**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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning and	ending		
<b>B</b> c	heck if pplicabl	C Name of organization	-	D Employer identific	cation number
X	Addre				
	Name chang	Doing business as		87-11528	40
	Initial return Final	104 COURT STREET	Room/suite	E Telephone number (771) 203	
	return termin ated			G Gross receipts \$	1,426,732.
	Amen	, , , , , , , , , , , , , , , , , , ,			
	return Applic	•		H(a) Is this a group re	
	tion pendir	SAME AS C ABOVE		for subordinates	
	-0V 0V	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) c	or 527	H(b) Are all subordinates in	list. See instructions
	Vebsi		<u> </u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Voor	<del> </del>	1 State of legal domicile: VA
	irt I	Summary	L TEal	OI IOIIIIalioni. ZOZI N	State of legal doffficile, VA
		Briefly describe the organization's mission or most significant activities: THE	)RCANT	ZATTON'S MIS	SSTON IS TO
9		PROVIDE SUSTAINED ACCESS TO EQUITABLE OPP			
Activities & Governance		Check this box if the organization discontinued its operations or dispos			
er	l				10
é	ı			3	
જ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	9
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
₹		Total number of volunteers (estimate if necessary)			0.
Ğ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	Current Year
		Onet Stations and month (Data VIII. For Ala)		217,195.	1,338,627.
ne	l	Contributions and grants (Part VIII, line 1h)			
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	
	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		217,195.	36,647. 1,375,274.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	317,050.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	_b	Total fundraising expenses (Part IX, column (D), line 25) 27,84		0 070	026 720
ш	۱''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,878. 9,878.	936,738.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,253,788.
, (/		Revenue less expenses. Subtract line 18 from line 12		207,317.	121,486.
Assets or			Ве	ginning of Current Year	End of Year
Ssei	20	Total assets (Part X, line 16)		216,167.	472,576. 143,673.
et A	1	Total liabilities (Part X, line 26)		8,750.	
2 <u>.</u> D:	ırt II	Net assets or fund balances. Subtract line 21 from line 20		207,417.	328,903.
		-			Localitation and balls (1975)
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
rue,	correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	icn preparer	nas any knowledge.	
		Signature of officer		I Date	
Sigi				Date	
Her	е	AJULO OTHOW  Type or print name and title			
			~	Date Check	PTIN
		Print/Type preparer's name Preparer's signature	1 //		
Paid		PETER METZ   PV4		L1/15/24 self-employe	
	arer	Firm's name WEAVER AND TIDWELL, LLP		Firm's EIN 7	5-0786316
use	Only	Firm's address 2821 W. 7TH ST., STE. 700		01	7 222 7005
		FORT WORTH, TX 76107		Phone no. 8 1	7-332-7905
		RS discuss this return with the preparer shown above? See instructions			X Yes No
∟HÆ	\ For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12	2-21-23		Form <b>990</b> (2023)

		Client C	opy - Retain ir	your files		
Form			RS OF SOLAR SERVICES	8	7-1152840	Page 2
Pai	t III Statement of Pr	_				
1	Check if Schedule O Briefly describe the organize		e or note to any line in this Part III			
•	,	ION'S MISSI	ON IS TO PROVIDE SU	STAINED ACCESS	TO EQUITAB	LE
3 4	prior Form 990 or 990-EZ?  If "Yes," describe these ne Did the organization cease  If "Yes," describe these ch  Describe the organization's	w services on Sched conducting, or make anges on Schedule ( s program service ac	e significant changes in how it conduct	ts, any program services?	Yes asured by expenses.	X No
4a	revenue, if any, for each proceed to the control of	ogram service report \$ 892 E CLEAN ENE DRGANIZATIO ION, EMPOWE ROWTH WITHI INITIATIVE, BUSINESSES	•	) (Revenue \$ TIATIVE: Y-OWNED BUSINES , EXPAND, AND B EWABLE ENERGY S BLE ACCESS TO R AND CONTRIBUTE	88, SES IN THE UILD ECTOR. ESOURCES, TO THE CLE	105.
4b	(Code:) (Expenses	\$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses	\$	including grants of \$	) (Revenue \$		

Other program services (Describe on Schedule O.)

including grants of \$ 892,616. Total program service expenses

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BLACK OWNERS OF SOLAR SERVICES

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Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

332003 12-21-23

Form 990 (2023) BLACK OWNERS OF SOLAR SERVICES
Part IV Checklist of Required Schedules (continued)

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	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
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			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  f	28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
٠.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		-		
b	Enter the harmost of rolling was included of time to Enter of the approach	1		
С		1c	Х	
22200	(gambling) winnings to prize winners?			(2023)

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BLACK OWNERS OF SOLAR SERVICES

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069. Form 990 (2023)

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

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Form 990 (2023)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 **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 on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website \_\_ Other (explain on Schedule O) Own website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records GBR CONSULTING LLC - 347-427-9927 3028 WEST 29TH STREET, STE 6B, BROOKLYN,

orm 990 (2023) BLACK OWNERS OF SOLAR SERVICES

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

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

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

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

Check this box if neither the organization		orga	niza			npen	sate			
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation from related	amount of
	week (list any							from the	organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC/	from the
	related	9e 0 r	stee			nsate	(W-2/1099-MISC/		1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	ution	la e	Key employee	est co	ler			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) SHERYL RIGGS	40.00									
EXECUTIVE DIRECTOR		Х						29,783.	0.	0.
(2) AJULO OTHOW	7.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) WALTER MCLEOD	5.00								_	_
TREASURER		Х		Х				0.	0.	0.
(4) DR. MICHAEL DORSEY	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DANA CLARE REDDEN	5.00									
DIRECTOR		Х						0.	0.	0.
(6) TONYA HICKS	5.00									•
DIRECTOR	F 00	Х						0.	0.	0.
(7) JAY CUTTING	5.00	.,								•
DIRECTOR	F 00	Х						0.	0.	0.
(8) CHRISTIAN WARREN	5.00	Х						0.	0.	0
DIRECTOR (9) JAMEZ STAPLES	5.00	Λ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(10) REGINA SPEED-BOST	5.00							0.	0.	<u></u>
DIRECTOR	3.00	Х						0.	0.	0.
(11) JESSICA BALLARD THIESSEN	5.00							•		•
FORMER DIRECTOR	3777	х						0.	0.	0.
		•								
			L							

Form 990 (2023)
Part VII Section A. Office

BLACK OWNERS OF SOLAR SERVICES

87-1152840 Page **8** 

Name and title   Average   Autra per view   Average   Begoratable   Compensation   Compensation	(A)	(B)	oloye	ees,			gnes	t C	(D)	s (continued) (E)	(F)
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  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 X  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  SOLOMON CONSULTING GROUP LLC  444 SOMERVILLE AVENUE, SOMERVILLE, MA 02143 ENERGY CONSULTANTS  183,433.  THE LEPR AGENCY  402 W TRADE STREET, CHARLOTTE, NC 28202 PUBLIC RELATIONS  117,294.	line 1a? If "Yes," complete Schedule J for so	uch individual									3 X
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rendered to the organization? If "Yes," complete Schedule J for such person  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  SOLOMON CONSULTING GROUP LLC  444 SOMERVILLE AVENUE, SOMERVILLE, MA 02143 ENERGY CONSULTANTS  THE LEPR AGENCY  402 W TRADE STREET, CHARLOTTE, NC 28202  PUBLIC RELATIONS  117, 294.											4 X
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) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	• •	•				•			· ·		_ \
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)  (B)  (C)  Compensation  SOLOMON CONSULTING GROUP LLC  444 SOMERVILLE AVENUE, SOMERVILLE, MA 02143 ENERGY CONSULTANTS  THE LEPR AGENCY  402 W TRADE STREET, CHARLOTTE, NC 28202 PUBLIC RELATIONS  117,294.		plete Schedule	J fo	or su	ch r	oers	on .				.   5     A
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  SOLOMON CONSULTING GROUP LLC  444 SOMERVILLE AVENUE, SOMERVILLE, MA 02143 ENERGY CONSULTANTS  THE LEPR AGENCY  402 W TRADE STREET, CHARLOTTE, NC 28202 PUBLIC RELATIONS  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	<u> </u>	mneneated ind	lanar	nder	nt cc	ntra	actor	e th	nat received more than \$	100 000 of compen	sation from
(A) Name and business address  SOLOMON CONSULTING GROUP LLC 444 SOMERVILLE AVENUE, SOMERVILLE, MA 02143 ENERGY CONSULTANTS THE LEPR AGENCY 402 W TRADE STREET, CHARLOTTE, NC 28202  PUBLIC RELATIONS  117,294.  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											Sation nom
Name and business address  SOLOMON CONSULTING GROUP LLC  444 SOMERVILLE AVENUE, SOMERVILLE, MA 02143 ENERGY CONSULTANTS  THE LEPR AGENCY  402 W TRADE STREET, CHARLOTTE, NC 28202  PUBLIC RELATIONS  117,294.  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					<u> </u>						(C)
444 SOMERVILLE AVENUE, SOMERVILLE, MA 02143 ENERGY CONSULTANTS  THE LEPR AGENCY 402 W TRADE STREET, CHARLOTTE, NC 28202 PUBLIC RELATIONS  117,294.  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		address								ervices	
THE LEPR AGENCY 402 W TRADE STREET, CHARLOTTE, NC 28202 PUBLIC RELATIONS 117,294.  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	SOLOMON CONSULTING GROUP	LLC									
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		MERVILL	Ε,	M	A (	02	14:	3	ENERGY CONSUI	LTANTS	183,433.
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						_					
\$100,000 of compensation from the organization 2	402 W TRADE STREET, CHARL	OTTE, N	C :	282	20	2		_	PUBLIC RELAT	IONS	117,294.
\$100,000 of compensation from the organization 2											
\$100,000 of compensation from the organization 2								4			
\$100,000 of compensation from the organization 2											
\$100,000 of compensation from the organization 2								$\dashv$		+	
\$100,000 of compensation from the organization 2											
\$100,000 of compensation from the organization 2	2 Total number of independent contractors (in	ncluding but p	nt lim	nited	l to t	thor	e lie	L Led	ahove) who received mo	ore than	
The state of the s	·	ū	JC 1111	nieu	ונטו	_		.cu	above, will received IIIC	no triair	
	The second of the second secon										Form <b>990</b> (2023)

Form 990 (2023) BLACK OWNERS OF SOLAR SERVICES
Part VIII Statement of Revenue

87-1152840 Page **9** 

			Check if Schodule O centains a response of	or note to any lin	o in this Dort VIII			
			Check if Schedule O contains a response of	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovellac		business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ج و			Fundraising events 1c	45,000.				
fts,				23,0000				
ig i				243,617.				
ns, Sim				<u> </u>				
er S		f	All other contributions, gifts, grants, and	E0 010				
₽₽			similar amounts not included above <b>1f</b>	50,010.				
함		g	Noncash contributions included in lines 1a-1f 1g \$					
Co		h	Total. Add lines 1a-1f		1,338,627.			
				<b>Business Code</b>				
ø.	2	а						
ķ	_	b						
er								
n S /en		С.						
lrai 3e		d						
Program Service Revenue		е						
Ь			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest	st, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond pr					
	5		Royalties					
			(i) Real	(ii) Personal				
		_		() 1 0.001.0.				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
e			and sales expenses					
enr		c	Gain or (loss) 7c					
Revenue			Net gain or (loss)					
er B								
	8	а	Gross income from fundraising events (not including \$ of					
ð								
			contributions reported on line 1c). See	•				
			Part IV, line 18	0.				
		b	Less: direct expenses8b	51,458.				
		С	Net income or (loss) from fundraising events		-51,458.			-51,458.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	a	, , , , , , , , , , , , , , , , , , ,					
			and allowances 10a					
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
ω				Business Code				
one e	11		FISCAL SPONSORSHIP TER	900099	83,956.	83,956.		
ane Due		b	OTHER	900099	4,149.	4,149.		
ella		С						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		88,105.			
	12	_	Total revenue. See instructions		1,375,274.	88,105.	0.	-51,458.
	12		TOTAL TOTORING, OUG HIGH HOHOHO		_, , _ ,			,

332009 12-21-23

BLACK OWNERS OF SOLAR SERVICES

87-1152840 Page **10** 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 (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 37,076. 7,415. 18,538. 11,123. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 237,030. 176,757. 47,327. 12,946. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,312. 11,632. 4,160. 1,520. Other employee benefits 9 25,632. 17,222. 6,159. 10 Payroll taxes Fees for services (nonemployees): Management 101,584. 46,584. 55,000. Legal 26,725. 1,099. 25,626. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 659,261. 492,759. 166,502. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 30,943. 16,737. 14,206. Office expenses 13 Information technology 14 15 9,432. 9,432. 16 Occupancy 49,653. 49,653. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 17,400. 17,400. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 345. 345. 22 Depreciation, depletion, and amortization 1,079. 195. 884. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 40,316. 36,970. 3,346. OTHER PROGRAM OPERATING All other expenses 1,253,788. 892,616. 333,332. 27,840. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X Balance Sheet

BLACK OWNERS OF SOLAR SERVICES

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Part	[ X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			190,972.		201,812
	2	Savings and temporary cash investments			25,195.	2	
	3	Pledges and grants receivable, net				3	263,268
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B				9	2,200
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	5,641. 345.			
	b	Less: accumulated depreciation	. 10b	345.	0.	10c	5,296
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	jual line 33	3)	216,167.	16	472,576
	17	Accounts payable and accrued expenses			8,750.	17	143,673
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV c	of Schedule D		21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ap		controlled entity or family member of any of the				22	
- │	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			0.750	25	142 672
4	26				8,750.	26	143,673
ړ		Organizations that follow FASB ASC 958, cl	neck here	X			
Š		and complete lines 27, 28, 32, and 33.			207 417		220 002
alar 	27				207,417.	27	328,903
Ä	28	Net assets with donor restrictions				28	
Ĭ		Organizations that do not follow FASB ASC	958, che	ck here			
<u> </u>		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			207 417	31	200 000
	32	Total net assets or fund balances			207,417.	32	328,903
$\perp \perp$	33	Total liabilities and net assets/fund balances			216,167.	33	472,576

BLACK OWNERS OF SOLAR SERVICES 87-1152840 Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,375,274. Total revenue (must equal Part VIII, column (A), line 12) 1,253,788. Total expenses (must equal Part IX, column (A), line 25) 2 2 121,486. Revenue less expenses. Subtract line 2 from line 1 3 3 207,417. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 328,903. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2**c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Form 990 (2023)

Х

#### **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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

				F SOLAR SERV.				7-1152840
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)			
3	一	A hospital or a cooperative		•		(b)(1)(A)(ii	i).	
4	Ħ	A medical research organiza					•	the hospital's name.
•		city, and state:	anon operated in eer	, and the state of	4000111004	000110		and mospital o maine,
5		An organization operated for	or the benefit of a col	lege or university owner	l or operat	ed by a go	vernmental unit describe	ad in
3				loge of anivoloity owner	or operat	ca by a go	verninental unit desemb	5 <b>4</b> III
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(1-)(4)(4)	<i>(</i> .)	
6	H	A federal, state, or local gov	-					
7		An organization that normal	•	ntial part of its support fi	rom a gove	ernmental	unit or from the general i	public described in
		section 170(b)(1)(A)(vi). (C						
8	$\square$	A community trust describe						
9	Ш	An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	· ·	•	•		•	
		lines 12a through 12d that of						
а		Type I. A supporting orga					, ,	aivina
_		the supported organization	•		•	_		
		organization. <b>You must c</b>			i majority c	in the direc	toro or tradiced or the ot	аррогинд
h		Type II. A supporting orga	-		tion with it	e cupporto	nd organization(s), by bay	uina.
b			•					-
		control or management of			ame perso	iis iiiai coi	ntroi or manage the supp	Jortea
		organization(s). You mus					and for all and the last and the	
С		☐ Type III functionally inte					• •	ed with,
_		its supported organization						
d			•					. ,
		that is not functionally int		• ,	•		•	veness
		requirement (see instructi	•	•	•			
е			anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
		er the number of supported o						
g		vide the following information			(iv) le the erec	anization listed		full Amount of other
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					<u> </u>	<u> </u>		
Oto								

Schedule A (Form 990) 2023 BLACK OWNERS OF SOLAR SERVICES 87-1152840 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	•	•		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							
12	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
13		· ·				01(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (li	ine 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on line	-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
						Cabadula A	(Form 990) 2023

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

BLACK OWNERS OF SOLAR SERVICES

87-1152840 Page 3

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				217,195.	1293617.	1510812.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				217,195.	1293617.	1510812.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1510812.
	ction B. Total Support	•		•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6				217,195.	1293617.	1510812.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					88,105.	88,105.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				217,195.	1381722.	1598917.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	
	check this box and stop here						X
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
<u>Se</u>	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	<b>Drivate foundation</b> If the organization	on did not chack a	hay an line 14 10	a or 10h chock t	hic hay and can inc	ructions	1 1

332023 12-21-23

Schedule A (Form 990) 2023

BLACK OWNERS OF SOLAR SERVICES

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Sa		
3b		
0.		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
9a		
0.		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2023

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**Client Copy - Retain in your files** 87-1152840 Page 5 BLACK OWNERS OF SOLAR SERVICES Schedule A (Form 990) 2023 Supporting Organizations (continued) Yes No 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 line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations Yes No 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 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 <u>supported organizations played in this regard</u> Type III Functionally Integrated Supporting Organizations

	aon E. Type in Functionally integrated supporting organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  The organization satisfied the Activities Test. Complete line 2 below.	ıs).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	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		
32025	12-21-23 Sched	ule A (Forr	n 990)	2023

BLACK OWNERS OF SOLAR SERVICES 87-1152840 Page 6 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Schedule A (Form 990) 2023

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

instructions)

BLACK OWNERS OF SOLAR SERVICES 87-1152840 Page 7 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j

Schedule A (Form 990) 2023

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A	(Form 990) 2023	BLACK	OWNERS C	F SOLAR	SERVICES	87-1152840 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Sectio Section D, lines 5, 6,	es 1, 2, 3b, 3c, 4 n D, lines 2 and 3	b, 4c, 5a, 6, 9a, 9 ; Part IV, Sectior	9b, 9c, 11a, 11 n E, lines 1c, 2a	b, and 11c; Part IV, a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
	(See instructions.)					

Schedule A (Form 990) 2023

#### 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.

2023
Open to Public Inspection

Name of the organization

BLACK OWNERS OF SOLAR SERVICES

Employer identification number 87-1152840

Par	t I Organizations Maintaining Donor Advised	Funds or Other Si	milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised	l funds (	<b>b)</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 wr	iting that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gran	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any	other purpose conferri	ing
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organ	nization 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 (for example, recreation	on or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ised, extinguished, or te	rminated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation easer			
5	Does the organization have a written policy regarding the period	- · ·	on, handling of	
_	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and	d enforcing conservation	n easements during the year
_	Assessed of the second for the second form	on of delethons and out		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enfo	orcing conservation eas	sements during the year
•	Does and accompation accompation and an line Od above	-ti-£ . th i	-fti 170/b\/4\/D\/i\	
8	Does each conservation easement reported on line 2d above sa			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	te to the organization's i	manciai statements tha	at describes trie
Par		Art. Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	-		
12	If the organization elected, as permitted under FASB ASC 958,		nue statement and hala	ance sheet works
ıa	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its financi			ice of public
h	If the organization elected, as permitted under FASB ASC 958,			sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items.	Ambition, caddation, or		or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under FASB ASC			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2023

		WNERS OF S				011-	0:		5284		age <b>2</b>
Pai	rt III   Organizations Maintaining C								•	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	make si	gnificar	nt use of its			
	collection items (check all that apply).		. —.								
a	Public exhibition				hange progra						
b	′	•	e [ (	Other							
C 1	Preservation for future generations	alloctions and synlai	n how th	ov further th	o organizatio	n'a ayam	ant nur	ooo in Dor	· VIII		
4 5	Provide a description of the organization's conclusion buring the year, did the organization solicit of	· ·		-	-			JUSE III Fai	L AIII.		
3	to be sold to raise funds rather than to be ma		,		,				Yes		No
Par	rt IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		310 II 1110 V	organization	ranoworda		01111 00	, , , a, , , , , , , , , , , , , , , ,			
1a	Is the organization an agent, trustee, custod	an. or other interme	diary for	contribution	s or other as	sets not i	include	d			
	on Form 990, Part X?	•	•					_	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	-	·	_						Amoun	t	
С	Beginning balance						10	;			
	Additions during the year							I			
е	Distributions during the year							•			
f	Ending balance						1f	1			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ıstodial accoı	unt liabili	ty?	[	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds Complete it										
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	***************************************										
С	3 , 3 ,										
d											
е	•										
	and programs										
g			<u> </u>		<u> </u>						
2	Provide the estimated percentage of the curr			j, column (a)	)) held as:						
a			%								
b	Permanent endowment  Term endowment	% %									
C		•									
22	The percentages on lines 2a, 2b, and 2c sho	·	ation that	t are hold an	nd administor	od for the	^				
Sa	Are there endowment funds not in the posse organization by:	ssion of the organiza	alion mai	i are rielu ai	iu auminister	eu ioi iii	E			Yes	No
	(i) Unrelated organizations?								3a(i)		
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi									
4	Describe in Part XIII the intended uses of the										
Par	rt VI Land, Buildings, and Equipm		, will office to	ui 140.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ad	ccumul	ated	(d) Boo	k valu	<u> </u>
		basis (investi	ment)	basis	(other)	dep	oreciatio	on			
1a	Land										
b		l l									
С											
d					5,641.			345.		5,2	96.
	Other										
Tatal	Add lines to through to (O. L (1)	/ E 000 D. /	V P 47		(0))					5 2	46

Schedule D (Form 990) 2023

Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11b. See Form 990, Part X, line 12.	
Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
A)			
B)			
C)			
D)			
≣)			
=)			
G)			
<del> </del>			
l. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
rt VIII Investments - Program Related.	F 000 D-+ N/ E	44. O. Franco 000 Back V. Para 40	
Complete if the organization answered "Yes"  (a) Description of investment			and of year market value
., .	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
1)			
2)			
3)			
4)			
5) 6)			
7)			
8)			
9)			
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets			
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  TI IX Other Assets  Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  THE INTERIOR OF		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  IT IX Other Assets  Complete if the organization answered "Yes" (a)  1)  2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  IT IX Other Assets  Complete if the organization answered "Yes" (a)  1) 2) 3) 4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Int IX Other Assets  Complete if the organization answered "Yes" (a)  1) 2) 3) 4) 5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Int IX Other Assets  Complete if the organization answered "Yes" (a)  1) 2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)  1)  2)  3)  4)  5)  6)  7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)  1) 2) 3) 4) 5) 6) 7) 8)	Description		(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)  1)  2)  3)  4)  5)  6)  7)  8)  9)  al. (Column (b) must equal Form 990, Part X, line 15, col	Description		(b) Book value
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  TT IX Other Assets  Complete if the organization answered "Yes" (a)  1)  2)  3)  4)  5)  6)  7)  8)  9)  II. (Column (b) must equal Form 990, Part X, line 15, colort X Other Liabilities	Description		
Col. (b) must equal Form 990, Part X, line 13, col. (B))  TO IX Other Assets  Complete if the organization answered "Yes" (a)  1)  2)  3)  4)  5)  6)  7)  8)  9)  II. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (d) must	Description		e 25.
Col. (b) must equal Form 990, Part X, line 13, col. (B))  Tt IX Other Assets  Complete if the organization answered "Yes" (a)  (a)  (b)  (c)  (c)  (d)  (d)  (e)  (e)  (f)  (e)  (f)  (f)  (f)  (f	Description		
. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Tt IX Other Assets  Complete if the organization answered "Yes" (a)  1)  2)  3)  4)  5)  6)  7)  8)  9)  II. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X other Liabilities  Complete if the organization answered "Yes" (a) Description of liability  1) Federal income taxes	Description		e 25.
Col. (b) must equal Form 990, Part X, line 13, col. (B))  TO IX Other Assets  Complete if the organization answered "Yes" (a)  (a)  (b)  (c)  (d)  (e)  (e)  (f)  (f)  (f)  (g)  (h)  (h)  (h)  (h)  (h)  (h)  (h	Description		e 25.
Col. (b) must equal Form 990, Part X, line 13, col. (B))  TO IX  Other Assets  Complete if the organization answered "Yes" (a)  1)  2)  3)  4)  5)  6)  7)  8)  9)  II. (Column (b) must equal Form 990, Part X, line 15, colort X  Other Liabilities  Complete if the organization answered "Yes" (a) Description of liability  1) Federal income taxes  2)  3)	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)  1)  2)  3)  4)  5)  6)  7)  8)  9)  Al. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equ	Description		e 25.
Coul. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)  1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, line 15, column X  Other Liabilities  Complete if the organization answered "Yes" (a) Description of liability  1) Federal income taxes 2) 3) 4) 5)	Description		e 25.
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I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)  1) 2) 3) 4) 5) 6) 77 8) 9) al. (Column (b) must equal Form 990, Part X, line 15, columt X Other Liabilities  Complete if the organization answered "Yes" (a) Description of liability  1) Federal income taxes 2) 3) 4) 5) 6) 77	Description		e 25.
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" (a)  1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, line 15, column X  Other Liabilities  Complete if the organization answered "Yes" (a) Description of liability	Description		e 25.

332053 09-28-23

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 BLACK OWNERS OF SOLAR SERV	/ICES	87-	1152840	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,375,	274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1			1,375,	274.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	***			
	Add lines <b>4a</b> and <b>4b</b>		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,375,	274.
Pai	t XII   Reconciliation of Expenses per Audited Financial Statem	nents With Exper	nses per Retur		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-	-		
1	Total expenses and losses per audited financial statements		1	1,253,	788.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,,	
– a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
q	Other (Describe in Part XIII.)				
и Д	Add lines 2a through 2d		2e		0.
3	Subtract line <b>2e</b> from line <b>1</b>			1,253,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				7001
-	Amounts included on Form 556, Fart IX, line 25, but not on line 1.	4a			
	Investment expenses not included on Form 990. Part VIII, line 7h				
	Investment expenses not included on Form 990, Part VIII, line 7b	***			
b	Other (Describe in Part XIII.)	4b	40		0.
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		1 253	<u>0.</u>
b c 5	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	4b		1,253,	
b c 5 <b>Pa</b> i	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) <b>† XIII</b> Supplemental Information	4b	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) <b>† XIII</b> Supplemental Information	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
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b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
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b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.
b c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III lines 1a	t IV, lines 1b and 2b;	5		788.

Schedule D (Form 990) 2023

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
BLACK O		87-1152840					
Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, lin	ne 17	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Poly Bif "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	eed funds through any of the following  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, truste undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of from activity				to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				l l l l l l l l l l l l l l l l l l l			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified if	t is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 BLACK OWNERS OF SOLAR SERVICES 87-1152840 Page 2

		of fundraising events. Complete if the offundraising event contributions and gr	-			
		<u> </u>	(a) Event #1 MBE	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			RECEPTION		_,,,_	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	45,000.			45,000.
_	2	Less: Contributions	45,000.			45,000.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
sesuec	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	51,458.			51,458.
	10	,	. ,			51,458.
Dэ	rt I			.000 Dort IV line 10 or a		-51,458.
1 0		\$15,000 on Form 990-EZ, line 6a.	answered fes on Form	1990, Part IV, line 19, or i	eported more trian	
		ψ10,000 011 0111 000 LL, iii 0 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
=xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re			rear?	Yes No
		D-13-23			Caha	dule G (Form 990) 2023

Schedule G (Form 990) 2023 BLACK OWNERS C	F SOLAR	SERVICES	87-11528 <b>4</b> 0 Pag	ge <b>3</b>
11 Does the organization conduct gaming activities with nonmem	bers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, o				
to administer charitable gaming?				No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility			13a	%
<b>b</b> An outside facility				<del>//</del>
14 Enter the name and address of the person who prepares the o				
Litter the maine and address of the person who prepares the o	rgariization 3 ga	ming/special events bo	oks and records.	
Name				
Address				
15a Does the organization have a contract with a third party from w	hom the organi	zation receives gaming	revenue? Yes	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the o	organization	\$	and the amount	
of gaming revenue retained by the third party \$		Ψ		
c If "Yes," enter name and address of the third party:				
c ii res, entername and address of the tilld party.				
Name				
Address				
16 Gaming manager information:				
Name				
Gaming manager compensation \$				
Description of services provided				
Director/officer Employee	Independe	ent contractor		
17 Mandatory distributions:				
a Is the organization required under state law to make charitable	distributions fro	om the gaming proceed	s to	
and the state and the Person O			□ <b>v</b> aa □	No
b Enter the amount of distributions required under state law to b				
organization's own exempt activities during the tax year \$	o diotributou to	ourior oxorript organizat	ions of spont in the	
Part IV Supplemental Information. Provide the explan	nations required	by Part I, line 2b, colur	nns (iii) and (v): and Part III. lines 9. 9b. 10	Ob.
15b, 15c, 16, and 17b, as applicable. Also provide any				,
			-	

Schedule G	G (Form 990)  Supplemental Info	BLACK	OWNERS	OF	SOLAR	SERVICES	87-1152840	Page 4
Part IV	Supplemental Info	ormation (cor	ntinued)					
							Cabadula C/F	000\

**SCHEDULE 0** (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

**Employer identification number** 1152840

BLACK OWNERS OF SOLAR SERVICES	87-1152840
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WILL BE COMPLETED ANNUALLY, AND COPIES WILL BE	PROVIDED TO THE
ENTIRE GOVERNING BOARD AND THE ORGANIZATION'S PRESIDENT/EXE	ECUTIVE DIRECTOR.
AT THAT TIME, THE PRESIDENT/EXECUTIVE DIRECTOR WILL REVIEW	FORM 990 WITH
THE AUDIT COMMITTEE AND AUDITOR. ANY NECESSARY CHANGES WILI	THEN BE UPDATED
ON THE FORM. ONCE ALL NECESSARY CHANGES ARE MADE, AND THE	
PRESIDENT/EXECUTIVE DIRECTOR AGREES WITH THE AUDIT COMMITTE	EE AND AUDITOR ON
THE FINISHED FORM 990, IT WILL BE SIGNED BY THE PRESIDENT O	OR EXECUTIVE
DIRECTOR, DATED AND SUBMITTED BY THE FILING DEADLINE. A COR	PY OF THE
APPROVED FORM 990 WILL BE PROVIDED TO ALL OFFICERS, DIRECTO	DRS, AND TRUSTEES
BEFORE FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 15A:	_
THE BOARD LOOKS AT SALARY SURVEYS OF COMPARABLE ORGANIZATION	ONS AND APPROVES
THE EXECUTIVE DIRECTOR'S SALARY. THE DELIBERATIONS ARE CONT	TEMPORANEOUSLY
DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
	_
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	492,759.
MANAGEMENT AND GENERAL EXPENSES	166,502.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	659,261.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

332211 11-14-23

	O (Form 990											Page 2
Name of th	ne organizati	on BL	ACK	OWNE	RS OF	SOLA	R SE	RVICE	s			Employer identification number 87-1152840
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	659,261.
												_
		_		_		_		_				
										·		

Schedule O (Form 990) 2023