1	Total number at end of year		(5)				
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
-							
5	Did the organization inform all donors and donor advisors in writing t are the organization's property, subject to the organization's exclusive	e legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor advisors for charitable purposes and not for the benefit of the donor or donor impermissible private benefit?	in writing that grant funds ca advisor, or for any other purp	an be use pose conf	ed only ferring Yes No			
Pai	rt II Conservation Easements. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 7	7.				
1	Purpose(s) of conservation easements held by the organization (check	k all that apply).					
	Preservation of land for public use (for example, recreation or ed	ucation) Preservation	of a histe	orically important land area			
	Protection of natural habitat	Preservation	of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the	form of a	conservation easement on the			
	last day of the tax year.						
				Held at the End of the Tax Year			
	a Total number of conservation easements		-				
	b Total acreage restricted by conservation easements						
(c Number of conservation easements on a certified historic structure in	cluded in (a)	2 c				
(d Number of conservation easements included in (c) acquired after 7/2	5/06, and not on a historic	2 d				
2	structure listed in the National Register.			prization during the			
3	tax year ►	xtinguished, or terminated b	by the org				
4	Number of states where property subject to conservation easement is	s located ►					
5	Does the organization have a written policy regarding the periodic mo		na of viola	ations			
3	and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling ►						
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforcing cons	servation	easements during the year			
-	►\$	J					
8	Does each conservation easement reported on line 2(d) above satisfy and section 170(h)(4)(B)(ii)?						
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
	conservation easements.	rical Traccurac or Othe	VE Cimil	ar Accotc			
Pai	Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 8	8. 8.	ar Assels.			
1;	a If the organization elected, as permitted under FASB ASC 958, not to historical treasures, or other similar assets held for public exhibition, Part XIII the text of the footnote to its financial statements that descr	education, or research in fur	nent and rtherance	balance sheet works of art, of public service, provide in			
I	b If the organization elected, as permitted under FASB ASC 958, to rep historical treasures, or other similar assets held for public exhibition, following amounts relating to these items:	education, or research in fur	rtherance	of public service, provide the			
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X			▶\$			
2	If the organization received or held works of art, historical treasures, amounts required to be reported under FASB ASC 958 relating to the	or other similar assets for fir se items:	nancial g				
i	a Revenue included on Form 990, Part VIII, line 1						
1	b Assets included in Form 990, Part X			▶\$			

TEEA3301L 08/18/20

Schedule D (Form 990) 2020 Solic						51-049		Page 2
Part III Organizations Maintair	ning Collec	tions of A	rt, Historic	al Tr	easures, or Oth	er Similar Assets	(continue	ed)
3 Using the organization's acquisition items (check all that apply):	on, accession	, and other r	ecords, che	ck any	of the following the	nat make significant us	e of its co	llection
a Public exhibition			d Loan (or excl	hange program			
b Scholarly research			e Other					
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIII.	nization's coll	ections and	explain how	they f	urther the organiza	ation's exempt purpose	: in	
5 During the year, did the organizat to be sold to raise funds rather th	an to be maiı	ntained as pa	art of the ord	ganiza	tion's collection? .		Yes	No
Part IV Escrow and Custodial A line 9, or reported an	rrangemen amount or	ts. Comple Form 99	te if the or 0, Part X,	ganiz line	ation answered 21.	'Yes' on Form 990	, Part IV	,
1 a Is the organization an agent, trus	tee. custodiar	n or other int	ermediary fo	or cont	tributions or other	assets not included	_	
on Form 990, Part X?							Yes	No
b If 'Yes,' explain the arrangement	in Part XIII al	la complete	the following	g table	2.			
De sieuring halanda							Amount	
c Beginning balance								
d Additions during the year								
e Distributions during the year						-		
f Ending balance.								<u> </u>
2 a Did the organization include an an						-		No
b If 'Yes,' explain the arrangement	in Part XIII. C	neck nere it	the explana	ation n	as been provided	on Part XIII		· · · ·
Deut V Endermant Engla Oc						- 000 Daut IV/ Line	10	
Part V Endowment Funds. Co								
1 - Designing of year belongs	(a) Current	year	(b) Prior year		(c) Two years back	(d) Three years back	(e) For	ur years back
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	of the currer	nt year end b	alance (line	1g, co	olumn (a)) held as	:		
a Board designated or guasi-endow	ment 🕨		00					
b Permanent endowment ►	00		_					
c Term endowment ►	0/0							
The percentages on lines 2a, 2b,	and 2c shoul	d equal 1009	%.					
3 a Are there endowment funds not ir organization by:	n the possess	ion of the or	ganization ti	hat are	e held and adminis	stered for the		Yes No
(i) Unrelated organizations							. 3a(i)	
(ii) Related organizations								
b If 'Yes' on line 3a(ii), are the relation								
4 Describe in Part XIII the intended	-		•				. 55	
Part VI Land, Buildings, and		÷	5 chuowinci		5.			
Complete if the organiz			on Form	990,	Part IV, line 11	a. See Form 990,	Part X, I	ine 10.
Description of property		(a) Cost or (invest	other basis	(b)	Cost or other basis (other)	(c) Accumulated depreciation		ook value
1 a Land		(IIVESI	mony	L		ucpreciation		
b Buildings								
c Leasehold improvements								
d Equipment.					6 711	6 10F		E0 <i>C</i>
e Other.					6,711.	6,125.		586.
Total. Add lines 1a through 1e. (Column		Lial Form 00	1 Part V oc	lump	(B) line 10c)	•		EOC
BAA		uai i 01111 99	ο, ι αιτ Λ, ιι	nuitiit			dule D (Fo	<u>586.</u> 0rm 990) 2020
						JUILE		

Schedule D (Form 990) 2020 Solidarity			51-0490821	Page 3
Part VII Investments – Other Securities.		N/A		10
Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market va	alue
 (1) Financial derivatives. (2) Closely held equity interests. 				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
 (l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	F			
Part VIII Investments – Program Related.		N/A		
Complete if the organization answered				
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total (Column (b) must equal Form 000 Dark V, column (D) line 12)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.	N/A			
Complete if the organization answered 'Y	es' on Form 990, Pa	art IV, line 11d. See Form	1 990, Part X, line 1	15.
(a) De	scription		(b) Book	k value
(1)				
(2)				
(3)				
(4) (E)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		►	
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on		1e or 11f. See Form 990, Parl		
	iption of liability		(b) Book	value
(1) Federal income taxes (2) Chase Credit Card				0 400
(2) Chase Credit Card (3) EL SS tax credit				<u>9,499.</u> 271.
(4) PTO Liability				8,491.
(5)				0/1011
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				18,261.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for tax positions under FASB ASC 740. Check here if the text of the footnote has		ancial statements that reports the orga	anization's liability for uncer	tain

Schedule D (Form 990) 2020 Solidarity		51-0490821	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments 2a			
b Donated services and use of facilities 2b			
c Recoveries of prior year grants 2c			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b.	4c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities 2a			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d.	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b.			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Part XIII Supplemental Information.			

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Solidarity

Form 990, Part VI, Line 11b - Form 990 Review Process

A copy of the Form 990 is made available to all board members to review but the form

is not reviewed by each member prior to submission. Management conducts a review

prior to signing returns that are prepared by a certified public accountant.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents and conflict of interest policy are available upon request.