"PUBLIC INSPECTION"

8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \underline{JUL} $\underline{1}$, 2021, and ending \underline{JUN} $\underline{30}$, 20 $\underline{22}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION . INC. EIN or SSN 82-4862489

CICLEY GAY Name and title of officer or person subject to tax BOARD CHAIR

Part I	Type of Return	and Return	Information

Check the box for the return for which you are using this Form 8879.TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here \bigsim X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>8,489,062.</u>
2 a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10 b	1
Part	II Declaration and Signatu	ure	Authorization of Officer or Person Subject to Tax		

Under pe	nailles of perjury, i	deciare triat L	1 ann an oniceron	ne above entity	Or	i aiii a peisoii subjec	tiotax will resp	ect to (name	
of entity)					, (EIN)_		and that I have	examined a copy	y of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-3534537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one box	only
------	-------	---------	------

X I authorize	•	AND	COMPANY,	CHARTERED	to enter my PIN	
		ERO firm name		Enter five numbers, bu do not enter all ze ros		

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the retum's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date > 04/20/2023 nature of officer or person subject to tax Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

4/20/2023

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	e 2021 calendar year, or tax year beginning 000 1, 2021 and e	enaing J	UN 30, 202	<u> </u>				
В	Check if applicab	C Name of organization		D Employer ident	tification number				
,		BLACK LIVES MATTER GLOBAL NETWORK							
	Addre								
	Name	Doing business as		82-4862	489				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return		305	(510) 5	09-1603				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,622,362.				
	Amen return	OAKLAND, CA 94007		H(a) Is this a group					
	Application	Finame and address of principal officer: CICLEI GAI		for subordinat	tes? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinate	s included? Yes No				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) ol	r 527	If "No," attach	a list. See instructions				
		te: ► WWW.BLACKLIVESMATTER.COM		H(c) Group exemp	tion number 🕨				
<u>K</u>	Form o	organization: X Corporation Trust Association Other	L Year	of formation: 2017	M State of legal domicile: DE				
P	art I	Summary							
4	1	Briefly describe the organization's mission or most significant activities: <u>HEAL</u>	THE P	AST, RE-IM	AGINE THE				
Activities & Governance		PRESENT, AND INVEST IN THE FUTURE OF BLACK	K LIVE	ES					
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net	assets.				
Ş	3	Number of voting members of the governing body (Part VI, line 1a)			3				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 2				
8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 2				
/itie	6	Total number of volunteers (estimate if necessary)			82600				
cţ	7 a				7a 0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7ь О.				
				Prior Year	Current Year				
ď	8	Contributions and grants (Part VIII, line 1h)		76,872,002	9,268,283.				
ņ	9	Program service revenue (Part VIII, line 2g)		0	. 0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		114	-916,333.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,772,707					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		79,644,823	8,489,062.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,997,945					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0					
v	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		245,839	476,555.				
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		411,200					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 485,14	0.						
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,055,151. 11,649,678.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
	19	Revenue less expenses. Subtract line 18 from line 12		41,934,688	8,559,748.				
or	í í	·		ginning of Current Yea	1				
ets	20	Total assets (Part X, line 16)		43,689,904					
Ass	21	Total liabilities (Part X, line 26)		1,755,216					
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		41,934,688					
P	art II	Signature Block							
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of	my knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.					
Sig	n	Signature of officer		Date					
He	re	CICLEY GAY, BOARD CHAIR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN				
Pai	d	KAY VOLLANS, CPA	<u> </u>	05/11/2023 if self-em					
Pre	parer	Firm's name RUBINO AND COMPANY, CHARTERED		Firm's EIN	52-1186096				
Use	Only	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300							
_		BETHESDA, MD 20817-1818		Phone no. 3	01-564-3636				
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				
1320	001 12-0	9-21 LHA For Paperwork Reduction Act Notice, see the separate instruction	าร.		Form 990 (2021)				

Form	990 (2021) FOUNDATION, INC.	82-4862489	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
•	BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION ("BLMGNF")	TS WORKING	
	INSIDE AND OUTSIDE OF THE SYSTEM TO HEAL THE PAST, RE-IM		
	PRESENT, AND INVEST IN THE FUTURE OF BLACK LIVES THROUGH		
	CHANGE, INVESTMENT IN OUR COMMUNITIES, AND A COMMITMENT		
	· · · · · · · · · · · · · · · · · · ·	TO AKID AND	
2	Did the organization undertake any significant program services during the year which were not listed on the		▼
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		77
3	$\label{lem:decomposition} \mbox{Did the organization cease conducting, or make significant changes in how it conducts, any program services?}$	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	$Describe\ the\ organization's\ program\ service\ accomplishments\ for\ each\ of\ its\ three\ largest\ program\ services,\ as$	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,118,569. including grants of \$ 4,250,777.) (Reven	iue \$)
	HEALING JUSTICE - WE ARE BUILDING A COMMUNITY OF HEALING	AND NURTURI	NG
	ECOSYSTEMS THAT SUPPORT BLACK COMMUNITIES IMPACTED BY OP	PRESSIVE	
	STRUCTURES AND INJUSTICE. TO THAT END, WE ARE CREATING G		
	INITIATIVES THAT BUILD COALITIONS AMONGST COMMUNITY ACTI		RS
	AND ORGANIZERS; AND SUPPORTING THE WORK OF ORGANIZATIONS	•	110 /
	SUPPORT BLACK-LED AND INTERSECTIONAL MOVEMENT WORK LOCAL		
	INTERNATIONALLY, BY BUILDING CAPACITY, INFRASTRUCTURE, M		MTD
			עא
	PRESENCE; PROVIDING SEED FUNDING; DEVELOPING PROGRAMMING	•	
	TRAININGS; AND PROVIDING PUBLIC RELATIONS, AND COMMUNICA	TIONS.	
4b	(Code:) (Expenses \$2, 358, 932. including grants of \$ 250, 000.) (Reven)
	ARTS PROGRAM - WE ARE CONCENTRATING ON THE NEXUS OF ART		<u>IN</u>
	PURSUIT OF BLACK LIBERATION AND THE PRESERVATION AND PRO		
	BLACK CREATIVITY. WE SUPPORT EMERGING AND ESTABLISHED IN	DIVIDUAL BLA	CK
	ARTISTS AND ORGANIZATIONS WHO ARE IN SOLIDARITY WITH MAR	GINALIZED	
	COMMUNITIES. IN ADDITION TO UPLIFTING THE VOICES OF THE	BLACK ARTS	
	COMMUNITY, THIS PROGRAM SERVES AS A CONNECTION POINT TO	PROVIDE ART	
	EXPOSURE AND EDUCATION FOR COMMUNITIES THAT ARE OFTEN LE	FT OUT,	
	PARTICULARLY FOR YOUTH. THROUGH THIS PROGRAM, WE HAVE PU		
	PROPERTY THAT HAS A PRODUCTION STUDIO AND OFFICE/COMMUNA		T
	SERVES AS OUR ARTISTIC HEADQUARTERS AND ALLOWS US TO EFF		
	OUR PROGRAMMATIC OBJECTIVES, INCLUDING: CREATING CUTTING		
	ABOUT ABOLITION AND OUR WELL-BEING, CONVENE ESTABLISHED		
40	1 (40 007		
+6	(Code:) (Expenses \$		<u> </u>
	ORGANIZATIONS AT THE LOCAL LEVEL THAT CENTER ABOLITIONIS		шир
			מים
	AND ARE BUILDING RADICAL BLACK ORGANIZING MODELS ROOTED		CK,
	SELF-DETERMINATION AND SUPPORT OF SYSTEM IMPACTED FAMILI		
	HELPING TO KEEP ABOLITIONIST FRONTLINE ORGANIZERS AND AC		
	PROVIDING SECURITY SERVICES (BOTH DIGITAL AND PHYSICAL)		
	SUPREMACISTS AND ALIGNED ORGANIZATIONS REPRESENT A THREA		
	AND ACTIVISTS AND OUR MISSION WILL NOT BE ACCOMPLISHED I	F THESE FREE	DOM
	FIGHTERS ARE NOT KEPT SAFE.		
44	Other program services (Describe on Schedule O.)		
- u	2 227 050	١	
40	44 464 406		
40	Total program service expenses ► 11,464,426.		

82-4862489

Form 990 (2021) FOUNDATION,
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	g			

82-4862489 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			3,7
_	Schedule K. If "No," go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2 5a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	L
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-	х	
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	1
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	X	(2.2.2.1

Form 990 (2021) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 82-4862489 Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
d h	Gross income from members or shareholders			
D				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	n receive any payments for indoor tanning services during the tax year? a Form 720 to report these payments? If "No," provide an explanation on Schedule O subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or payment(s) during the year? 15 structions and file Form 4720, Schedule N. an educational institution subject to the section 4968 excise tax on net investment income? 16 Form 4720, Schedule O. organizations. Did the trust, any disqualified person, or mine operator engage in any directly in the imposition of an excise tax under section 4951, 4952 or 4953? 17		

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FOUNDATION, INC. 82-4862489

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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 3 **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. 2 **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 3 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 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 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.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 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? The organization's CEO, Executive Director, or top management official X 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 List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN 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 __ Other (explain on Schedule O) Own website Another's 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 PATRICK CURTIS -301-564-3636

6903 ROCKLEDGE DRIVE, SUITE #300, BETHESDA

20817

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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, 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.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos			ne	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both ar officer and a director/trustee					an	compensation	compensation	amount of
	week	_	Ler ar	lu a u	recto	rrus	iee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e 0 0				ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee Officer		yee	Highest compensated employee		1099-NEC)	10001120,	and related
	below	idual	tution	Ja.	Key employee	est co loyee	ner	·		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) CICLEY GAY	15.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) SHALOMYAH BOWERS	15.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(3) D'ZHANE PARKER	15.00							_	_	_
BOARD TREASURER		Х		Х				0.	0.	0.
(4) DANIELLE EDWARDS	5.00							_		_
BOARD MEMBER		Х						0.	0.	0.
(5) MINYON MOORE	5.00							_		_
BOARD MEMBER		Х						0.	0.	0.
(7) PAUL CULLORS	50.00									
HEAD OF SECURITY						X		124,702.	0.	15,006.
(8) KAILEE SCALES	0.00								_	_
FORMER MANAGING DIRECTOR							Х	114,625.	0.	0.
		-								
			\vdash		\vdash					
-										
		ł								
		ł								

FOUNDATION, INC.

Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghest	: C	ompensated Employee	s (continued)				
(A)	(B)							(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one			Reportable Reportable			Es	timate	ed			
	hours per	box, unless person is be officer and a director/tr				s both	an	compensation	compensatio	n	an	nount o	of
	week		er an	d a di	irecto	r/truste	e)	from	from related	ı		other	
	(list any	actor						the	organization		com	pensa	tion
	hours for	or dir	в			rted		organization	(W-2/1099-MIS	iC/		om the	
	related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		•	anizati	
	organizations below	ıal tr.	onal		ploye	ee com		1099-NEC)				d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
		느	u	101	λ	포늄	꼰			\dashv			
										-+			
						\vdash				\dashv			
1b Subtotal								239,327.		0.	1	5,00	
c Total from continuation sheets to Part VI							>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	239,327.		0.	1:	5,00	<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	re	ceived more than \$100,	000 of reportable	į			_
compensation from the organization											-	1	1
										_		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or I	nig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for se	uch individual									📙	3	X	
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from the	ne organization				
and related organizations greater than \$150	,		•								4		<u> X</u>
5 Did any person listed on line 1a receive or a									lual for services		_		v
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	J fo	or su	ıch <u>r</u>	oers	on				<u></u>	5		Х
Complete this table for your five highest contains the second secon	mpensated ind	eper	nder	nt co	ntra	actors	s th	at received more than \$	100,000 of comp	ensati	ion fro	m	
the organization. Report compensation for t													
(A)				. <u>.</u>			Ť	(B)			(C	:)	
Name and business	address							Description of s	ervices	Co		nsation	n
NEW IMPACT PARTNERS, LLC	1		- ^								001		
1664 CHARTWELL DR., DAYTON, OH 45459 CONSULTING SERVICES 937									7,50	<u> </u>			
BLACK TIES LLC, 10316 SEPULVEDA BLVD #118, MISSION HILLS, CA 91345 SECURITY SERVICES 756,33									30.				
WE ARE RALLY, INC., 5670	WILSHIR	E	BL'	VD			T						
									69	3,47	75 .		
PEOPLE'S TELEVISION, INC							T						
220 W 30TH ST 2ND FLOOR,	NEW YOR	Κ,	N.	Y :	10	001	. 1	DESIGN & MED	IA		55'	7,00	JO.

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534,243.

DEWEY SQUARE GROUP

PO BOX 60340, CHARLOTTE, NC 28260-0340

\$100,000 of compensation from the organization

12

Total number of independent contractors (including but not limited to those listed above) who received more than

COMMUNICATIONS, IT &

DIGITAL

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"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Form 990 (2021) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ņς	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
		c Fundraising events 1c					
		d Related organizations 1d					
ig ig							
Sir		9 ()					
utic er	1	f All other contributions, gifts, grants, and	0 268 283				
章된		similar amounts not included above 1f	9,268,283.				
ont		g Noncash contributions included in lines 1a-1f		0 260 202			
<u>o</u> e		h Total. Add lines 1a-1f	>	9,268,283.			
		-	Business Code				
ce	2	a					
ĕ ≼i	- 1	b					
am Ser evenue	•	c					
ar		d					
Program Service Revenue		e					
Ā	1	f All other program service revenue					
		g Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	>	44,957.			44,957.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties		135,554.			135,554.
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 1,558.					
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 1,558.					
		d Net rental income or (loss)	•	1,558.			1,558.
		a Gross amount from sales of (i) Securities	(ii) Other	,			
	•	assets other than inventory 7a 172,010.	()				
		b Less: cost or other basis					
ø		and sales expenses 7b 1,133,300.					
ž		c Gain or (loss) 7c -961,290.					
ther Revenue				-961,290.			-961,290.
Ξ.		d Net gain or (loss)a Gross income from fundraising events (not	·····	301,230.			301,230.
ţ.	8	· · · · · · · · · · · · · · · · · · ·					
0							
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses8b					
		c Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b	_				
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
	- 1	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
,,			Business Code				
out •	11 :	a					
ane	ı	b					
Miscellaneous Revenue		c					
lisc R		d All other revenue					
2	_ (e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		8,489,062.	0.	0.	-779,221.

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Form 990 (2021) FOUNDATION, INC.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).					
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. Do not include amounts reported on lines 6h. (C) (D)								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations	4 050 555	4 050 555						
	and domestic governments. See Part IV, line 21	4,250,777.	4,250,777.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	250,000.	250,000.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	325,000.	190,011.	126,948.	8,041.				
8	Pension plan accruals and contributions (include	-	-		-				
•	section 401(k) and 403(b) employer contributions)	19,604.	9,368.	9,623.	613.				
9	Other employee benefits	109,577.		38,592.	613. 2,438.				
10	Payroll taxes	22,374.	10,693.	10,983.	698.				
11	Fees for services (nonemployees):			= 0 / 0 0 0 1					
	Management								
b	Legal	1,380,284.		1,380,284.					
	Accounting	196,333.		196,333.					
d		13073331		23073331					
	Lobbying Professional fundraising services. See Part IV, line 17	421,800.			421,800.				
e		77,183.		77,183.	421,000.				
f	Investment management fees	11,103.		11,103.					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	8,500,862.	5,762,123.	2,710,556.	28,183.				
12	Advertising and promotion								
13	Office expenses	97,717.	3,231.	94,486.					
14	Information technology	902,919.	527,893.	352,687.	22,339.				
15	Royalties								
16	Occupancy	264,690.	256,207.	8,483.					
17	Travel	76,849.		76,849.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	102,325.							
23	Insurance	50,516.	33,251.	16,237.	1,028.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)								
а									
b									
С									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	17,048,810.	11,464,426.	5,099,244.	485,140.				
26	$\ensuremath{\textbf{Joint costs}}.$ 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)								
					Earm 990 (2021)				

Form 990 (2021)

Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,335,856.	1	4,394,110.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			40,010.	4	113,664.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons	73,523.	5	0.
	6	Loans and other receivables from other disqualit	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		<u> </u>		8	
۷	9	Prepaid expenses and deferred charges			316,590.	9	37,276.
	10a	Land, buildings, and equipment: cost or other		6 000 005			
		basis. Complete Part VI of Schedule D	10a	6,098,035.	F 000 011		5 000 540
	b	Less: accumulated depreciation		177,295.	5,923,811.		5,920,740.
	11	Investments - publicly traded securities			32,000,114.	11	22,825,096.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			42 600 004	15	22 200 200
	16	Total assets. Add lines 1 through 15 (must equa			43,689,904.	16	33,290,886.
	17	Accounts payable and accrued expenses			223,093.	17	1,683,165.
	18	Grants payable			1,532,123.	18	1,402,701.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
bilit		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax, pa	-			27	
	20	parties, and other liabilities not included on lines					
		of Schedule D	-	·		25	
	26	Total liabilities. Add lines 17 through 25			1,755,216.	26	3,085,866.
		Organizations that follow FASB ASC 958, che			, ,		
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			41,934,688.	27	30,205,020.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9					
F.		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			41,934,688.	32	30,205,020.
	33	Total liabilities and net assets/fund balances			43,689,904.	33	33,290,886.

Form 990 (2021) FOUNDATION, INC.

Part XI Reconciliation of Net Assets

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	Neodicination of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,04		
3	Revenue less expenses. Subtract line 2 from line 1	3	-8	,55	9,7	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41	,93	4,6	88.
5	Net unrealized gains (losses) on investments	5	-3	,17	2,6	<u>57.</u>
6	Donated services and use of facilities	6			2,7	37.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	30	,20	5,0	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit			
	an audite annelie urbu en Celeadule Canal describe anne deurs telvante un deurs anne audite			0.5		I

Form **990** (2021)

"PUBLIC INSPECTION"

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION 82-4862489 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

FOUNDATION, INC.

82-4862489 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) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				76872002.	9268283.	86140285.
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				76872002.	9268283.	86140285.
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.						86140285.
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4				76872002.	9268283.	86140285.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				2772821.	182,069.	2954890.
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	Total support. Add lines 7 through 10						89095175.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First 5 years. If the Form 990 is for th	•	,			01(c)(3)	
	organization, check this box and stop	-			•		X
Sec	tion C. Computation of Publi						<u> </u>
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the c					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶□
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop h	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	ublicly supported	organization		>
b	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets th	e facts-and-circun	nstances test, che	eck this box and	stop here. Explain in	n Part VI how the	
	organization meets the facts-and-circu						>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

FOUNDATION, INC.

82-4862489 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

Se	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						.
	ction C. Computation of Public					Т	
	Public support percentage for 2021 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T .= T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the						▶ L
Ī	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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
		103	140
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	40		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9c		
	10-		
	10a		
	10b		
lule	A (Forn	n 990)	2021

Pa	rt IV Supporting Organizations (continued)			J
	, i i i i i i i i i i i i i i i i i i i		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	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	2h		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
о a				
а	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	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

82-4862489 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations mu		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see		

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021 FOUNDATION, INC. 82-4862489 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3						
4	Amounts paid to acquire exempt-use assets		4						
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2021 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
Secti	Section E - Distribution Allocations (see instructions) (i) (ii) Underdistri Pre-20			(iii) Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
а	From 2016								
b	From 2017								
С	From 2018								
d	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i_	Carryover from 2016 not applied (see instructions)								
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4a	I							

Schedule A (Form 990) 2021

Breakdown of line 7:
 Excess from 2017
 Excess from 2018
 Excess from 2019
 Excess from 2020
 Excess from 2021

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

"PUBLIC INSPECTION"

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan		IVES MATTER GLOB	AL NETWORK	Emp	loyer identification number
	FOUNDAT	ION, INC.	1. 504/)		82-4862489
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) (or is a section 527 or	ganization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		>	\$
	·	anization is exempt und		·	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		<u> </u>
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV. art I-C Complete if the org	janization is exempt und	er section 501(c)	except section 501/	2)(3)
	Enter the amount directly expended	-			\$,(o).
	Enter the amount of the filing organ				<u> </u>
_	exempt function activities		· ·		2
3	Total exempt function expenditures				<i></i>
Ü	line 17b		,		8
4	Did the filing organization file Form				
5					
_	made payments. For each organiza				
	contributions received that were pro-	omptly and directly delivered to	a separate political orga	anization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

FOUNDATION, INC.

82-4862489 Page 2

Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
	ation belongs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check ▶ if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.		ı
	its on Lobbying Expe ditures" means amou	nditures ints paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	ines 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1d)			
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer	, ,				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze					
reporting section 4911 tax for this	•				Yes No
(Some organizations t	4-Year Avo hat made a section 5 See the separ	eraging Period Under 01(h) election do not ate instructions for li	Section 501(h) have to complete all c nes 2a through 2f.)		elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		Г
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots labbuing expanditures					

Schedule C (Form 990) 2021

82-4862489 Page 3

Schedule C (Form 990) 2021 FOUNDATION , INC . 82-48624 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			,991.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			,330.
i	Other activities?	X			,955.
j	Total. Add lines 1c through 1i			613	<u>,276.</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3. is
	answered "Yes."		,	,	-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
С	-				
3	A		١ ۵		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II-A	A, lines 1 a	nd 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
PEC	OPLE'S RESPONSE ACT - LOBBYING MEMBERS OF CONGRESS				
~-			~	_	
SEI	NATE BUDGET AMENDMENT - LOBBYING MEMBERS OF CONGRES	S AGAIN	ST TH	<u>E</u>	
AM1	ENDMENT				

1001121111111	02 1002103 ·g- ·
Part IV Supplemental Information (continued)	
END QUALIFIED IMMUNITY - LOBBYING MEMBERS OF CONGRESS	; DELIVERING
LETTER AND PETITION TO CONGRESS MEMBERS AT DC OFFICE	

"PUBLIC INSPECTION"

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Employer identification number 82-4862489

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		-
Pa	rt II Conservation Easements. Complete if the ord		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recreated)	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub	,	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and t	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A	•	
а	, , , ,		
h	Assets included in Form 900 Part V		C

		E	BLACK I	IVES	"PUBLIC MATTER	INSPECTION' GLOBAL N	ETWORK					
Sche	dule D		OUNDAT						82-48	62489	Pa	age 2
	t III	Organizations Mai				, Historical Tre	easures, or Othe					<u>.gc</u>
3	Using	the organization's acquis								(**************************************		
	-	tion items (check all that a		·		•	· ·					
а		Public exhibition			d	Loan or exc	hange program					
b		Scholarly research			е	Other						
С		Preservation for future ge	enerations									
4	Provid	de a description of the org	anization's c	ollections	and explain	how they further th	ne organization's exe	mpt purpos	se in Part	XIII.		
5		g the year, did the organiz										
		sold to raise funds rather				•	•			Yes		No
Par	t IV	Escrow and Custo								line 9, or		
		reported an amount on F										
1a	Is the	organization an agent, tru	ustee, custod	lian or oth	er intermedia	ary for contribution	s or other assets not	included				
	on Fo	rm 990, Part X?								Yes		No
b	If "Ye	s," explain the arrangemer	nt in Part XIII	and com	plete the follo	owing table:						
										Amount		
С	Begin	ning balance						1c				
d	Additi	ions during the year						1d				
е	Distrib	outions during the year						1e				
f	Endin	g balance						1f		_		
2 a	Did th	ne organization include an	amount on F	orm 990,	Part X, line 2	21, for escrow or cu	ustodial account liab	ility?	<u> </u>	Yes		No
		s," explain the arrangemer										
Par	t V	Endowment Funds	- Complete									
				(a) Cui	rrent year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears l	back
		ning of year balance										
b	Contr	ibutions										
		ivestment earnings, gains,										
d	Grant	s or scholarships										
е		expenditures for facilities										
		rograms										
f	Admir	nistrative expenses										
g		•										
2		de the estimated percenta	•	•	end balance)) held as:					
		designated or quasi-endo	owment >			_%						
		anent endowment		%								
С		endowment -		_%								
_		ercentages on lines 2a, 2b	•	•								
За	_	nere endowment funds not	t in the posse	ession of t	the organizat	ion that are held ar	nd administered for t	he organiza	ition	Г	/	No.
	by:										/es	No
		nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
_		s" on line 3a(ii), are the rela								3b		
4 Par	Descr t VI	ibe in Part XIII the intende Land, Buildings, ar			ation's endow	ment funds.						
· ai	. VI	Complete if the organiza			n Form 990	Part IV line 11a S	See Form 990 Part X	line 10				

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,000,000.		3,000,000.
b Buildings		2,998,781.	149,940.	2,848,841.
c Leasehold improvements				
d Equipment				
e Other		99,254.	27,355.	71,899.
Total. Add lines 1a through 1e. (Column (d)	5,920,740.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FOUNDATION,	INC.	82	-4862489 Pa	age 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		T		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value)
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	E 000 B 1 1 1 1 1	11 0 E 000 B 1 V E 10		
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value	,
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description	Tra. Gee Form 550, Fare X, line 15.	(b) Book value	
	Вессирион		(b) Book value	
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	a 15)	•		
Part X Other Liabilities.	<i>5</i> 10.)		<u> </u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
\-/				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

FOUNDATION, INC. 82-4862489 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.			
1	Total revenue, gains, and other support per audited financial statements			1	5,319,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,172,657.		
	Donated services and use of facilities		2,737.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-3,169,920.
3	Subtract line 2e from line 1			3	8,489,062.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,489,062.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a			
1	Total expenses and losses per audited financial statements			1	17,048,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	17,048,810.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,048,810.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

BLMGNF IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A)(1). BLMGNF IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, IT IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. BLMGNF HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM $990- exttt{T}$) WITH THE IRS.

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

Schedule D (Form 990) 2021 FOUNDATION, INC.	82-4862489 Page 5
Schedule D (Form 990) 2021 FOUNDATION, INC. Part XIII Supplemental Information (continued)	
	_

"PUBLIC INSPECTION"

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. **Employer identification number**

82-4862489

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance	e,		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	N	O

2 For grantmakers. Description United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outs	side the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		250,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED					
STATES	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	2,232.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	LEGAL AND EVENT RELATED EXPENSES	2,154.
3 a Subtotal	0	0			254,386.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			254,386.

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

Schedule F (Form 990) 2021

Part II

FOUNDATION, INC. Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ICELAND &	CONDUCTING ACTIVITIES TO SUPPORT BLACK ARTS PROGRAM	250,000.	EFT	0.		
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the sor counsel has provided a sect	ion 501(c)(3) equ	ivalency letter	>>>		1 0

Schedule F (Form 990) 2021

Page 2

82-4862489

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (f) Amount of (c) Number of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

"PUBLIC INSPECTION" BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2021 Part IV Foreign Forms FOUNDATION, INC. 82-4862489 Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V Supplemental Information

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

"PUBLIC INSPECTION"

SCHEDULE G (Form 990)

Department of the Treasury

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

Open to Public Inspection

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK

Employer identification number

FOUNDAI	ION, INC.				02-4002	403				
Part I Fundraising Activities required to complete this par	 Complete if the organization answ t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
1 Indicate whether the organization raise		na activ	itiae (Check all that apply						
b X Internet and email solicitations f Solicitation of government grants										
c Phone solicitations g Special fundraising events										
d In-person solicitations										
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be										
compensated at least \$5,000 by the	e organization.									
(i) Name and address of individual	(ii) Activity	(iii) fundi have c	ustody	irom activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
or entity (fundraiser)			ntrol of utions?							
FIRESIDE CAMPAIGNS - 815 16TH	FUNDRAISING COUNSEL	Yes	No x	0.	102 000	0				
STREET, NW, WASHINGTON, DC	ACTIVITIES	+	Α	0.	102,000.	0.				
NEW IMPACT PARTNERS, LLC -	FUNDRAISING COUNSEL				005 000					
1664 CHARTWELL DR., DAYTON,	ACTIVITIES		Х	0.	285,000.	0.				
BOWERS CONSULTING FIRM - 3355	FUNDRAISING COUNSEL				24 222					
N. WHITE AVE, LA VERNE, CA	ACTIVITIES		X	0.	34,800.	0.				
<u>Total</u>					421,800.					
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration				
or licensing.										
AL, AK, AR, CA, CO, CT, DC,	FL,GA,HI,IL,KS,KY,	ME, N	ID,M	IA,MI,MN,MS	,MO,NV,NH,	NJ,MM,NY				
NC, ND, OH, OK, OR, PA, RI,	SC, TN, UT, VA, WA, WV,	WI								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

82-4862489 Page 2

Pä	irt i	of fundraising events. Complete if the of fundraising event contributions and groups.	_			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	001. (C))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			>	
D	11	Net income summary. Subtract line 10 from li				
Pa	ırt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 0111 01111 990-L2, line 0a.	Ī	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No 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)		>	
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac No," explain:				Yes No
	If "	No, explain.				
) If "	NO, Explair.				
	We	ere any of the organization's gaming licenses re			year?	Yes No
	We				year?	Yes No

"PUBLIC INSPECTION"
BLACK LIVES MATTER GLOBAL NETWORK

Sch	edule G (Form 990) 2021 FOUNDATION, INC. 82-4	<u> </u>	409	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:	i		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	e If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of continuous stated b			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. \square	Yes	O No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lir	nes 9, 9	9b, 10b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	 3:		
	, , , , , , , , , , , , , , , , , , , ,			
	\ NAME OF FINIDDATCED. FIDECIDE CAMDATONC			
<u>(I</u>) NAME OF FUNDRAISER: FIRESIDE CAMPAIGNS			
<u>(I</u>) ADDRESS OF FUNDRAISER: 815 16TH STREET, NW, WASHINGTON, DC 2	2000	6	
<u>(I</u>) NAME OF FUNDRAISER: NEW IMPACT PARTNERS, LLC			
<u>(I</u>) ADDRESS OF FUNDRAISER: 1664 CHARTWELL DR., DAYTON, OH 45459			
(I) NAME OF FUNDRAISER: BOWERS CONSULTING FIRM			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BLACK LIV FOUNDATION		GLOBAL NET	WORK				Employer identification number 82-4862489
Part I General Information on Grants a	-					•	
Does the organization maintain records to criterial used to award the grants or assisted. Describe in Part IV the organization's properties.	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "1	res" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LOVE NOT BLOOD CAMPAIGN 3996 SAN PABLO AVE UNIT G EMERYVILLE, CA 94608	81-4000831	501(C)(3)	1,269,368.	0.			TO CONDUCT ACTIVITIES TO SUPPORT BLACK COMMUNITIES
CENTER FOR BLACK POWER 3349 43RD STREET LOS ANGELES, CA 90008	87-3278839	501(C)(3)	800,000.	0.			TO CONDUCT ACTIVITIES TO SUPPORT BLACK COMMUNITIES
CENTER FOR THIRD WORLD ORGANIZING 1714 FRANKLIN STREET 100-245 OAKLAND, CA 94612	52-1211059	501(C)(3)	533,200.	0.			TO CONDUCT ACTIVITIES TO SUPPORT BLACK COMMUNITIES
TAMIR RICE FOUNDATION PO BOX 35167 CLEVELAND, OH 44135	81-3500175	501(C)(3)	400,000.	0.			TO CONDUCT ACTIVITIES TO SUPPORT BLACK COMMUNITIES
CHOSEN FOR CHANGE I/C/O URBAN LEAGUE OF METROPOLITAN ST. LOUIS - 1408 NORTH KINGS HIGHWAY - ST. LOUIS, MO 63113	43-0653605	501(C)(3)	297,000.	0.			TO CONDUCT ACTIVITIES TO SUPPORT BLACK COMMUNITIES
REUNITING OF AFRICAN DESCENDANTS C/O NALA SIMONE TOUSSAINT 2214 8TH NEW YORK, NY 10026		501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO SUPPORT BLACK COMMUNITIES
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	•	•	e line 1 table				10.

 $\label{eq:LHA} \mbox{ \ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule I (Form 990) 2021

82-4862489

Page 1

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTI POLICE-TERROR PROJECT							
1201 MARTIN LUTHER KING JR WAY 200							TO CONDUCT ACTIVITIES TO
OAKLAND, CA 94612	86-2883695	501(C)(3)	200,000.	0.			SUPPORT BLACK COMMUNITIES
,							
ST. ELMOS VILLAGE							
4830 ST. ELMO DRIVE							TO CONDUCT ACTIVITIES TO
LOS ANGELES, CA 90019	23-7213122	501(C)(3)	200,000.	0.			SUPPORT BLACK COMMUNITIES
TRANS JUSTICE HOUSING PROJECT							
1048 WASHINGTON COALITION INC	05 1636160	F01/71/21					TO CONDUCT ACTIVITIES TO
ATLANTA, GA 30315	85-1636168	501(C)(3)	200,000.	0.			SUPPORT BLACK COMMUNITIES
THE MICHAEL O.D. BROWN WE LOVE OUR SONS & DAUGHTERS FOUNDATION - 4022							
FLANDRE COVE CT FLORISSANT, MO							TO CONDUCT ACTIVITIES TO
63034	47-2123013	501(C)(3)	89,303.	0.			SUPPORT BLACK COMMUNITIES
COMMITTEE TO SUPPORT THE LOS	47 2123013	301(0)(3)	05,303.	٠.			BOTTORT BEACK COMMONTITES
ANGELES EQUITY FUND INITIATIVE -							
312 CLAY ST STE 300 - OAKLAND, CA							TO SUPPORT A BALLOT
94607	88-0678870	N/A	49,999.	0.			INITIATIVE
			,				
BYP100 EDUCATION FUND							
6515 S. INGLESIDE AVE							TO CONDUCT ACTIVITIES TO
CHICAGO, IL 60637	81-0975889	501(C)(3)	11,907.	0.			SUPPORT BLACK COMMUNITIES

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) 2021 FOUNDATION, INC. 82-4862489

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: BLMGNF GRANTS FUNDS TO OTHER ORGANIZATIONS TO SUPPORT COMMUNITY ORGANIZING EFFORTS TO EMPOWER BLACK LIVES. ALL GRANTS WILL BE RESTRICTED FOR ACTIVITY THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZATION. POTENTIAL GRANTEES WILL BE REQUIRED TO SUBMIT A PROPOSAL AND A BUDGET FOR REVIEW BY BLMGNF BEFORE FUNDS ARE DISPERSED. GRANT AGREEMENTS WILL REQUIRE EACH GRANTEE TO USE THE GRANT FUNDS ONLY FOR THE PURPOSES FOR WHICH THE GRANT WAS MADE AND WILL ACKNOWLEDGE BLMGNF'S AUTHORITY TO WITHHOLD AND/OR RECOVER GRANT FUNDS IF

Schedule I (Form 990) 2021

Page 2

FUNDS ARE MISUSED. THE GRANT AGREEMENTS REQUIRE GRANTEES TO SUBMIT PERIODIC

Part IV Supplemental Information
REPORTS CONCERNING THE USE OF GRANT FUNDS. BLMGNF WILL MAINTAIN A GRANT
AGREEMENT FOR EACH GRANT IT FUNDS, ALONG WITH EACH REPORT RECEIVED FROM ALL
GRANTEES AND ANY ADDITIONAL REPORTS MADE BY THE BLMGNF'S STAFF OR
INDEPENDENT AUDITORS CONCERNING THE EXPENDITURE.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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OMB No. 1545-0047

pen to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC.

Employer identification number 82-4862489

Pá	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Device the control of the second listed as Ferra 2000, Destabling A. Para destabling filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization: Receive a severance payment or change-of-control payment?	4a	Х	
		4b	- 25	х
	Delicinate in a second form and the second form and the second se	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The second of the desired persons and provide the applicable amounts for each from the first min.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2021

82-4862489

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAILEE SCALES	(i)	0.	0.	114,625.	0.	0.	114,625.	0.
FORMER MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
KAILEE SCALES DID NOT SERVE DURING THE FISCAL YEAR ENDED JUNE 30, 2022,
HOWEVER, SHE DID RECEIVE A SEVERANCE PAYMENT FOR CALENDAR YEAR 2021 IN THE
AMOUNT OF \$114,625. THE TERMS AND CONDITIONS OF THE ARRANGEMENT ARE
CONFIDENTIAL.

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

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Name of the organization BLACK LIVES MATTER GLOBAL NETWORK Employer identification																	
				N, INC.									624	89			
Part I	Excess Bene			<u>.</u>													
	Complete if the o							ine 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ne 40	b.				
1 (a) Nar	ne of disqualified p	erson	(b) F	Relationship bety			ified	(6	c) De	escription of tran	sactio	n				cted?	
(,				person and or	gariiza	llion		,	, -					Y	es	<u>No</u>	
														+	+		
														+	-		
														+	+		
														+	+		
														+	+		
2 Enter t	the amount of tax is	ncurred by th	വല വ	rganization man	aners	or disc	ualifie	d nersons dur	ina t	he vear under							
										no year ander		S					
	the amount of tax,											S					
	,	·· , ,	, -		,		J					•					
Part II	Loans to and	l/or From	Inte	erested Pers	ons.												
	Complete if the o	organization	answ	vered "Yes" on F	orm 9	90-EZ	, Part \	V, line 38a or F	orm	990, Part IV, line	e 26; d	or if th	e orgai	nizatio	n		
	reported an amou	unt on Form	990	, Part X, line 5, 6	6, or 22	2.											
) Name of	(b) Relations		(c) Purpose		an to or		e) Original	(f) Balance due	(g)		(h) App	oroved ard or	rd or 1 (1) WILLIAM		
intere	ested person	sted person with organization of loan organization? principal amount default? organization?															
					То	From					Yes	No	Yes	No	Yes	No	
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Гоtal		<u> </u>			I	1	<u> </u>	> \$	l								
Part III	Grants or As	sistance	Ben	efiting Inter	estec	l Per	sons										
	Complete if the c	organization a	answ	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 27.									
(a) N	ame of interested p			(b) Relationship				c) Amount of		(d) Type	of		(e)) Purp	ose of	:	
	·		`	interested pers	on an		`	assistance		assistan				assista	ance		
				the organiza	ation												
								· ·									
												_					
			1				I										

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021

Part IV Rusiness Transacti

FOUNDATION, INC.

82-4862489 Page 2

	Complete if the organization answered (a) Name of interested person				(b) Relation	nship between and the or	en intere	ested	(c) Amount of transaction		(d) Description of transaction	òrganiz	aring of zation's
					persor	rand the or	yariizatio	11	transaction		transaction	rever Yes	nues?
PAUL CU	LLORS,	35%	OR	MORE	FAMILY	MEMBE	R OF	FO	1,602,18	5.1	PROFESSIONA	163	X
										$\overline{}$	CONSULTING		Х
											CONSULTING		Х
										_			
	Suppleme												
F	rovide addi	tional info	ormatio	n for res	ponses to que	stions on S	chedule I	_ (see i	nstructions).				
SCH T.	рарт т	77 BT	TOTM	י פפי	TD ANG AC	TTONG	T NIV/OI	.77TN	C TNTFFF	ישרי	D PERSONS:		
bell H,	LAKI I	<u>v, вс</u>	JOIN	200	INANDAC	TIONS	114 4 01	7 / 11/	G INTERES	1 131	D I ERBOND.		
(A) NAM	E OF I	NTERI	ESTE	D PE	RSON:								
PAUL CU	LLORS,	35%	OR	MORE	OWNER	OF BLA	CK T	LES	LLC & CUL	LOI	RS PROTECTION	ON,	LLC
(B) REL	ATIONS	HIP I	BETW	EEN	INTERES	TED PE	RSON	AND	ORGANIZA	ті	ON:		
(2) 1122							110011		0110111111111		2111		
FAMILY	MEMBER	OF I	FOUN	DER									
(D) DEG	an - ne -		- mp	22762	CET 031	DD 0 E E G	a = 03.7.7						
(D) DES	CRIPTI	ON OF	TR	ANSA	CTION:	PROFES	SIONA	AL S	ECURITY S	EK	VICES		
(A) NAM	E OF I	NTERI	ESTE	D PE	RSON:								
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		DANIELLE EDWARDS, 35% OR MORE OWNER OF NEW IMPACT PARTNERS, LLC											
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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Employer identification number 82-4862489

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTURE.
BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION IMAGINES A WORLD WHERE
BLACK PEOPLE ACROSS THE DIASPORA THRIVE, EXPERIENCE JOY, AND ARE NOT
DEFINED BY THEIR STRUGGLES. BY ACHIEVING LIBERATION, WE ENVISION A
FUTURE THAT IS FULLY DIVESTED FROM POLICE, PRISONS, AND ALL PUNISHMENT
PARADIGMS TO BE REPLACED WITH INVESTMENT INTO JUSTICE, JOY, AND
CULTURE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
LEADERS IN THE GLOBAL ARTS COMMUNITY; RUN ART ACTIVATIONS, CREATE AND
CURATE ARTISTIC PERFORMANCES (FILM, TELEVISION, THEATER, ETC.); AND RUN
AN AMBASSADOR AND FELLOWSHIP PROGRAMMING.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
POLICY - WE ARE INTERVENING ON EXISTING AND NEW POLICIES THAT REIMAGINE
A WORLD WITHOUT PUNITIVE MEASURES AND CREATE A WORLD WHERE BLACK PEOPLE
HAVE ALL THAT WE NEED: FOOD, EDUCATION, HOUSING, HEALTH CARE, CLEAN
WATER, BREATHABLE AIR, AND EVERYTHING THAT IS FOUNDATIONAL TO PERSONAL
AND COMMUNITY SAFETY.
EXPENSES \$ 1,179,549. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CULTURE - WE ARE UPLIFTING AND INVESTING IN BLACK CULTURE THAT PROPELS
US TO DREAM BIG AND CREATE THE COMMUNITY WE WANT AND NEED TO FLOURISH,
GROW, AND THRIVE. FOR EXAMPLE, "THE BLACK LIVES MATTER JOY EXPERIENCE"
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization BLACK LIVES MATTER GLOBAL NETWORK Employer identification number 82-4862489

IS A CULTURAL INTERVENTION THAT FORCES PEOPLE TO ACKNOWLEDGE THE POWER

OF JOY. WITHOUT JOY, WE WON'T ACHIEVE LIBERATION. WITHOUT JOY, WE WON'T

SURVIVE. WITHOUT JOY, WE WILL NEVER HEAL. AND WITHOUT JOY, WE CAN'T

LOVE RADICALLY. BUT THROUGH THE EXPERIENCE OF BLACK JOY, WE WILL

CONJURE UP DREAMS OF FREEDOM THAT OUR ANCESTORS WILL BE PROUD OF AND

THAT PROPEL US CLOSER TO OUR DESIRED GLOBAL SOCIETY.

EXPENSES \$ 1,113,083. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH & EDUCATION - WE ARE INVESTING IN MODERN-DAY RESEARCH AND

EDUCATION FOCUSING ON ABOLITIONIST FRAMEWORKS AND CURRICULUM AROUND

BLACK HISTORY, IDENTITY, AND BLACK FUTURES. WE ARE LEADING PUBLIC

EDUCATION CAMPAIGNS TO IMPROVE AND CHANGE THE MATERIAL CONDITIONS FOR

BLACK PEOPLE (WHICH WILL UNDOUBTEDLY HAVE POSITIVE IMPACTS FOR ALL

PEOPLE), THROUGH RELEASING AND SPONSORING "WHITE PAPERS" AND OTHER

RESEARCH BRIEFS, INVESTING IN OTHER PEOPLE AND ORGANIZATIONS CONDUCTING

RESEARCH, IN PERSON ACTIVATIONS, TRADITIONAL AND DIGITAL

COMMUNICATIONS, AND OTHER MULTIMEDIA CAMPAIGNS FOCUSING ON RACIAL

INJUSTICE, POLICE BRUTALITY, CRIMINAL LEGAL TRANSFORMATIONS, BLACK

IMMIGRATION, ECONOMIC INJUSTICE, LGBTQIA+ AND HUMAN RIGHTS,

ENVIRONMENTAL INJUSTICE, ACCESS TO HEALTHCARE, ACCESS TO QUALITY

EDUCATION, AND VOTING RIGHTS AND SUPPRESSION. THIS PROGRAM INCLUDES

NON-PARTISAN VOTER EDUCATION CAMPAIGNS.

EXPENSES \$ 45,326. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

BOWERS* F/K/A BOWERS CONSULTING FIRM PROVIDED THE FOLLOWING MANAGEMENT

SERVICES TO THE ORGANIZATION:

(A) CONSULTANT IS A MANAGEMENT CONSULTING FIRM FOR BLMGNF

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

Schedule O (Form 990) 2021 Page 2

Name of the organization BLACK LIVES MATTER GLOBAL NETWORK Employer identification number 82-4862489

BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 REVIEW PROCESS INCLUDES PROVIDING A FULL COPY TO THE THREE

CURRENT VOTING BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION USES ANNUAL STATEMENTS TO MONITOR THE POLICY AND

COMMUNICATES THAT SIGNERS MUST READ THE POLICY AND COMPLY. THEY ALSO

CONFIRM THEIR UNDERSTANDING THAT THE ORGANIZATION IS CHARITABLE AND IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, UT

VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION COMPLIES WITH THE REQUIREMENTS TO MAKE CERTAIN DOCUMENTS

AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PLANS TO CONTINUE MAKING ITS AUDITED FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC THROUGH ITS TRANSPARENCY CENTER AT

BLACKLIVESMATTER.COM/TRANSPARENCY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2021 Name of the organization BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.	Page 2 Employer identification number 82-4862489
CONSULTING:	
PROGRAM SERVICE EXPENSES	1,487,513.
MANAGEMENT AND GENERAL EXPENSES	2,257,901.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,745,414.
DESIGN & MEDIA:	_
PROGRAM SERVICE EXPENSES	2,022,137.
MANAGEMENT AND GENERAL EXPENSES	175.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,022,312.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	666,001.
MANAGEMENT AND GENERAL EXPENSES	444,960.
FUNDRAISING EXPENSES	28,183.
TOTAL EXPENSES	1,139,144.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,520.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,520.
PROFESSIONAL SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	1,586,472.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 . Schodulo 0 (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.	Employer identification number 82-4862489
TOTAL EXPENSES	1,586,472.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,500,862.
FORM 990, PART X, LINE 11, COLUMN (B):	
INVESTMENTS - PUBLICLY TRADED SECURITIES: THERE WAS A SIGN	IIFICANT
UNREALIZED LOSS FOR THE FISCAL YEAR WHICH IMPACTS THE FINA	L INVESTMENT
ACCOUNT BALANCE.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Employer identification number 82-4862489

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DISREGARDED ENTITY - 99-999999					
NDISCLOSED BUSINESS ADDRESS					
OS ANGELES, CA 91604	HOLD REAL ESTATE	DELAWARE	0.	5,920,740.	BLMGNF

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BLACK LIVES MATTER POLITICAL ACTION	SUPPORT PROGRESSIVE						
COMMITTEE, 248 3RD ST. #305, OAKLAND, CA	COMMUNITY LEADERS,						
94607	ACTIVISTS, & WORKING-CLASS	DISTRICT OF COLUMBIA	527				X
	7						
	1						

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

FOUNDATION, INC. Schedule R (Form 990) 2021

82-4862489

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	hare of Disproportionate Code V-UBI amount in box		Gener mana partn	al or P ging er?	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	_											

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions w	vith one or more rel	ated organizations listed in	n Parts II-IV?			X	
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	b Gift, grant, or capital contribution to related organization(s)							
	c Gift, grant, or capital contribution from related organization(s)							
d	d Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		X	
f	f Dividends from related organization(s)							
	Sale of assets to related organization(s)				1g		_X_	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	k Lease of facilities, equipment, or other assets from related organization(s)							
- 1	Performance of services or membership or fundraising solicitations for related organization(s)							
n	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				1p		X	
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		X	
	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete thi	s line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved			
1)								

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2021 **FOUNDATION**, **INC**. 82-4862489 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	j
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	Tes IV	-
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Schedule R (Form 990) 2021

Part VII Supplemental Information Provide additional information for responses to guestions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
BLACK LIVES MATTER POLITICAL ACTION COMMITTEE
PRIMARY ACTIVITY: SUPPORT PROGRESSIVE COMMUNITY LEADERS, ACTIVISTS, &
WORKING-CLASS CANDIDATES
SCHEDULE R, PART I:
THE IDENTIFYING INFORMATION OF THE DISREGARDED SINGLE MEMBER LLC ENTITY
IS NOT BEING RELEASED HERE DUE TO SAFETY AND SECURITY CONCERNS AND
THREATS TO BLMGNF'S LEADERSHIP, STAFF AND CREATORS.
BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION PURCHASED PROPERTY TO
SERVE AS AN ARTISTIC HEADQUARTERS FOR ITS ART AND CULTURE PROGRAMMING.
THE ORGANIZATION REMAINS DEDICATED TO RADICAL BLACK PHILANTHROPY AND
SUPPORT OF ARTISTS WHO CONTRIBUTE THEIR TALENTS TO RAISING AWARENESS
FOR THE MOVEMENT. THE PROPERTY PROVIDES RECORDING RESOURCES AND
DEDICATED SPACE FOR BLACK CREATIVES TO LAUNCH CONTENT ONLINE AND IN
REAL LIFE FOCUSED ON ABOLITION, HEALING JUSTICE, URBAN AGRICULTURE AND
FOOD JUSTICE, POP CULTURE, AND ACTIVISM.

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or BLACK LIVES MATTER GLOBAL NETWORK print FOUNDATION, INC. 82-4862489 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 248 3RD ST., 305 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 94607 OAKLAND, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) PATRICK CURTIS • The books are in the care of ▶ 6903 ROCKLEDGE DRIVE, SUITE #300 - BETHESDA, MD 20817 Telephone No. ► 301-564-3636 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less
any nonrefundable credits. See instructions.

3a \$ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b \$ 0.

 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2022

Initial return

Final return

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by
using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

► X tax year beginning JUL 1, 2021

Change in accounting period

Form **8868** (Rev. 1-2022)

instructions