Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Solutions Project Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4096 Piedmont Ave 728

City or town, state or province, country, and ZIP or foreign postal code
Oakland, CA 94611

D Employer identification number
46-3811348

E Telephone number
(510) 255-5547

G Gross receipts $ 33,588,264

F Name and address of principal officer:
Gloria Walton
4096 Piedmont Ave 728
Oakland, C A 94611

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ thesolutionsproject.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2013

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The Solutions Project funds and amplifies grassroots climate justice solutions.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	6,884,923	8,781,081
	9	Program service revenue (Part VIII, line 2g)	174,250	683,900
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,737	-4,276,299
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,647	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,109,557	5,188,682
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,368,816	10,265,998
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,400,879	2,199,118
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶564,229		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,337,658	1,803,433
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,107,353	14,268,549
	19	Revenue less expenses. Subtract line 18 from line 12	-4,997,796	-9,079,867

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	43,392,918	34,968,135
	21	Total liabilities (Part X, line 26)	6,004,196	5,826,980
	22	Net assets or fund balances. Subtract line 21 from line 20	37,388,722	29,141,155

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2023-11-14

▶ Gloria Walton President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-11-10		P00587987

Firm's name ▶ CCA LLP — Firm's EIN ▶ 45-4060696

Firm's address ▶ 2300 Contra Costa Blvd
Pleasant Hill, CA 94523 — Phone no. (925) 685-2911

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The Solutions Project funds and amplifies grassroots climate justice solutions, especially those created by Black, Indigenous, Immigrant, women, and other people of color-led organizations across the U.S., Puerto Rico, and the sovereign Indigenous nations of Turtle Island.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,787,352 including grants of $ 27,500) (Revenue $ 150)

Narrative & Communications: We connect our partners with policymakers, elected officials, philanthropists, and corporations ready to scale, just climate solutions. We provide communications support for grantee partners to amplify their work. We also leverage our relationships with established artists and entertainers, corporations, and the media to amplify ground-up efforts. We provide communications support for grantee partners to amplify their work.

4b (Code:) (Expenses $ 11,154,989 including grants of $ 10,238,498) (Revenue $ 683,750)

Grantmaking: Our Fighter Fund grant program provides financial support for grassroots organizations improving lives in communities facing the climate crisis.The Solutions Project co-developed three unique funds to support innovation in the climate justice movement: Justice 40 Accelerator, Communicating Our Power, and Fund for Frontline Power.The Justice40 Accelerator was designed to increase access and capacity to draw down funding for frontline groups eligible for new federal investments. The Solutions Project partnered with Elevate, Groundswell, Hummingbird Firm, and Partnership for Southern Equity to manage the Justice40 Accelerator funds. In 2022, The Solutions Project facilitated $1,347,500 in grants to 49 grantees for the Justice40 Accelerator.Fund for Frontline Power was created to accelerate the flow of capital, land stewardship, and resources to grassroots climate justice organizations. Fully governed by 13 frontline leaders, it is a $10 million fund supporting the critical climate justice solutions. The Solutions Project partnered with Climate Justice Alliance and Edge Funds Network to manage the Fund for Frontline Power funds. The Solutions Project facilitated $140,000 in pass through funds to 13 grantees in 2022.Communicating Our Power is dedicated funding for communications staff and narrative fellowship participation. The Solutions Project collaborates with Center for Story-Based Strategy and Climate Justice Alliance to manage the Communicating Our Power funds. The Solutions Project facilitated $2M in grants to 20-grantees to support this program.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 12,942,341

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	38		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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 in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ C A

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶The Organization 4096 Piedmont Ave 728 Oakland, C A 94611 (510) 255-5547

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) Billy Parish Board Member	3.00	X						0	0	0
(2) Brandon Hurlbut Board Member, Treasurer	3.00	X		X				0	0	0
(3) Don Cheadle Board Member	3.00	X						0	0	0
(4) Favianna Rodriguez Board Member, Interim Vice Chair	3.00	X		X				0	0	0
(5) George Goehl Board Member, Secretary	3.00	X		X				0	0	0
(6) Justin Winters Board Member	3.00	X						0	0	0
(7) Mark Ruffalo Board Member	3.00	X						0	0	0
(8) Sharon Alpert Board Member, Interim Board Chair	3.00	X		X				0	0	0
(9) Gloria Walton CEO & President	40.00	X		X				362,790	0	428,066
(10) Sarah Shanley Managing Director	40.00				X			181,335	0	19,866
(11) Sekita Grant Vice President, Programs	40.00					X		157,519	0	17,155
(12) Ena Coleman Digital Strategist	40.00					X		106,059	0	26,587
(13) Thelma Young Sr. Communication Strategist	40.00					X		118,993	0	20,532
(14) Ming Liu Public Relations Manager	40.00					X		113,236	0	21,027

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,039,932	0	533,233

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Story & Reach Communications 155 Beverly Road NE Atlanta, GA 30309	Communication and Media Services	166,887
Benjamin Canyon Gass, 895 Rainlily Lane Boulder, CO 80304	Communication and Media Services	105,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 2

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,781,081		
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h **Total.** Add lines 1a-1f . . . . . ▶				8,781,081

Program Service Revenue	Business Code				
2a Grant Administration	561000	683,750	683,750		
b Honorarium	541900	150	150		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	683,900				

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		27,646			27,646
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		
d Net rental income or (loss) . . . . . ▶			

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	24,095,637					
b Less: cost or other basis and sales expenses	7b	28,399,582					
c Gain or (loss)	7c	-4,303,945					
d Net gain or (loss) . . . . . ▶				-4,303,945			-4,303,945

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						

OtherRevenueMiscAmt	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . ▶		5,188,682	683,900	0	-4,276,299

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 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	10,265,998	10,265,998		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	362,730	199,502	36,273	126,955
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,128,159	724,008	303,231	100,920
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,815	42,618	16,285	11,912
9 Other employee benefits	536,645	313,809	64,773	158,063
10 Payroll taxes	100,769	63,841	22,807	14,121
11 Fees for services (non-employees):				
a Management				
b Legal	36,078		36,078	
c Accounting	59,435	38,046	12,082	9,307
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,211,754	987,902	143,241	80,611
12 Advertising and promotion	123,042	93,685	188	29,169
13 Office expenses	4,300	2,328	1,545	427
14 Information technology	13,789	10,925	1,758	1,106
15 Royalties				
16 Occupancy	7,969	5,383	1,497	1,089
17 Travel	163,722	73,074	82,211	8,437
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	37,243	13,225	10,793	13,225
23 Insurance	19,347	12,344	4,232	2,771
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Equipment & software	58,818	45,931	8,794	4,093
b Program event expenses	39,495	39,346		149
c Meals and entertainment	9,034	5,622	3,237	175
d Team celebrations	6,089	2,657	3,031	401
e All other expenses	13,318	2,097	9,923	1,298
25 **Total functional expenses.** Add lines 1 through 24e	14,268,549	12,942,341	761,979	564,229
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).				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			9,633,447	1	32,337,287
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			20,008,794	3	2,523,428
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			124,909	9	83,031
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	116,420			
	b	Less: accumulated depreciation	10b	92,519	57,333	10c	23,901
	11	Investments—publicly traded securities			13,567,947	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			488	15	488
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			43,392,918	16	34,968,135
Liabilities	17	Accounts payable and accrued expenses			210,946	17	849,663
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			5,793,250	25	4,977,317
	26	**Total liabilities.** Add lines 17 through 25			6,004,196	26	5,826,980
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			12,179,378	27	16,991,138
	28	Net assets with donor restrictions			25,209,344	28	12,150,017
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			37,388,722	32	29,141,155
	33	Total liabilities and net assets/fund balances			43,392,918	33	34,968,135

Part XI Reconcilliation 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	5,188,682
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,268,549
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,079,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,388,722
5	Net unrealized gains (losses) on investments	5	832,300
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 in 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	10	29,141,155

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Solutions Project Inc

Employer identification number
46-3811348

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	3,217,814	1,797,885	2,039,954	6,884,923	8,781,081	22,721,657
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	3,217,814	1,797,885	2,039,954	6,884,923	8,781,081	22,721,657
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						7,513,201
6 **Public support.** Subtract line 5 from line 4.						15,208,456

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	3,217,814	1,797,885	2,039,954	6,884,923	8,781,081	22,721,657
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	4,797	3,544	385	6,737	27,646	43,109
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .		100	1,125	8,397		9,622
11 **Total support.** Add lines 7 through 10						22,774,388

12 Gross receipts from related activities, etc. (see instructions) **12** 893,400

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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 66.780 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 74.950 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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 **Part VI** 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	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).*	5a		
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 (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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	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," answer line 10b below.*	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		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

			Yes	No
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.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

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.***	**3a**		
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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization	**Employer identification number**
Solutions Project Inc	46-3811348

Organization type (check one):

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Solutions Project Inc

Employer identification number
46-3811348

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
Solutions Project Inc

Employer identification number
46-3811348

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

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

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

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

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

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

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

Name of organization
Solutions Project Inc

Employer identification number
46-3811348

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
Solutions Project Inc	46-3811348

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $ 0

3 Volunteer hours for political campaign activities. See instructions 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	0	
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)	0	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	0	
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part I-A, Line 1:	There were no political campaign activities.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Solutions Project Inc

Employer identification number
46-3811348

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	**3a(i)**	
(ii) Related organizations	**3a(ii)**	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,070	24,190	12,880
e Other		79,350	68,329	11,021
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				23,901

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

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

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	4,977,317

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,020,982
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	832,300		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	832,300
3	Subtract line **2e** from line **1**			3	5,188,682
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	5,188,682

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	14,268,549
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	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	14,268,549
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	14,268,549

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.

Return Reference	Explanation
Part X, Line 2:	The Organization evaluates its uncertain tax positions and will recognize a loss contingency when it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimated. The amount recognized is subject to estimate and management judgment with respect to the likely outcome of each uncertain tax position. The amount that is ultimately sustained for an individual uncertain tax position or for all uncertain tax positions in the aggregate could differ from the amount recognized. As of December 31, 2022, management did not identify any uncertain tax positions.

Additional Data

Return to Form

Software ID:

Software Version:

Note: Not to be used for claiming refund of excess TDS/TCS. Refer instructions in Form 26AS for details.

Details of Tax Deducted at Source (TDS) / Tax Collected at Source (TCS) for Financial Year 2022-23

Name of the Assessee: [redacted]

Permanent Account Number: [redacted]

Date of Birth: [redacted]

Gender: [redacted]

Assessment Year: 2023-24

Generated on: Thursday, 06-Jul-2023 08:18:19 IST

Generated from TRACES (Tax Information Network) of Income Tax Department

Disclaimer: This statement is a consolidated statement of all TDS/TCS transactions reflecting against your PAN as per the records available with the income tax department.

Legend: Y - Yes, N - No

A. Details of TDS/TCS as Tax Deductee

Sr. No.	Tan of Deductor	Name of Deductor	Section	Total Amount Paid/Credited	Total Tax Deducted	Total TDS/TCS Deposited	Is Tax Deducted on Behalf of Other Person?	Is Tax Deposited on Behalf of Other Person?	Total Amount Paid/Credited on Which Tax Deducted/Collected	Total Tax Deducted/Collected	Total Tax Deposited/Collected	Remarks
1	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
2	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
3	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
4	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
5	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
6	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
7	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
8	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
9	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
10	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
11	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
12	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
13	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
14	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
15	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
16	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
17	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
18	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
19	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
20	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
21	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
22	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
23	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
24	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
25	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
26	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
27	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
28	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
29	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
30	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
31	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
32	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
33	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
34	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
35	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
36	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
37	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
38	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
39	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
40	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
41	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
42	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
43	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
44	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
45	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
46	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
47	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
48	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
49	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
50	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
51	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
52	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
53	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
54	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
55	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
56	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
57	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
58	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
59	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
60	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
61	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
62	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
63	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
64	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
65	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
66	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
67	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
68	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
69	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
70	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
71	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
72	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
73	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
74	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
75	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
76	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
77	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
78	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
79	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
80	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
81	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
82	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
83	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
84	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
85	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
86	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
87	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
88	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
89	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
90	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
91	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
92	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
93	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
94	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
95	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
96	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
97	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
98	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
99	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
100	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
101	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
102	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
103	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
104	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
105	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
106	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
107	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
108	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
109	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
110	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
111	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
112	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
113	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
114	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
115	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
116	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
117	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
118	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
119	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
120	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
121	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
122	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
123	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
124	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
125	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
126	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
127	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
128	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
129	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
130	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
131	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
132	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
133	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
134	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
135	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
136	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
137	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
138	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
139	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
140	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
141	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
142	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
143	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
144	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
145	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
146	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
147	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
148	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
149	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
150	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
151	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
152	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
153	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
154	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
155	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
156	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
157	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
158	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
159	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
160	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
161	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
162	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
163	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
164	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
165	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
166	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
167	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
168	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
169	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
170	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
171	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
172	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
173	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
174	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
175	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
176	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
177	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
178	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
179	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
180	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
181	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
182	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
183	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
184	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
185	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
186	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
187	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
188	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
189	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
190	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
191	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
192	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
193	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
194	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
195	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
196	[redacted]	[redacted]	194A	0.00	0.00	0.00	N	N	0.00	0.00	0.00	Data not available in Form 26AS for this deductor
197	[redac

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2:	TSP utilizes a media tracker and works with grantees on a regular basis to bring communications support to their climate justice work to understand the impact of our grants through all those means. TSP also works with a third-party program evaluator to learn from our grantees all the ways our grant dollars contribute to their success. In the grant renewal process, TSP confirms federal tax status, mission updates, program updates, and staff/board updates with each grantee.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Solutions Project Inc

Employer identification number
46-3811348

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☑ Written employment contract			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	☑ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Gloria Walton CEO & President	(i)	362,790	0	0	418,300	9,766	790,856	0
	(ii)	0	0	0	0	0	0	0
2 Sarah Shanley Managing Director	(i)	181,335	0	0	11,236	8,630	201,201	0
	(ii)	0	0	0	0	0	0	0
3 Sekita Grant Vice President, Programs	(i)	157,519	0	0	9,448	7,707	174,674	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Solutions Project Inc

Employer identification number
46-3811348

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 was provided to the board of directors for review and comment prior to filing.
Form 990, Part VI, Section B, line 12c	The conflict of interest policy is distributed annually to all directors and officers. Each director and officer must sign a statement that affirms that he or she has received a copy of the policy; has read and understood the policy and agrees to comply with the policy. The directors and officers are required to file annually a statement with the Board of Directors which discloses interests which could give rise to conflicts.
Form 990, Part VI, Section B, line 15	The Solutions Project Board's Executive Committee shall annually evaluate the President and CEO on his/her performance, and ask for his/her input on matters of performance and compensation. The Executive Committee will obtain research and information to make a recommendation to the full board for the compensation (salary and benefits) of the President and CEO (and other highly compensated employees or consultants) based on a review of comparability data. For example, the Executive Committee will secure data that documents compensation levels and benefits for similarly qualified individuals in comparable positions at similar organizations. This data may include the following: 1. Salary and benefit compensation studies by independent sources; 2. Written job offers for positions at similar organizations; 3. Documented telephone calls about similar positions at both nonprofit and for-profit organizations; and 4. Information obtained from the IRS Form 990 filings of similar organizations.
Form 990, Part VI, Section C, line 19	The Organization's conflict of interest policy, financial statements and governing documents are available upon request.
Form 990, Part XII, Line 2c	The Organization's audit committee is charged with the responsibility of overseeing the audit and the work of the independent auditors. This process has not changed from prior years.

Additional Data

Return to Form

Software ID:

Software Version: