	0		Return of Organization Exempt From Income Ta	X	OMB No. 1545-0047
Forr	n Y	90	Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found	lations)	2020
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it may be made public.		Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	0.1	Inspection
<u>A</u> F	or th		r year, or tax year beginning JUL 1,2020 and ending JUN 30,20		
B c a	heck if	lo:		entification	on number
1.77	Addre		LIVES MATTER GLOBAL NETWORK		
Ā	chang Name		DATION, INC. siness as 82-486	50100	
	chang Initial				
	returr Final	2/8 3	and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone nu 305 (510)		1603
	returr termi ated	-	wn, state or province, country, and ZIP or foreign postal code G Gross receipts \$		79,644,823.
	Amer		ND, CA 94607 H(a) Is this a gro		
	returr Appli tion		d address of principal officer: SHALOMYAH BOWERS for subordi	-	
	pend		A database of principal enteel. Descent Descen		
IT	ax-ex	empt status: 🚺			See instructions
			BLACKLIVESMATTER.COM		
		f organization: 🚺			
	nrt I	Summary			B
-	1	Briefly describe	the organization's mission or most significant activities: HEAL THE PAST, RE-I	MAGI	NE THE
nce		PRESENT,	AND INVEST IN THE FUTURE OF BLACK LIVES		
rna	2	Check this box	▶ if the organization discontinued its operations or disposed of more than 25% of its n	et assets.	
ove	3	Number of votin	ng members of the governing body (Part VI, line 1a)	3	1
Ğ	4	Number of inde	pendent voting members of the governing body (Part VI, line 1b)		0
se 8	5	Total number o	f individuals employed in calendar year 2020 (Part V, line 2a)	5	2
Activities & Governance	6	Total number o	f volunteers (estimate if necessary)	6	49275
Acti			business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated b	usiness taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year		Current Year
ne	8		nd grants (Part VIII, line 1h)	0.	76,872,002.
Revenue	9	•	e revenue (Part VIII, line 2g)	0.	0.
Rev	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	0.	2,772,707.
	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	79,644,823.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,997,945.
	13 14		ilar amounts paid (Part IX, column (A), lines 1-3)	0.	<u>23,997,945.</u> 0.
	14 15	-	o or for members (Part IX, column (A), line 4)	0.	245,839.
ses			ndraising fees (Part IX, column (A), line 11e)	0.	411,200.
Den			g expenses (Part IX, column (D), line 25) 909,868.		111,2000
Expense			s (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	11,055,151.
			Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	37,710,135.
	19		xpenses. Subtract line 18 from line 12		41,934,688.
or			Beginning of Current 1		End of Year
iets lanc	20	Total assets (Pa			43,689,904.
Ass J Ba	21	Total liabilities (0.	1,755,216.
Net Assets or Fund Balances	22		Ind balances. Subtract line 21 from line 20	0.	41,934,688.
	irt II	Signature			
Unde	or non	alties of neriury 1	declare that I have examined this return including accompanying schedules and statements, and to the best	of my knc	wledge and belief it is

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

Sign Here	Signature of officer SHALOMYAH BOWERS, BOAR Type or print name and title	D SECRETARY	D;	^{ate} 5/13/202	22					
Paid	Print/Type preparer's name KAY VOLLANS, CPA	Preparer's signature	Date 5-12-2022	Check if self-employed	PTIN P0140404	.7				
Preparer	Firm's name 🕨 RUBINO AND COMPA	NY, CHARTERED	Fi	rm's EIN 🕨 52	-1186096					
Use Only	Firm's address 🖕 6903 ROCKLEDGE D	RIVE, SUITE 300		-						
	BETHESDA, MD 20817-1818 Phone no. 301-564-3636									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice. see the separate instructions. Form 990 (2020)									

PUBLIC	INSPECTION	COPY
--------	------------	------

	BLACK LIVES MATTER GLOBAL NETWORK	
Form	990 (2020) FOUNDATION, INC. 82-4862489 Page	, 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	ζ
1	Briefly describe the organization's mission:	
	BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION IS WORKING INSIDE AND	
	OUTSIDE OF THE SYSTEM TO HEAL THE PAST, RE-IMAGINE THE PRESENT, AND	
	INVEST IN THE FUTURE OF BLACK LIVES THROUGH POLICY, CHANGE, INVESTMENT	
	IN OUR COMMUNITIES, AND A COMMITMENT TO ARTS AND CULTURE.	
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 N	o
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	o
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 14,445,678. including grants of \$ 13,097,626.) (Revenue \$	_)
	GRASSROOTS - WE ARE WORKING AND COLLABORATING WITH BLACK LEADERS TO	
	SUPPORT ON THE GROUND ORGANIZING.	
	14 000 000 10 000 010	
4b	(Code:) (Expenses \$ 14,200,203. including grants of \$ 12,900,319.) (Revenue \$	_)
	HEALING JUSTICE PROGRAM - WE ARE DEVELOPING A MODEL FOR CREATING SPACE	
	FOR SURVIVORS AND FAMILIES IMPACTED BY POLICE VIOLENCE AND TRAUMA TO	
	HEAL AND THRIVE THAT CAN BE REPLICATED ACROSS THE COUNTRY. WE ARE	
	CREATING NATIONAL AND INTERNATIONAL CAMPAIGNS THAT BUILD COALITIONS	
	AMONGST COMMUNITY ACTIVISTS, LEADERS, AND ORGANIZERS; AND SUPPORTING	
	THE WORK OF ORGANIZATIONS AS THEY SUPPORT BLACK-LED AND INTERSECTIONAL	
	MOVEMENT WORK LOCALLY AND INTERNATIONALLY, BY BUILDING INFRASTRUCTURE,	
	MEMBERSHIP, AND PRESENCE; PROVIDING SEED FUNDING; DEVELOPING	
	PROGRAMMING; PROVIDING TRAININGS; AND PROVIDING PUBLIC RELATIONS,	
	COMMUNICATIONS, AND FUNDRAISING ASSISTANCE. ADDITIONALLY, WE ARE WORKING TO DEVELOP INITIATIVES TO BUILD BLACK WEALTH, POWER AND	—
	SELF-DETERMINATION.	—
<u></u>		
40	(Code:) (Expenses \$ 2,720,960. including grants of \$) (Revenue \$) (Rev	_)
	BELIEFS OF BLMGNF IN A WAY THAT ENGAGES AND CENTERS BLACK ARTISTS AND	—
	BLACK PEOPLE. WE SUPPORT EMERGING AND ESTABLISHED INDIVIDUAL BLACK	—
	ARTISTS WHO STAND IN SOLIDARITY WITH MARGINALIZED 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 DISENFRANCHISED COMMUNITIES, PARTICULARLY FOR YOUTH. THIS	
	PROGRAM CONVENES A BLACK LIVES MATTER ARTS & CULTURE GLOBAL ARTS	—
	ADVISORY COUNCIL, WHICH WILL CREATE A COALITION OF ESTABLISHED AND	
	EMERGING LEADERS IN THE GLOBAL ARTS COMMUNITY; RUN ART ACTIVATIONS,	—
	THROUGH WHICH WE WILL CREATE POP-UP ART GALLERIES IN AT LEAST FOUR	—
	MAJOR CITIES, GLOBALLY, PER YEAR, TO BE CURATED BY THE GLOBAL ARTS	
A !		
40	Other program services (Describe on Schedule O.) (Expenses \$ 1,672,826. including grants of \$) (Revenue \$)	
40		
<u>4e</u>	Total program service expenses ► 33,039,667.	

Form **990** (2020)

BLACK LIVES MATTER GLOBAL NETWORK

Form	990 (2020) FOUNDATION, INC. 82-4862	2489	Р	age 3
Pa	t IV Checklist of Required Schedules		-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
Ь	Part VI		- 23	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	444		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u></u>
	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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form **990** (2020)

BLACK LIVES MATTER GLOBAL NETWORK

Form	990 (2020) FOUNDATION, INC. 82-48	<u>52489</u>	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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	·	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	·		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization required, terminate, or dissorte and cease operations? <i>If 'res,' complete Schedule N, Part 1</i>			
52		32		x
33	Schedule N, Part II	. 52		
55		33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			<u> </u>
34		34		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	. 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		.
			Yes	No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

BLACK	LIVES	MATTER	GLOBAL	NETWORK
DIRCK	DT A DD	HWT T DIC	OHODAH	THEFT MOLLIC

Form	990 (2020) FOUNDATION, INC. 82-4862	489	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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 7d			x
е	• Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
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?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	4.4-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
-	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

BLACK LIVES MATTER GLOBAL NETWORK

Form	990 (2020) FOUNDATION, INC.		82-486		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ii	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	·		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?				X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					<u></u>
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			37
a	The governing body?			<u>8a</u>		X
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	
100	Did the organization have local chapters, branches, or affiliates?			10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		offiliatos	10a		- 23
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, anniales,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	 / hefor	e filina the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	beior		114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}					
·	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?					X
14	Did the organization have a written document retention and destruction policy?					x
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			·		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, GA, I	L,K	S,KY,MD,M	A,MI	, MN ,	, NH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (Section 501(c)	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other _{(explain}		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo P_{A} mp T_{C} Q_{A} Q_{A} P_{A} Q_{A}	ks and	records			
	PATRICK CURTIS - 301-564-3636 6903 ROCKLEDGE DRIVE, SUITE #300, BETHESDA, MD 208	17				
	0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 >	· エ /				

SEE SCHEDULE O FOR FULL LIST OF STATES

BLACK	LIVES	MATTER	GLOBAL	NETWORK

82-4862489 Page 7

X

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.

FOUNDATION, INC.

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

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

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

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

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

Form 990 (2020)

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

week (list any hours for related organizations officer and a director/trustee) to the organizations from the organizations from related organizations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(F) Estimated amount of	(E) Reportable compensation	(D) Reportable compensation	one	than o	more	Pos heck	o not cl k, unles	(de	(B) Average hours per	(A) Name and title
(1) KAILEE SCALES0.00FORMER MANAGING DIRECTORX(2) PATRISSE CULLORS40.00	other compensation from the organization and related organizations	from related organizations	from the organization	ee)	or/trus	irecto	nd a di	icer an	off	week (list any hours for related organizations below	
(2) PATRISSE CULLORS 40.00	0.	0.	139,625.						_	0.00	
FOUNDER & EXECUTIVE DIRECTOR X X O. O.										40.00	(2) PATRISSE CULLORS
	0.	0.	0.		-		X	$\left - \right $			FOUNDER & EXECUTIVE DIRECTOR
									1		
									-		
									_		
									_		
									_		
									+		
									+		
									$\frac{1}{1}$	<u> </u>	
									-		
									-		

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATTON, IN	

82-4862489 Page 8

Form	990 (2020) FOUNDATI	ON, INC.								82-48	3624	189	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	Average hours per Position (do not check more than one box, unless person is both an Reportable compensation							(E) Reportable compensatio			(F) timate	
		week (list any hours for related organizations below	ndividual trustee or director	Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s I	com fr org and	other pensa om the anizati d relate	tion e ion ed
		line)	Indivi	Instit	Officer	Key ei	Highe empl	Former						
			-											
			-											
			-											
	Subtotal								139,625.		0.			0.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					 		0. 139,625.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	;			1
											ſ		Yes	No
3	Did the organization list any former office													
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s										····	3	X	
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or											5		х
Sec	rendered to the organization? <i>If</i> "Yes," continued to the organization of the second term of t	nplete Schedule	<u>ə J T</u>	or su	icn ț	bers	on .				<u></u>	5	I	21
1	Complete this table for your five highest c the organization. Report compensation for	-	-								pensati	ion fro	m	
	(A) Name and busines	s address							(B) Description of s	ervices	C	C) omper	;) nsatio	n
	VERS CONSULTING FIRM	RNE, CA	91	75	0				SEE SCHEDULE	0	2	,16'	7,89	94.
TRA	P HEALS LLC 7 S ST ANDREW PL, LOS					00	18		LIVE PRODUCT DESIGN & MEDI	lon,			9,4!	
NW	EY SQUARE GROUP, LLC, SUITE 500, WASHINGTON	, DC 200		STI	RE:	ET	'		COMMUNICATION AND DIGITAL	-		70	9,1	90.
121	LER STRATEGIC MEDIA I 03 VIEWCREST RD., STU		,	CA	9	16	04		MEDIA PLANNIN PLACEMENT	NG AND		69	6,30	54.
902	ISTANCE LABS								TECH SUPPORT			504	4,00	00.
2	Total number of independent contractors \$100.000 of compensation from the organ	-	ot lin	nited	to 1	thos S		ted	above) who received mo	ore than				

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. 82-4862489 Page 9 Form 990 (2020) Part VIII Statement of Revenue X Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 76,872,002. similar amounts not included above ... 1f 1g \$ g Noncash contributions included in lines 1a-1f 76,872,002 h Total. Add lines 1a-1f **Business Code** 2 a Program Service b Revenue С d f All other program service revenue g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and other similar amounts) 114. 114 ► 4 Income from investment of tax-exempt bond proceeds ► 2,772,707. 2,772,707. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) ► (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ► **Business Code** liscellaneous 11 a Revenue b С d All other revenue e Total. Add lines 11a-11d ► Ο. 2,772,821 79,644,823. Ο. Total revenue. See instructions 12 ►

BLACK LIVES MATTER GLOBAL NETWORK

INC.

FOUNDATION,

Form 990 (2020)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 17,971,790. 17,971,790. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 8,026,155. 8,026,155. individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 199,928. 159,775. 35,753. 4,400. 7 8 Pension plan accruals and contributions (include 7,808. 6,239. 1,397. 172. section 401(k) and 403(b) employer contributions) 21,772. 3,891. 17,402. Other employee benefits 479. 9 16,331. 13,050. 2,922. 359. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 546,542. 546,542. b Legal 10,294. 10,294. Accounting С 1 ,261,901. 1,261,901. Lobbying d 411,200. 411,200. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 7,648,768. 4,750,529. 2,427,793. 470,446. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 380,863. 4,430. 376,433. Office expenses _____ 13 1. 011,974. 808,736. 180,967. 22,271 Information technology 14 Royalties 15 26,798. 26,798. 16 Occupancy 68,440. 68,440. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 7<u>4</u>,970. 74,970. Depreciation, depletion, and amortization 22 24,601. 19,660. 4,400. 541. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) а b С d All other expenses е 37,710,135. 33,039,667. 3,760,600. 909,868. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	5,335,856.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	40,010.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	73,523.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	316,590.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,998,781.			
	b	Less: accumulated depreciation 10b 74,970.	0.	10c	5,923,811.
	11	Investments - publicly traded securities		11	32,000,114.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	43,689,904.
	17	Accounts payable and accrued expenses		17	223,093.
	18	Grants payable		18	1,532,123.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
liti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	1,755,216.
6		Organizations that follow FASB ASC 958, check here 🕨 🗴			
čě		and complete lines 27, 28, 32, and 33.			41 024 600
alan	27	Net assets without donor restrictions		27	41,934,688.
Ä	28	Net assets with donor restrictions		28	
oun		Organizations that do not follow FASB ASC 958, check here			
Ľ		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	11 024 600
Re	32	Total net assets or fund balances	0.	32	41,934,688.
	33	Total liabilities and net assets/fund balances	0.	33	43,689,904.

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

BLACK LIVES MATTER GLOBAL NETWORK

_		
	eck if Schedule O contains a response or note to any line in this Pa	
	eck il Schedule O contains à response of note to any line in this Pa	וואו

FOUNDATION, INC.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,644,823.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,710,135.
3	Revenue less expenses. Subtract line 2 from line 1	3	41,934,688.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	10	41,934,688.
Da	rt VIII Financial Statements and Departing		

Part XII Financial Statements and Reporting

Part XI Reconciliation of Net Assets

Form 990 (2020)

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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2020)

SCH	EDULE A								OMB No. 1545-0047
(Form	990 or 990-EZ)			arity Status ar					2020
		Co		ganization is a section 50 4947(a)(1) nonexempt cha			or a section		2020
	nt of the Treasury evenue Service		l	Attach to Form 990 or	Form 990-	EZ.			Open to Public
				gov/Form990 for instructi			nformation.	Frankaria	
Name	of the organizati		DATION, I	IATTER GLOBAL	NEIWOI	KK			identification number 2-4862489
Part	I Reason			(All organizations must of	complete t	nis part) S	ee instruction		2-4002409
				s: (For lines 1 through 12, o					
1		•		ation of churches described			1)(A)(i).		
2	-). (Attach Schedule E (Forr					
3				organization described in s			ii).		
4	•	•	•	conjunction with a hospita			•)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a	college or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		te, or local go	vernment or gove	rnmental unit described in	section 1	70(b)(1)(A)	(v).		
7 Σ	•		-	stantial part of its support f	rom a gove	ernmental	unit or from th	ne general	oublic described in
	-		complete Part II.)						
8	-			(b)(1)(A)(vi). (Complete Par	-				
9	-	-	-	ed in section 170(b)(1)(A)		-		-	-
		or a non-land-g	grant college of ac	priculture (see instructions).	Enter the	name, city	, and state of	the college	e or
10	university:	on that norma	ally receives (1) mo	ore than 33 1/3% of its sup	ort from c	ontribution	ns membersh	in fees an	d aross receipts from
10				ject to certain exceptions;					
			-	me (less section 511 tax) fro					÷
			mplete Part III.)	, , , , , , , , , , , , , , , , , , ,		·	, ,		
11	An organizati	on organized a	and operated exc	lusively to test for public sa	ifety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exc	lusively for the benefit of, to	o perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations descr	ibed in section 509(a)(1)	or section	509(a)(2).	See section	509(a)(3). (Check the box in
	lines 12a thro	ugh 12d that	describes the typ	e of supporting organizatio	n and com	plete lines	12e, 12f, and	12g.	
а			-	d, supervised, or controlled	•	-			
		-		regularly appoint or elect a	a majority o	of the direc	tors or truste	es of the su	upporting
	0		•	Sections A and B.			-1	··· (-) · ··· · · ·	
b			•	sed or controlled in connec			0		•
		0		organization vested in the s IV, Sections A and C.	arrie perso	ns that co	ntroi or mana	ge the supp	Joned
с	•	. ,	•	rting organization operated	in connec	tion with a	and functional	llv integrate	ed with
Ŭ	••	-	•	ons). You must complete				iy intograte	
d		0	()(upporting organization ope	,			ted organi:	zation(s)
		-		anization generally must sa				J. J	
	requiremen	t (see instruct	ions). You must o	complete Part IV, Section	s A and D,	and Part	v .		
е	Check this	box if the orga	anization received	a written determination fro	om the IRS	that it is a	Туре I, Туре	II, Type III	
		•		tionally integrated support	ing organiz	ation.			[]
	inter the number		•						
<u> </u>	rovide the follow (i) Name of supp		n about the suppo (ii) EIN	orted organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization		(,	(described on lines 1-10	in your govern Yes	ing document?	support (see ir	-	support (see instructions)
				above (see instructions))	100				
					1				
									ļ
Total									

BLACK LIVES MATTER GLOBAL NETWORK

Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION, INC.

82-4862489 Page 2

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.)

Calendar year (or fineal year beginning in)	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 76872002. 76872002. 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt 76872002. 76872002. 3 The value of services or facilities furnished by a governmental unit to the organization without charge or appareted organization without charge supported organization) included on line 1 that exceeds 250 of the amount shown on line 11, column (f) 76872002. 76872002. 6 Public support. Sometrees to mise 4 76872002. 76872002. 7 A mounts from line 4 anount shown on line 11, column (f) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020. (f) Total (f) 2019 7 Amounts from line 4 sectiones from interest, dividends, payments received on securities local resultes, and income from similar sources. 2772821. 2772821. 2772821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on securities local for the granization's first, second, third, fourth, or fifth tax year as a section 501(s) organization, check this box and stop here. [x] Section C. Computation of 2020. If the organization's first, second, third, fourth, or fifth tax year as a section 501(s) organization, check this box and stop here. [x] 11 Total support test - 2020. If the organization is first, second, third, fourth, or fifth tax year as a second 501(s) organization qualifies as a publicly supported organization or 10 of the income 119. Scheduke A. Part I, line 1 [x]	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants') 76872002. 76872002. 2 Tax revenues levied for the organization's behalf	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organ- ization's benefit and ether opan- ization's benefit and ether opan- by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 280 of the amount shown on line 11, column (f) column (f) 6 Public support, Bizera ties shown in 4 6 Public support, Bizera ties shown in 4 6 Carlendar yar (of fisal year beginning in) Callendar yar (of fisal year beginning in) 6 Carlendar yar (of fisal year beginning in) 7 Amounts from line 4 6 Carlendar yar (of fisal year beginning in) 9 Net income from unrelated business activities, whether or not the business is regularly carried on succurities loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross from the sale of capital assets (Explain in Part VI). 12 Gross recepts from related activities, etc. (see instructions) 12 Gross recepts from related activities, etc. (see instructions) 12 Gross recepts from related activities, etc. (see instructions) 12 First 5 years. If the Form 9001 19 Scheduk A, Part II, line 14, org. 14 Public support percentage for 2020 (life 6, column (f), divided by line 11, column (f), 15 3 1/3% support test - 2020. If the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 3 1/3% support test - 2020. If the organization did not check a box on line 13, 16a, or 10b, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 tho organization meets the facts-and-circu		membership fees received. (Do not						
Ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, some the finance is the form line 4. 6 Public support of teal 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, some the form line 4. 6 Public support of teal years the form line 4. 6 Public support of teal years the some 4. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002. 76 872002		include any "unusual grants.")					76872002.	76872002.
or expended on its behalf The value of services or facilities timished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 6 Public support. Subtract line 8 no mixe. 76872002. 778221. 2772821.	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 76872002. 76872002. 4 Total. Add lines 1 through 3 76872002. 76872002. 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 76872002. 6 Public support, storad time 5 one let 76872002. 7 Amounts from line 4 76872002. 8 Gross income from similar sources set shown on line 11, column (f) 10 (b) 2017 (c) 2018 (d) 2019 (e) 2020. (f) Total support 8 Gross income from interest, dividends, payments received on securities local, rents, royalles, and income from similar sources set set set set set set set set set s		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 76872002.76872002. 4 Total. Add lines 1 through 3 76872002.76872002. 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 (i) 76872002. 6 Public support.elevance store to Section B. Total Support. (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Tetal 7 Amounts from line 4 76872002. 76872002. 76872002. 76872002. 8 dross income from interest, dividends, payments received on securities loan, rents, royatiles, and income from similar sources 2772821. 2772821. 2772821. 9 Net income from interest, dividends, payments received on securities loan, rents, royatiles, and income from interest, dividends, payments received on securities loan, rents, royatiles, and income thesale or capital assets (Explain in Part VI), 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 12 179644823. 13 First Systems. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 96 14 Public support percentage from 2019 Schedue A, Part II, Ine 14 15 31 31/3% or more, check this box and stop here. The organization dupalifies as a publicly supported organization		or expended on its behalf						
the organization without charge 76872002. t Total. Add lines 1 through 3 76872002. 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, columm (i) 76872002. 6 Public support. Subscriptions into the amount shown on line 11, columm (i) 76872002. 7 Amounts from line 4. 76872002. 7 Amounts from line 4. 76872002. 7 Gers income from line 1. (a) 2016 6 Opsilic support (b) 2017 Cipital Support 76872002. 7 Gers income from line 4. 76872002. 8 Gross income from line 4. 76872002. 9 Net income from similar sources and income from similar sources activities, whether or not the business is regularly carried on in 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 12 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 900 lis for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Dublic support test-1 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qu	3	The value of services or facilities						
the organization without charge 76872002. t Total. Add lines 1 through 3 76872002. 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, columm (i) 76872002. 6 Public support. Subscriptions into the amount shown on line 11, columm (i) 76872002. 7 Amounts from line 4. 76872002. 7 Amounts from line 4. 76872002. 7 Gers income from line 1. (a) 2016 6 Opsilic support (b) 2017 Cipital Support 76872002. 7 Gers income from line 4. 76872002. 8 Gross income from line 4. 76872002. 9 Net income from similar sources and income from similar sources activities, whether or not the business is regularly carried on in 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 12 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 900 lis for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Dublic support test-1 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qu		furnished by a governmental unit to						
4 Total. Add lines 1 through 3 76872002. 76872002. 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 (i) 76872002. 6 Public support. Subtractive 5 true ine 4 76872002. 7 6872002. 76872002. 7 6872002. 76872002. 8 Orss income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Par VI). 2772821. 2772821. 2772821. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Par VI). 12 76844823. 12 Toss receipts from related activities, etc. (see instructions) 12 79644823. 14 Public support percentage for 2020 (in 6, colum f), divided by line 11, column f(i) 14 9 15 Public support percentage for 2020. If the organization of inct kets the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dual files as a publicly supported organization and stop here. The organization dual files as a publicly supported organization and stop here. The organization dualifies as a publicly supported organization and stop here. The organization qualifi								
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) 76872002. 6 Public support. Subtractines tom line 4 76872002. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 7 Amounts from line 4 76872002. 8 Gross income from interest, dividends, payments received on securities loss, rents, royatles, and income from similar sources and income fratet and circumstances test. The column (f) i	4						76872002.	76872002.
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)		•						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 76872002. 6 Public support. Subtract line 3 from line 4. 76872002. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 76872002. 76872002. (f) Total 7 Amounts from line 4 76872002. 76872002. (f) Total 7 Amounts from line 4 76872002. 76872002. (f) Total 7 Amounts from line 4 76872002. 76872002. (f) Total 9 Net income from similar sources and income from similar sources activities, whether or not the business is regularly carried on an or loss from the sale of capital assets (Explain in Part VI.) 179644823. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 179644823. 12 Gross receipts from related activities, etc. (see instructions) 12 12 1 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 13 14 9% 14 Public support tecrentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 9% <t< td=""><td>•</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	•	•						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, columm (f) 76872002. 6 Public support. Subtract line 5 from line 4. 76872002. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4. 7 Amounts from line 4. 76872002. 76872002. 76872002. 76872002. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from imiler sources activities, whether or not the business is regularly carried on or loas from the sale of capital assets (Explain in Part VI). 2772821. 2772821. 10 Other income. Do not include gain or loas from the sale of capital assets (Explain in Part VI). 79644823. 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage X 14 Public support percentage from 2019 Schedule A, Part II, line 14 5 15 Public support percentage from 2019 Schedule A, Part II, line 14 5 16 Other income active the qanization did not check ta box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a		• • •						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 76872002. 6 Public support. Subtract live 5 from line 4 76872002. Section B. Total Support (a) 2015 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 76872002. 76872002. 76872002. 76872002. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2772821. 2772821. 2772821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 79644823. 12 10 Other income. Do not include gain or loss from tealed activities, etc. (see instructions) 12 79644823. 12 Gross receipts from related activities, etc. (see instructions) 12 5 Section C. Computation of Public Support Percentage X 14 Public support percentage from 2019 Schedule A, Part II, line 14 9 15 Dublic support percentage from 2020. If the organization did not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 40% -facts-and-circumstances test. The organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization meets								
amount shown on line 11, column (f) 6 Public support: Subtractine 5 from line 4 6 Public support: Subtractine 5 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and 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 asserts (Explain in Part VI) 11 Total support. Add lines 7 through 10 2 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8 Coss incometator of 2010 (in 6 c, column (f), divided by line 11, column (f)) 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 Dublic support percentage from 2019 Schedule A, Part II, line 14 16 Other incomes the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization the tax and stop here. Explain In Part VI here organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test, -check this box on line 13 (a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, -check this box on line 13, la, bo; or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, -check this box on line 13, la, bo; or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, -check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not che								
column (i) 6 Public support. Subtract line 5 from line 4. 76872002. Section B. Total Support (d) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 76872002. 76872002. 76872002. 76872002. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 2772821. 2772821. 2772821. 9 Net income from interest of the subjects and income from unrelated business a scitvities, whether or not the business is regularly carried on 10 179644823. 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 12 12 13 First 5 years. If the Form 990 is for the organization 5 first, second, third, fourth, or fifth tax year as a sector 501(c)(3) organization, check this box and stop here X 8 Computation of Public Support Percentage X 14 Public support percentage form 2019 Schedule A, Pain H, line 14 15 % 15 Public support percentage form 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 4 14 Public support								
6 Public support. Subtract line 5 from line 4. 76872002. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 8 Gross income from interest, dividends, payments received on securites loans, rents, royaties, and income from similar sources 2772821. 2772821. 2772821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 79644823. 11 Total support. Add lines 7 through 10 12 79644823. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) x organization, check this box and stop here 14 96 14 Public support percentage for 2020 (in e. G, column (f), divided by line 11, column (f) 14 96 15 Public support percentage for 2020 in the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > 16 33 1/3% support test - 201								
Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 76872002. 76872002. 76872002. 76872002. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2772821. 2772821. 2772821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 79644823. 11 Total support. Add lines 7 through 10 79644823. 12 2 12 Gross receipts from related activities, etc. (see instructions) 12 2 2 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage X 14 Public support test - 2020. If the organization did not check a box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test,	~	·····						76872002
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 76872002.76872002.76872002. 76872002.								10012002.
7 Amounts from line 4 76872002.76872002. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2772821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 2772821. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 79644823. 11 Total support. Add lines 7 through 10 79644823. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X 14 Public support test - 2020. (line 6, column (f), divided by line 11, column (f)) 14 % 16 a3 1/3% support test - 2020. If the organization id in ot check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. X 17 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, end line 14 is 10% or more, and if the organization qualifies as a publicly supported organization A 17 10% -facts-and-circumstances test. The organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization A 18 10% -facts-and-circumstances test. check this box and stop here. Explain in Part VI how the organization meets the facts-and-		••	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2772821.2772821.2772821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 2772821.2772821.2772821. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 79644823. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage X 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 15 Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or		,	(a) 2010	(b) 2017	(0) 2018	(d) 2019	76872002	
dividends, payments received on securities loans, rents, royatiles, and income from similar sources 2772821. 2772821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 279644823. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 79644823. 11 Total support. Add lines 7 through 10 12 279 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X 9 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 16 Ba 31 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check the box on line 13, nd line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17a 10% -facts							70072002.	/00/20021
securities loans, rents, royalties, and income from similar sources	0	,						
and income from similar sources 2772821. 2772821. 2772821. 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 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 11 Total support. Add lines 7 through 10 12 12 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage X 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 9/ 15 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in								
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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 15 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% or more, check this box and stop here. 16 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization b 17a 10% -facts-and-circumstances tes							2772021	2772021
activities, whether or not the business is regularly carried on							2//2021.	2//2021.
business is regularly carried on include gain 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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) Image: Computation of Public Support Percentage 15 Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Compute computer comparized or ganization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization d	9							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 79644823. 11 Total support. Add lines 7 through 10 79644823. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage X 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 16a 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization ▶								
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 9 15 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 16 a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-		• •						
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 94 95 9 9 9 9 9 9 9 9 9 9 9 9	10	Other income. Do not include gain						
11 Total support. Add lines 7 through 10 79644823. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, reference to the organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		•						
12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization did not chec		,						20644000
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ b 10% -facts-and-circumsta	11	Total support. Add lines 7 through 10						79644823.
organization, check this box and stop here X Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization </td <td></td> <td>•</td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td>		•		,				
 Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2019 Schedule A, Part II, line 14 16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 	13	-	-			•		
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supporte		organization, check this box and stop	here					X
 15 Public support percentage from 2019 Schedule A, Part II, line 14							1 1	
 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 				•	.,,			%
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 								
 b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 	16a	33 1/3% support test - 2020. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	x and
 and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 				-				
 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 	b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	% or more, check th	is box
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · ·						
 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 	17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
 b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 		and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Par	t VI how the organiz	ation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported o	rganization		►
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
		more, and if the organization meets th	ne facts-and-circun	nstances test, che	eck this box and s	top here. Explain	in Part VI how the	
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		organization meets the facts-and-circu	umstances test. Th	ie organization qu	alifies as a publicly	supported orgar	ization	►
	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	o, check this box	and see instructions	s >

Schedule A (Form 990 or 990-EZ) 2020

Part II

BLACK LIVES MATTER GLOBAL NETWORK

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 82-4862489 Page 3

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
ł	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
	Amounts from line 6	(d) 2010	(b) 2017	(0) 2018	(0) 2019	(e) 202	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
_	check this box and stop here						
Se	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2020 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box an						►
k	33 1/3% support tests - 2019. If the						/3%, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

BLACK LIVES MATTER GLOBAL NETWORK INC.

Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION,

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.)

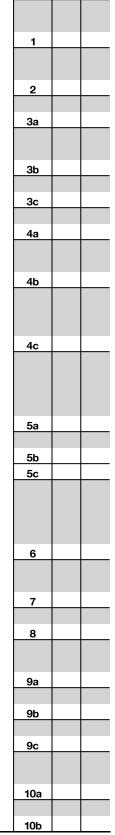
Section A. All Supporting Organizations

- 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 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.)

032024 01-25-21

Yes

No



BLACK LIVES MATTER GLOBAL NETWORK Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

Pa	t IV Supporting Organizations (continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	ıs).	
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 in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
-	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1 /	1

Schedule A (Form 990 or 990-EZ) 2020

82-4862489 Page 5

BLACK LIVES MATTER GLOBAL NETWORK

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION , 82-4862489 Page 6 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

	dule A (Form 990 or 990 EZ) 2020 FOUNDATION, I	NC.		8	2-4862489 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on 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	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 (<i>describe in</i> 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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(i)	(::)	10	/:::)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
C	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	Applied to underdistributions of prior voors				
	Applied to underdistributions of prior years Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

					GLOBAL	NETWORK	00.000000
Schedule A	(Form 990 or 990-EZ) 2020	FOUND	ATION,	INC.			82-4862489 Page 8
Part VI	Part IV, Section A, lines 1,	2, 3b, 3c, 4l ines 2 and 3	o, 4c, 5a, 6, ; Part IV, Se	9a, 9b, 9c, 11 ction E, lines	a, 11b, and 1 [.] 1c, 2a, 2b, 3a,	1c; Part IV, Section B and 3b; Part V, line 1	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, l; Part V, Section B, line 1e; Part V, additional information.

SCHEDULE C	Pc	olitical Campaign	and Lobbyin	na Activities		OMB No. 1545	-0047
(Form 990 or 990-EZ)		anizations Exempt From Incor	-	-		202	n.
	-	if the organization is describe				Open to P	ublic
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 fo	r instructions and the	latest information.		Inspecti	
If the organization answ	vered "Yes," or	Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, li	ne 46 (Political Camp	aign Ac	tivities), then	
 Section 501(c)(3) org 	anizations: Corr	plete Parts I-A and B. Do not co	omplete Part I-C.				
 Section 501(c) (other 	than section 50	1(c)(3)) organizations: Complete	e Parts I-A and C below	. Do not complete Par	t I-B.		
 Section 527 organiza 	ations: Complete	e Part I-A only.					
If the organization answ	vered "Yes," or	Form 990, Part IV, line 4, or F	orm 990-EZ, Part VI, I	ine 47 (Lobbying Act	ivities), t	then	
()() 0		nave filed Form 5768 (election u	()/				
		nave NOT filed Form 5768 (elect	,			•	
•		Form 990, Part IV, line 5 (Pro	xy Tax) (See separate	instructions) or Form	ז 990-EZ	Z, Part V, line 35c	(Proxy
Tax) (See separate instr		iono: Complete Dart III					
Name of organization	· · · · ·	ions: Complete Part III. IVES MATTER GLOB			Employ	ver identification	number
Nume of organization		ION, INC.	AL NEIWORK		Linploy	82-486248	
Part I-A Comple		anization is exempt und	ler section 501(c)	or is a section 52	27 orga	anization.	, ,
1 Provide a description	on of the organiz	ation's direct and indirect polition	cal campaign activities	in Part IV.			
2 Political campaign a					▶\$		
3 Volunteer hours for					_		
		-					
		anization is exempt und	. , ,	3).	•		
		incurred by the organization un					
		incurred by organization manag					Na
 3 If the organization in 4a Was a correction magnetic field of the second second		n 4955 tax, did it file Form 4720					No No
b If "Yes," describe in						165	NO
Part I-C Comple	ete if the org	anization is exempt und	ler section 501(c),	except section §	501(c)(3).	
-	-	by the filing organization for se			▶\$	•	
2 Enter the amount of	f the filing organ	ization's funds contributed to of	ther organizations for se	ection 527			
exempt function act	tivities				▶\$_		
3 Total exempt function	on expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,			
line 17b					▶\$_		
4 Did the filing organiz	zation file Form	1120-POL for this year?				Yes	No
		nployer identification number (El		-			
	•	tion listed, enter the amount pai				•	
		omptly and directly delivered to additional space is needed, prov			eparate s	segregated fund o	ra
· · ·			1		6	(-) (- 1141 1
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of pe contributions recei	
				funds. If none, ent		promptly and di	
						delivered to a se	
	political organization. If none, enter -0						
						,	

BLACK LIVES MATTER GLOBAL NETWORK

Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC

82-4862489 Page 2

Part II-A Complete if the organ section 501(h)).	ization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
			n Part IV each affiliated g	group member's nam	ne, address, EIN,
B Check if the filing organization	checked box A a	nd "limited control" pr	ovisions apply.		
	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	ce public opinion (prassroots lobbving)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines	°		F		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter th			F		
If the amount on line 1e, column (a) or (b		bying nontaxable am	11		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00	0 \$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
 h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero or reporting section 4911 tax for this yea (Some organizations that) 	less, enter -0- n either line 1h or r? 4-Year Ave made a section 5	eraging Period Under	r Section 501(h) have to complete all or		Yes No elow.
	· · ·	nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

82-4862489 Page 3

Schedule C (Form 990 or 990-EZ) 2020 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
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?	Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
с	Media advertisements?	Х		165	,663.
	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		60	,178.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		31	.,387.
i	Other activities?	Х		1,004	.,673.
j	Total. Add lines 1c through 1i			1,261	.,901.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section	າ 501(c)(5), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c					
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)				
	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	list): Part II-	A. lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	.,		
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	· · ·				
TH	E BREATHE ACT - LOBBYING MEMBERS OF CONGRESS AND THE	ADMIN	IISTRA	TION.	
ENI	D THE 1033 PROGRAM - DOJ - LOBBYING MEMBERS OF CONGR	ESS Al	ID THE		
ADI	AINISTRATION.				
EXI	ECUTIVE ORDERS - LOBBYING THE ADMINISTRATION TO UTIL	IZE EX	KECUTI	VE	

ACTIONS TO ADVANCE RACIAL EQUITY POLICIES.

e **4**

PUBLIC INSPECTION COPY	
BLACK LIVES MATTER GLOBAL NETWORK Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC. 82-4862489 Part IV Supplemental Information (continued)	Page
GEORGE FLOYD JUSTICE IN POLICING ACT - LOBBYING MEMBERS OF CONGRESS AND	
THE ADMINISTRATION AGAINST THE ACT.	
IMPEACHMENT - LOBBY MEMBER OF CONGRESS TO VOTE IN FAVOR OF IMPEACHMENT.	
CALIFORNIA PROPOSITION 25 - SUPPORTED THE VETO REFERENDUM TO REPEAL THE	
LEGISLATION.	

00	HEDULE D	Supplement	al Einanaial (Statomonto	L	OMB No. 1545-00	47	
		2020	1					
(Forn	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							
	ment of the Treasury Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990.			Open to Pub Inspection	JIIC	
	e of the organization					dentification nu 2 – 4862489		
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other	Similar Funds or Ac				
		n answered "Yes" on Form 990, Part IV, lir						
			(a) Donor adv	ised funds	b) Funds and	other accounts		
1	Total number at er	nd of year			-			
2		f contributions to (during year)						
3		f grants from (during year)						
4	Aggregate value at	t end of year						
5	-	on inform all donors and donor advisors in	-					
	are the organizatio	on's property, subject to the organization's	exclusive legal control	?		Yes	No	
6	•	on inform all grantees, donors, and donor a	•	•				
	• •	oses and not for the benefit of the donor o		, , ,	•			
Par	impermissible prive				line 7	Yes	No	
		ation Easements. Complete if the or			line 7.			
1	1 ()	servation easements held by the organizati n of land for public use (for example, recrea	· · · · · ·	y). Preservation of a histo	vically import	ant land area		
		f natural habitat	LIION OF EQUCATION [Preservation of a certi	, ,			
		of open space	L			liuciule		
2		through 2d if the organization held a quali	fied conservation cont	ribution in the form of a cor	nservation eas	sement on the las	st	
-	day of the tax year					t the End of the Tax		
а		onservation easements			2a			
b					2b			
с	-	vation easements on a certified historic str			2c			
d		vation easements included in (c) acquired a						
	listed in the Nation	nal Register			2d			
3		vation easements modified, transferred, re			zation during	the tax		
	year 🕨							
4	Number of states v	where property subject to conservation eas	sement is located 🕨					
5	•	tion have a written policy regarding the pe	•					
	,	orcement of the conservation easements in				Yes	No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservatio	n easements	during the year		
-			dies of cipletices and			a. 41a a a a		
7	Amount of expens	es incurred in monitoring, inspecting, hand	aling of violations, and	enforcing conservation eas	sements durin	g the year		
8		vation easement reported on line 2(d) abov	a satisfy the requirem	ents of section $170(h)(A)(B)$	(i)			
U		(4)(B)(ii)?				Yes	No	
9		be how the organization reports conservati						
-		d include, if applicable, the text of the footr				ne		
	organization's acc	ounting for conservation easements.						
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical T	reasures, or Other S	imilar Asse	ets.		
	Complete if	the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its r	evenue statement and bala	ance sheet wo	rks		
	of art, historical tre	easures, or other similar assets held for pul	olic exhibition, educati	on, or research in furtheran	ice of public			
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that d	lescribes these items.				
b	-	elected, as permitted under FASB ASC 95	· ·					
		sures, or other similar assets held for public	exhibition, education	, or research in furtherance	of public serv	/ice,		
	-	ng amounts relating to these items:			•			
		ded on Form 990, Part VIII, line 1						
~	.,			r acceto for financial acin r				
2	•	received or held works of art, historical tre		a 1	orovide			
~		unts required to be reported under FASB A on Form 990, Part VIII, line 1			▶ ¢			
a b		Form 990, Part X						
		eduction Act Notice, see the Instruction				ule D (Form 990) 2020	

Osha		IVES MATTE ION, INC.	R GLOBAL	NET	WORK		92-19	62489	D 2
Par			t. Historical	Treas	sures, or Othe				
3	Using the organization's acquisition, accessio							<u>(continue</u>	ea)
U	collection items (check all that apply):		is, check any of		owing that make t	signinicant			
а	Public exhibition	c		r exchar	nge program				
b	Scholarly research	e			ngo program				
c	Preservation for future generations								
4	Provide a description of the organization's col	llections and explai	n how they furt	her the c	organization's exe	mot purpo	se in Part	XIII	
5	During the year, did the organization solicit or	-	-		-			,	
-	to be sold to raise funds rather than to be mai							Yes	No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		U				, ,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contrib	utions o	r other assets not	included			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow	or custo	odial account liabi	ility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if	the organization ar	nswered "Yes" o						
		(a) Current year	(b) Prior ye	ar (c) Two years back	(d) Three y	ears back	(e) Four ye	ars back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc		nn (a)) h	eld as:				
a	Board designated or quasi-endowment		%						
	Permanent endowment	%							
С	Term endowment 9	-							
0-	The percentages on lines 2a, 2b, and 2c shou			المحرم الم	a aluasius in tanua al fan ut	h			
38	Are there endowment funds not in the posses	ision of the organiza	ation that are ne	elu anu a	administered for t	ne organiza	alion	Ye	
	by:								es No
	(i) Unrelated organizations							3a(i)	
h	(ii) Related organizations							3a(ii) 3b	
4	Describe in Part XIII the intended uses of the o			en:				30	
Par	t VI Land, Buildings, and Equipme	ent.	wittent funds.						
	Complete if the organization answered). Part IV. line 1	1a. See	Form 990. Part X	. line 10.			
	Description of property	(a) Cost or c		Cost or			ed	(d) Book v	alue
		basis (investr	• • •	basis (otl		epreciation		(1) 2001	
1 a	Land				,000.			3,000,	000.
	Buildings				,781.	74,9		2,923,	
	Leasehold improvements		1		·	•		. ,	
	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must eq		X. column (B). I	line 10c.)			5,923,	811.

Schedule D (Form 990) 2020

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

82-	486	24	89	Page	3

Part VII Investments - Other Securities.		u - u
Complete if the organization answered "Yes" on	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		

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

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

Part IX Other Assets.

Schedule D (Form 990) 2020

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

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

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 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

	BLACK LIVES MATTER GLOBAL NETWORK							
Sche	dule D (Form 990) 2020 FOUNDATION, INC.		82-	4862489 Page 4				
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	ie per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.						
1	Total revenue, gains, and other support per audited financial statements			79,644,823.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d		2e	0.				
3	Subtract line 2e from line 1			79,644,823.				
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.		79,644,823.					
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Retur	n.				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.						
1	Total expenses and losses per audited financial statements		1	37,710,135.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
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			37,710,135.				
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	<u>8.</u>)		37,710,135.				
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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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-T) WITH THE IRS.
032054 12-01-20 Schedule D (Form 990) 2020

	BLACK	LIVES	MATTER	NETWORK	00 1060100	
Schedule D (Form 990) 2020 Part XIII Supplemental Inform	FOUNDA	tinued)	INC.		82-4862489	Page 5
	(00)	illinueu)				

		PUBLIC IN	SPECTION COPY				
SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			OM	IB No. 1545-0047
Department of the Treasury	-	-	Attach to Form 990.			Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							ction
BLACK LIVES MATTER GLOBAL NETWORK							cation number
FOUNDATION, INC	• mation on A	ativitiae Aut	side the United States. Comple		82-48		
Part I General Infor Form 990, Part IV		cuvilles Out	side the Onited States. Comple	ete if the organ	ization answ	vered "Y	es" on
		n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance.		
-	-		the selection criteria used to award the			X	Yes No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsi	de the
United States. 3 Activities per Region. (TI	he following Part	I. line 3 table ca	an 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		(e) If activities a properties of the second seco	vity listed in gram service specific typ (s) in the reg	e, e	(f) Total expenditures for and investments in the region
		in the region			(in the region
NORTH AMERICA	0	0	GRANTMAKING				8,024,626.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING				1,529.
				CONSULTING			
NORTH AMERICA	0	2	PROGRAM SERVICES	COMMUNICATI	ONS		73,389.
3 a Subtotal	0	2					8,099,544.
b Total from continuation sheets to Part I	0	0					0.
c Totals (add lines 3a and 3b)	0	2					8,099,544.

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

Schedule F (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020

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)	
			CONDUCTING ACTIVITIES TO EDUCATE AND SUPPORT BLACK						
			COMMUNITIES, AND TO	8024626.	EFT	0.			
			, 11,5 10						
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax									
						•		1	
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter I I I I I I I I I I I I I I I I									
						F	Sched	ule F (Form 990) 2020	

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 2

82-4862489

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020

FOUNDATION, INC. 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) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

82-4862489

Schedule F (Form 990) 2020

Page 3

Scheo	BLACK LIVES MATTER GLOBAL NETWORK dule F (Form 990) 2020 FOUNDATION, INC.	82-4862489	Page 4
Par	t IV Foreign Forms		
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) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020 FOUNDATION, INC.	82-4862489	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metho	,, , , , , , , , , , , , , , , , , , , ,	
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation. See instructions.	
PART I, LINE 2:		
BLMGNF GRANTS FUNDS TO OTHER ORGANIZATIONS TO SUPPORT COMM	UNITY	
ORGANIZING EFFORTS TO EMPOWER BLACK LIVES. ALL GRANTS WILL	BE RESTRICTE	D
FOR ACTIVITY THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZAT	ION. POTENTIA	<u>ь </u>
GRANTEES WILL BE REQUIRED TO SUBMIT A PROPOSAL AND A BUDGE	T FOR REVIEW	BY
BLMGNF BEFORE FUNDS ARE DISPERSED. GRANT AGREEMENTS WILL R	EQUIRE EACH	
GRANTEE TO USE THE GRANT FUNDS ONLY FOR THE PURPOSES FOR W	HICH THE GRAN	Т
WAS MADE AND WILL ACKNOWLEDGE BLMGNF'S AUTHORITY TO WITHHO	LD AND/OR	
RECOVER GRANT FUNDS IF FUNDS ARE MISUSED. THE GRANT AGREEM	ENTS REQUIRE	
GRANTEES TO SUBMIT PERIODIC REPORTS CONCERNING THE USE OF	GRANT FUNDS.	
BLMGNF WILL MAINTAIN A GRANT AGREEMENT FOR EACH GRANT IT F	UNDS, ALONG	
WITH EACH REPORT RECEIVED FROM ALL GRANTEES AND ANY ADDITI	ONAL REPORTS	
MADE BY THE BLMGNF'S STAFF OR INDEPENDENT AUDITORS CONCERN	ING THE	
EXPENDITURE.		

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: CONDUCTING ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES, AND TO PURCHASE AND RENOVATE PROPERTY FOR CHARITABLE USE.

SCHEDULE F, PART II, LINE 1, COLUMN (A):

PER THE IRS INSTRUCTIONS FOR SCHEDULE F, STATEMENT OF ACTIVITIES

OUTSIDE THE UNITED STATES, ORGANIZATIONS DO NOT HAVE TO COMPLETE PART

II, LINE 1, COLUMN (A) OR (B) LISTING THE GRANT RECIPIENT BY NAME.

HOWEVER, BLMGNF IS CHOOSING TO REPORT THE FOREIGN GRANT RECIPIENT AS:

M4BJ OPERATING AS BLACK LIVES MATTER CANADA, A NOT-FOR-PROFIT

BLACK LIVES MATTER GLOBAL NETWORK Schedule F (Form 990) 2020 FOUNDATION, INC. 82-4862489 Page 5 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. CORPORATION INCORPORATED UNDER THE CANADA NOT-FOR-PROFIT CORPORATIONS ACT, AND A REGISTERED CHARITY DESIGNATED AS A CHARITABLE ORGANIZATION UNDER THE INCOME TAX ACT (CANADA).

SCHEDULE G Supplem	nental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990 or 990-EZ) Complete if	-EZ) 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.							
Department of the Treasury	Attach to Form 990) or Fo	rm 99	0-EZ.		Open to Public		
	Go to www.irs.gov/Form990 for inst				on.	Inspection		
	LIVES MATTER GLOBAL					Employer identification number		
	TION, INC.				82-48	52489		
Part I Fundraising Activitie required to complete this p	S. Complete if the organization answ art.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not		
1 Indicate whether the organization r	aised funds through any of the followi	ng activ	vities.	Check all that apply.				
a Mail solicitations	• •	U U		overnment grants				
b X Internet and email solicitation	ons f Solicita	ation of	gover	nment grants				
c Phone solicitations	g Specia	l fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a writte	n or oral agreement with any individua	l (incluc	ling of	ficers, directors, trus				
key employees listed in Form 990	Part VII) or entity in connection with p	orofessi	onal fi	undraising services?	X	res No		
b If "Yes," list the 10 highest paid in	dividuals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fundraiser is to	be		
compensated at least \$5,000 by t	he organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	(v) to (or retained by)		
FIRESIDE CAMPAIGNS - 815 16TH	FUNDRAISING COUNSEL	Yes	No					
STREET, NW, WASHINGTON, DC	ACTIVITIES		x	1,461,529.	99,00	0. 1,362,529.		
NEW IMPACT PARTNERS, LLC - 33	FUNDRAISING COUNSEL							
WHITE ALLEN AVENUE, DAYTON,	ACTIVITIES		x	0.	107,00	0. 0.		
BOWERS CONSULTING FIRM - 3355	FUNDRAISING COUNSEL							
N. WHITE AVE, LA VERNE, CA	ACTIVITIES		x	0.	205,20	0. 0.		
Total	tion is registered or licensed to solicit	<u>.</u>		1,461,529.	411,20			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, HI, ME, MN, MO, NM, ND, OH, OK, OR, PA, UT, WV, WI, NJ, VA, NH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule G (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

82-4862489 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	
			(a) Event #1	(D) Event #2	(C) Other events	(d) Total events
						(add col. (a) through
						col. (c))
ð			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts				
ũ						
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	3					
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
сt	7	Food and beverages				
Dire		•				
	8	Entertainment				
	9	Other direct expenses				
	-	Direct expense summary. Add lines 4 through	0 in column (d)		•	
Pa	irt I	Net income summary. Subtract line 10 from lin Gaming. Complete if the organization a		000 Dart IV line 10 or r		
10		\$15,000 on Form 990-EZ, line 6a.	inswered res on Form	990, Fait IV, iiile 19, 011	eported more than	
		\$13,000 011 0111 330-EZ, inte ba.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				biligo/progressive biligo		
Sev						
	1	Gross revenue				
s	2	Cash prizes				
Expenses						
per	3	Noncash prizes				
Щ						
Direct	4	Rent/facility costs				
Ē	.					
	-	Other direct expenses				
	5	Other direct expenses	Vee 0/	Vee 0/	Vac 01	
		Malanda ay lab ay	Yes%	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
						1

9 Enter the state(s) in which the organization conducts gaming activities:

032082 11-25-20

BLACK	LIVES	MATTER	GLOBAL	NETWORK

Schedule G (Form 990 or 990-EZ) 2020 FOUNDATION, INC.	82-4862	2489	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 e			
to administer charitable gaming?	-	Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
b An outside facility			%
14 Enter the name and address of the person who prepares the organization's gaming/special events be		•	
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization > \$	and the amount		
of gaming revenue retained by the third party \triangleright \$			
c If "Yes," enter name and address of the third party:			
Name			
Address 🕨			
16 Gaming manager information:			
Name 🕨			
Gaming manager compensation 🕨 💲			
Description of services provided 🕨			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceed			
retain the state gaming license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organiza			
organization's own exempt activities during the tax year 🕨 \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu		nes 9, 9t	o, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	IS.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS:		
(I) NAME OF FUNDRAISER: FIRESIDE CAMPAIGNS			
(I) ADDRESS OF FUNDRAISER: 815 16TH STREET, NW, WASHI	NGTON, DC 2000	6	
(I) NAME OF FUNDRAISER: NEW IMPACT PARTNERS, LLC			
(I) ADDRESS OF FUNDRAISER: 33 WHITE ALLEN AVENUE, DAY	TON, OH 45405		

(I) NAME OF FUNDRAISER: BOWERS CONSULTING FIRM

PUBLIC INSPECTION COPY BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC. 82-4862489 Page 4 Schedule G (Form 990 or 990-EZ) Part IV Supplemental Information (continued) (I) ADDRESS OF FUNDRAISER: 3355 N. WHITE AVE, LA VERNE, CA 91750 SCHEDULE G, PART I, LINE 3: THE ORGANIZATION HAS SUBMITTED AND IS PENDING APPROVAL IN THE FOLLOWING STATES: FL, KS, MD, MA, MI, NV, NY, RI, WA THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF REGISTERING OR RENEWING IN THE FOLLOWING STATES: DC, GA, IL, NC, SC, TN

SCHEDULE I Grants and Other Assistance to Organizations, Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury							OMB No. 1545-0047 2020 Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization BLACK LIV FOUNDATIO		GLOBAL NET					Employer identification number 82-4862489
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?	-			-		
Part II Grants and Other Assistance to I					anization answorod "	(as" on Form 000 Part	IV line 21 for any
recipient that received more than \$					anization answered i	es on Form 990, Fan	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIED MEDIA PROJECTS 4126 THIRD STREET	01 0550600	E01(0)(2)	400,000	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK
DETROIT, MI 48201	01-0559608	501(C)(3)	400,000.	0.			COMMUNITIES
ARTS BUSINESS COLLABORATIVE INC. P.O. BOX 296	02 2172060	F01 (G) (2)	200,000				TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK
ELMHURST, NY 11380	83-2173068	501(C)(3)	200,000.	0.			COMMUNITIES
AUDRE LORDE PROJECT INC. 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	06-1502452	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
BLACK LIVES MATTER 5280 / ICO ROCKY MOUNTAIN PEACE AND JUSTICE CENTER - 3970 BROADWAY 105 - BOULDER, CO 80304	74-2302470	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
, BLACK LIVES MATTER BOSTON / ICO BUILDING AUDACITY, INC 75 ALLEN AVE - LYNN, MA 01902	83-4650961	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
BLACK LIVES MATTER DC / ICO GRASSROOTS DC - 4004 E STREET SE - WASHINGTON, DC 20019	46-2411511	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 			e line 1 table				42.

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

Schedule I (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

-4862489

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK LIVES MATTER DETROIT / ICO							TO CONDUCT ACTIVITIES TO
ALLIED MEDIA PROJECTS INC 4126							EDUCATE AND SUPPORT BLACK
THIRD STREET - DETROIT, MI 48201	01-0559608	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER LANSING & BLACK				••			
LIVES MATTER MICHIGAN / ICO ONE							TO CONDUCT ACTIVITIES TO
LOVE GLOBAL - 913 W HOLMES -							EDUCATE AND SUPPORT BLACK
LANSING, MI 48933	20-0373503	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER LONG BEACH /							
ICO FOOD CHAIN WORKERS ALLIANCE							TO CONDUCT ACTIVITIES TO
INC 3055 WILSHIRE BLVD 300 RM Q							EDUCATE AND SUPPORT BLACK
- LOS ANGELES, CA 90010	90-0728464	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER LOS ANGELES /			,				
ICO CANGRESS DBA LOS ANGELES							TO CONDUCT ACTIVITIES TO
COMMUNITY ACTION N - 838 E SIXTH							EDUCATE AND SUPPORT BLACK
STREET - LOS ANGELES, CA 90021	02-0661629	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER NWI GARY / ICO							
CHRIST UNITED METHODIST CHURCH -							TO CONDUCT ACTIVITIES TO
201 WEST RIDGE ROAD - GARY, IN							EDUCATE AND SUPPORT BLACK
46408	35-1617113	501(C)(3)	68,000.	٥.			COMMUNITIES
BLACK LIVES MATTER PHILADELPHIA /							
ICO MOVEMENT ALLIANCE PROJECT -							TO CONDUCT ACTIVITIES TO
924 CHERRY ST NO 5 - PHILADELPHIA,							EDUCATE AND SUPPORT BLACK
PA 19107	26-0307123	501(C)(3)	500,000.	0.			COMMUNITIES
BLACK LIVES MATTER SOUTH BEND							
(SOUTH BEND BLACK EMPOWERMENT							TO CONDUCT ACTIVITIES TO
FUND) - 424 S. MICHIGAN ST., UNIT							EDUCATE AND SUPPORT BLACK
660 - SOUTH BEND, IN 46601	85-1481799	501(C)(3) PNDNG	505,000.	0.			COMMUNITIES
BLACK TRANS MEDIA / ICO ALLIANCE							TO CONDUCT ACTIVITIES TO
FOR GLOBAL JUSTICE - 225 E 26TH							EDUCATE AND SUPPORT BLACK
STREET - TUCSON, AZ 85713	52-2094677	501(C)(3)	200,000.	0.			COMMUNITIES
BOLD WOMEN'S LEADERSHIP NETWORK /							
ICO HIGHLANDER RESEARCH &							TO CONDUCT ACTIVITIES TO
EDUCATION CENTER INC - 1959							EDUCATE AND SUPPORT BLACK
HIGHLANDER WAY - NEW MARKET, TN	62-0646373	501(C)(3)	200,000.	0.			COMMUNITIES

Schedule I (Form 990)

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other	-	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		2-4002409 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BYP100 EDUCATION FUND							TO CONDUCT ACTIVITIES TO
6515 S. INGLESIDE AVE							EDUCATE AND SUPPORT BLACK
CHICAGO, IL 60637	81-0975889	501(C)(3)	188,093.	0.			COMMUNITIES
CENTER ON HALSTED							TO CONDUCT ACTIVITIES TO
3656 NORTH HALSTED							EDUCATE AND SUPPORT BLAC
CHICAGO, IL 60613	51-0178807	501(C)(3)	200,000.	0.			COMMUNITIES
CHINESE PROGRESSIVE ASSOCIATION							TO CONDUCT ACTIVITIES TO
1042 GRANT AVENUE 5TH FLOOR							EDUCATE AND SUPPORT BLAC
SAN FRANCISCO, CA 94133	23-7404756	501(C)(3)	150,000.	0.			COMMUNITIES
COMMUNITY AID AND DEVELOPMENT							TO CONDUCT ACTIVITIES TO
CORPORATION - P.O. BOX 361270 -							EDUCATE AND SUPPORT BLAC
DECATUR, GA 30036	95-3402456	501(C)(3)	75,000.	0.			COMMUNITIES
COMMUNITY SERVICES UNLIMITED							
P.O. BOX 62696							TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLAC
LOS ANGELES, CA 90062	95-3218396	501(C)(3)	500,000.	0.			COMMUNITIES
EQUITY AND TRANSFORMATION							TO CONDUCT ACTIVITIES TO
10 W 35TH STREET SUITE 9C5							EDUCATE AND SUPPORT BLACI
CHICAGO, IL 60616	83-4701430	501(C)(3)	200,000.	0.			COMMUNITIES
FII - NATIONAL DBA UPTOGETHER (FKA							
FAMILY INDEPENDENCE INITIATIVE) -							TO CONDUCT ACTIVITIES TO
663 13TH STREET NO 200 - OAKLAND, CA 94612	02 0784700	E01(0)(2)	25.000	0.			EDUCATE AND SUPPORT BLAC
CA 94612	02-0784790	501(C)(3)	25,000.	0.			COMMUNITIES
GRIFFIN-GRACY EDUCATIONAL RETREAT							TO CONDUCT ACTIVITIES TO
& HISTORICAL CENTER - 23 BROOKLAWN							EDUCATE AND SUPPORT BLACK
DRIVE - LITTLE ROCK, AR 72205	82-1080729	501(C)(3)	200,000.	0.			COMMUNITIES
HAITIAN BRIDGE ALLIANCE							TO CONDUCT ACTIVITIES TO
13 OVERTURE LANE							EDUCATE AND SUPPORT BLACK
ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	200,000.	0.			COMMUNITIES

Schedule I (Form 990)

82-4862489

Page 1

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDER RESEARCH & EDUCATION							TO CONDUCT ACTIVITIES TO
CENTER INC 1959 HIGHLANDER WAY							EDUCATE AND SUPPORT BLACK
- NEW MARKET, TN 37820	62-0646373	501(C)(3)	200,000.	0.			COMMUNITIES
HOUSE OF TULIP							TO CONDUCT ACTIVITIES TO
3816 BIENVILLE AVE							EDUCATE AND SUPPORT BLAC
NEW ORLEANS, LA 70119	85-1376745	501(C)(3)	200,000.	0.			COMMUNITIES
TUTNO MUDOUGU GTUTNO FOUNDARTON							
LIVING THROUGH GIVING FOUNDATION							TO CONDUCT ACTIVITIES TO
8544 BURTON WAY STE 401		501 (2) (2)					EDUCATE AND SUPPORT BLAC
LOS ANGELES, CA 90048	80-0928421	501(C)(3)	2,300,000.	0.			COMMUNITIES
LOVE NOT BLOOD CAMPAIGN							TO CONDUCT ACTIVITIES TO
3996 SAN PABLO AVE UNIT G							EDUCATE AND SUPPORT BLAC
EMERYVILLE, CA 94608	81-4000831	501(C)(3)	700,000.	0.			COMMUNITIES
MARSHA P. JOHNSON INSTITUTE / ICO							TO CONDUCT ACTIVITIES TO
SOCIAL GOOD FUND - 12651 SAN PABLO							EDUCATE AND SUPPORT BLAC
AVE - RICHMOND, CA 94805	46-1323531	501(C)(3)	200,000.	0.			COMMUNITIES
NATIONAL ALUMNI ASSOCIATION OF THE							TO CONDUCT ACTIVITIES TO
BLACK PANTHER PARTY - P.O. BOX							EDUCATE AND SUPPORT BLAC
7978 - GARDEN CITY, NY 11530	45-3274524	501(C)(3)	50,000.	0.			COMMUNITIES
The GRADEN CITE, NE 11550	45 52/4524	501(0)(5)	50,000.				
NATIONAL INSTITUTE FOR PEER							TO CONDUCT ACTIVITIES TO
SUPPORT - 7001 ARLINGTON ROAD							EDUCATE AND SUPPORT BLAC
SUITE 237 - BETHESDA, MD 20814	20-1398650	501(C)(3)	200,000.	0.			COMMUNITIES
OFFICIAL BLACK LIVES MATTER			· ·				
MEMPHIS / ICO MEMPHIS ARTISTS FOR							TO CONDUCT ACTIVITIES TO
CHANGE - 1540 NETHERWOOD -							EDUCATE AND SUPPORT BLAC
MEMPHIS, TN 38106	81-4207475	501(C)(3)	500,000.	0.			COMMUNITIES
							L
OSCAR GRANT FOUNDATION							TO CONDUCT ACTIVITIES TO
22097 REDWOOD ROAD							EDUCATE AND SUPPORT BLAC
CASTRO VALLEY, CA 94546	37-1761761	501(C)(3)	200,000.	Ο.			COMMUNITIES

Schedule I (Form 990)

82-4862489

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I (Form 990) FOUNDATION, INC.

		incone ergamzanene	and Bonnootio do		eaale i (i eilii eee), i a	,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR THE ADVANCEMENT OF							TO CONDUCT ACTIVITIES TO
NEW AMERICANS - 4089 FAIRMOUNT							EDUCATE AND SUPPORT BLACK
AVENUE - SAN DIEGO, CA 92105	47-5299457	501(C)(3)	200,000.	0.			COMMUNITIES
ST. JAMES INFIRMARY							TO CONDUCT ACTIVITIES TO
730 POLK STREET							EDUCATE AND SUPPORT BLACK
SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	200,000.	0.			COMMUNITIES
TAKEACTION MINNESOTA EDUCATION							TO CONDUCT ACTIVITIES TO
FUND - 705 RAYMOND AVE NO 100 -							EDUCATE AND SUPPORT BLACK
ST. PAUL, MN 55114	41-1635130	501(C)(3)	200,000.	0.			COMMUNITIES
							L
TEAM BLACKBIRD LLC							TO CONDUCT ACTIVITIES TO
8605 SANTA MONICA BLVD UNIT 81873	64 4550000		1 500 000				EDUCATE AND SUPPORT BLACK
WEST HOLLYWOOD, CA 90069	61-1779029	N/A	1,500,000.	0.			COMMUNITIES
TRANSGENDER GENDER-VARIANT &							
INTERSEX JUSTICE PROJECT / ICO							TO CONDUCT ACTIVITIES TO
JUSTICE NOW - 1322 WEBSTER STREET	40.4550600						EDUCATE AND SUPPORT BLACK
- OAKLAND, CA 94612	42-1559699	501(C)(3)	200,000.	0.			COMMUNITIES
THE GEORGE FLOYD MEMORIAL							TO CONDUCT ACTIVITIES TO
FOUNDATION INC 18212 STUDMAN							EDUCATE AND SUPPORT BLACK
BRANCH AVE - CHARLOTTE, NC 28278	85-2280701	501(C)(3)	200,000.	0.			COMMUNITIES
THE MICHAEL O.D. BROWN WE LOVE OUR							
SONS & DAUGHTERS FOUNDATION - 4022							TO CONDUCT ACTIVITIES TO
FLANDRE COVE CT FLORISSANT, MO							EDUCATE AND SUPPORT BLACK
63034	47-2123013	501(C)(3)	1,410,697.	٥.			COMMUNITIES
THE TRANSGENDER DISTRICT / ICO ST.							
JAMES INFIRMARY - 1460 MISSION ST,							TO CONDUCT ACTIVITIES TO
SUITE 103 - SAN FRANCISCO, CA							EDUCATE AND SUPPORT BLACK
94103	94-3330568	501(C)(3)	200,000.	0.			COMMUNITIES
THE TRAYVON MARTIN FOUNDATION,							TO CONDUCT ACTIVITIES TO
INC 15800 NW 42ND AVE - MIAMI							EDUCATE AND SUPPORT BLACK
GARDENS, FL 33054	46-5518442	501(C)(3)	200,000.	0.			COMMUNITIES

Schedule I (Form 990)

82-4862489

Page 1

BLACK LIVES MATTER GLOBAL NETWORK

20-3074517 501(C)(3)

95-4116679 501(C)(3)

Schedule I (Form 990) FOUNDATIC			, or it is a set of the set of th			8	2-4862489 Page 1
Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANS JUSTICE FUNDING PROJECT / ICO TIDES FOUNDATION - P.O. BOX 29903 - SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRANS UNITED FUND 2425 17TH STREET, NW WASHINGTON, DC 20009	81-1465260	501(C)(4)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRANSGENDER ADVOCATES KNOWLEDGEABLE EMPOWERING - 340 E VIEW BLVD - BIRMINGHAM, AL 35215	85-0702039	501(C)(3)	400,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRANSGENDER LAW CENTER P.O. BOX 70976 OAKLAND, CA 94612	05-0544006	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRUSTAFRICA C/O UPS STORE 2100 M ST NW							TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK

200,000.

400,000.

Ο.

Ο.

COMMUNITIES

COMMUNITIES

TO CONDUCT ACTIVITIES TO

EDUCATE AND SUPPORT BLACK

CA 91302

WASHINGTON, DC 20037

SOCIAL AND ENVIRONMENTAL ENTREPRENEURS, INC. - 23564

CALABASAS ROAD NO 201 - CALABASAS,

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answeret "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Image:

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:

Schedule I (Form 990) 2020

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

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

82-4862489 Page 2

PUBLIC INSPECTION COPY
BLACK LIVES MATTER GLOBAL NETWORK Schedule I (Form 990) FOUNDATION, INC. 82-4862489 Page 2 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.

sc	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	1
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Depa	rtment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Employeri	-	ection	
Nan	ne of the organizatio		Employeri ຈາກ/			mber
Pa	rt I Question	FOUNDATION, INC. s Regarding Compensation	02-4	100240	3	
	destion				Vaa	Ne
10	Chack the appropr	ate hex(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No
Id		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	X First-class or		nalusa			
	Travel for con	.				
	Tax indemnifi					
		ation and gross-up payments Health or social club dues or initiation fee spending account Personal services (such as maid, chauffe				
	Discretionary		, 01101)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	-			1b		x
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				<u> </u>
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					x
		······································		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	-	ther organizations Approval by the board or compensation c	ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a	Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	Participate in or ree	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5 a		X
b		ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the	-				v
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9	l	1

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

Schedule J (Form 990) 2020

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) KAILEE SCALES	(i)	0.	0.	139,625.	0.	0.	139,625.	0.
FORMER MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

82-4862489

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

Schedule J (Form 990) 2020

82-4862489 Page 3

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 1A:

CHARTER TRAVEL FOR THE EXECUTIVE DIRECTOR WAS INCURRED DUE TO SECURITY

THREATS AND DURING THE COVID PANDEMIC. THIS TRAVEL WAS FOR ORGANIZATIONAL

PURPOSES. THE EXPENDITURE WAS VOLUNTARILY REIMBURSED SUBSEQUENT TO YEAR

END; THIS WAS NOT TAXABLE COMPENSATION.

PART I, LINE 1B:

THE EXPENDITURE WAS FOR ORGANIZATIONAL PURPOSES. THE DECISION MAKING

PROCESS WAS PERFORMED BY THE EXECUTIVE DIRECTOR AND MADE IN CONSIDERATION

OF SECURITY THREATS AND THE COVID PANDEMIC.

PART I, LINE 4A:

KAILEE SCALES DID NOT SERVE DURING THE FISCAL YEAR ENDED JUNE 30, 2021,

HOWEVER, SHE DID RECEIVE A SEVERANCE PAYMENT FOR CALENDAR YEAR 2020 IN THE

AMOUNT OF \$139,625. THE TERMS AND CONDITIONS OF THE ARRANGEMENT ARE

CONFIDENTIAL.

Schedule J (Form 990) 2020

SCHEDULE L		Tra	insactior	ıs V	Vith	Int	ere	sted	Pers	sons			ON	/IB No.	1545-00)47	
(Form 990 or 990-EZ)	Complete	if the c	organization and								6, 27,	28a,		2	02	n	
			28b, or 28c, o ► Atta					line 38a າ 990-E2					0	pen T			
Department of the Treasury Internal Revenue Service		Go to	www.irs.gov/Fc							formation.			In	spect	ion		
Name of the organizatior			ES MATTE	RG	LOB	AL 1	NETV	WORK					rident 624		on nı	mber	
Part I Excess E			N, INC. ons (section 50	01(c)(3	s). sect	ion 50	1(c)(4)	. and se	ction 501	(c)(29) orga				69			
			vered "Yes" on F										•				
1 (a) Name of disquali	fied person	(b) F	Relationship betv person and or			lified		(0	c) Descri	ption of trar	sactic	n				ected?	
PATRISSE CUL	LORS	FOU	NDER & E	<u> </u>		VE	USE	OF	REAL	ESTAT	E			Yes No X			
														_			
														+	-+		
2 Enter the amount of		•	-	-		-	-					•			-	0.0	
section 4958 3 Enter the amount o			above reimburs									► \$ ► \$				<u>90.</u> 0.	
						garnza						v					
			erested Pers														
•	•		vered "Yes" on F , Part X, line 5, 6			, Part '	V, line	38a or F	Form 990	, Part IV, lin	e 26; (or if th	e orga	nizatio	on		
(a) Name of	(b) Relat		(c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In										(h) Ap by bo	proved		Vritten	
interested person	with orga	anization organization? principal amount default? comi							ittee?	ittee? agreement?							
PATRISSE CUL		DER	THIS WAS		From X		73	523.	7	3,523.	Yes	No X	Yes	No X	Yes	No X	
										0,0201						<u> </u>	
																+	
																+	
																<u> </u>	
Total								▶ \$	7	3,523.						1	
			efiting Inter														
(a) Name of interes			vered "Yes" on F (b) Relationship					ount of		(d) Type	of		(e) Purp	ose c	of	
			interested pers the organiza	son an				tance		assistan			• •	assist			
		_															

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

Schedule L (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule L (Form 990 or 990 EZ) 2020 FOUNDA			82-4862	489	Page 2							
Part IV Business Transactions Involv	ing Interested Persons.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.												
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?								
				Yes	No							
PAUL CULLORS, CULLORS PROT	FAMILY MEMBER OF FO	840,993.	PROFESSIONA		Х							

Part V Supplemental Information.

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

SCHEDULE L, PART I, EXCESS BENEFIT TRANSACTIONS:

(A) NAME OF PERSON: PATRISSE CULLORS

(B) RELATIONSHIP WITH DISQUALIFIED PERSON: FOUNDER & EXECUTIVE DIRECTOR

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: PATRISSE CULLORS

(B) RELATIONSHIP WITH ORGANIZATION: FOUNDER & EXECUTIVE DIRECTOR

(C) PURPOSE OF LOAN: THIS WAS NOT A LOAN; INCLUDES OTHER RECEIVABLES FOR

TRAVEL & REIMBURSEMENTS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PAUL CULLORS, CULLORS PROTECTION LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FOUNDER & EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: PROFESSIONAL SECURITY SERVICES

SCHEDULE L, PART II:

CHARTER TRAVEL FOR THE EXECUTIVE DIRECTOR WAS INCURRED DUE TO SECURITY

THREATS AND DURING THE COVID PANDEMIC. THIS TRAVEL WAS FOR

ORGANIZATIONAL PURPOSES. THE EXPENDITURE WAS VOLUNTARILY REIMBURSED

Schedule L (Form 990 or 990-EZ) 2020

FOUNDATION, INC.

BLACK LIVES MATTER GLOBAL NETWORK

	(Form 990 or 990-EZ)	FOUNDATION
Part V	Supplemental In	formation
	Complete this part to	provide additional informa

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SUBSEQUENT TO YEAR END.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.



82-4862489

FORM 990, PAGE 1:

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC. ("BLMGNF")

INCORPORATED IN 2017 IN DELAWARE. THE ORGANIZATION RECEIVED TAX-EXEMPT

STATUS EFFECTIVE AUGUST 28, 2020. PRIOR TO OBTAINING ITS OWN TAX-EXEMPT

STATUS, BLMGNF WAS A FISCALLY SPONSORED PROJECT OF THOUSAND CURRENTS, A

501(C)(3) PUBLICLY SUPPORTED CHARITABLE ORGANIZATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVISORY COUNCIL; CREATE AND CURATE ARTISTIC PERFORMANCES (FILM,

TELEVISION, THEATER, ETC.); AND RUN A FELLOWSHIP PROGRAM, WHERE WE WILL

SPONSOR ARTISTS ALIGNED WITH OUR MISSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

 POLICY - WE ARE INTERVENING ON EXISTING POLICIES AND NEW POLICIES TO

 BENEFIT BLACK PEOPLE BY REIMAGINING PUBLIC SAFETY, COMMUNITY CARE, AND

 HOW WE SPEND MONEY AS A SOCIETY. WE ARE SHAPING INTELLECTUAL DISCOURSE

 AND IMPACTING PUBLIC POLICY UNIQUELY FROM A BLACK AND PEOPLE OF COLOR

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

Schedule O (Form 990 or 990-EZ)		Page 2
Name of the organization BLA	ACK LIVES MATTER GLOBAL NETWORK	Employer identification number
	UNDATION, INC.	82-4862489
PERSPECTIVE IN TH	HE UNITED STATES AND THROUGHOUT THE DIASPOR	Α.
EXPENSES \$ 1,346,	,558. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.

INVESTMENT - WE ARE INVESTING IN SOLUTIONS THAT ARE FOR US BY US AND

ALLOW BLACK PEOPLE TO GAIN INDEPENDENCE FROM SYSTEMS THAT DON'T CENTER

THE NEEDS OF BLACK PEOPLE, SO WE HAVE THE POWER TO DREAM BIG AND CREATE

THE COMMUNITY WE WANT AND NEED TO FLOURISH, GROW, AND THRIVE.

EXPENSES \$ 230,887. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THINK TANK - WE ARE INVESTING IN RESEARCH ON BLACK LIFE AND CREATIVE

SOLUTIONS THAT CAN BE USED TO INFLUENCE DEEPER INVESTMENTS AND POLICY

MAKING. WE ARE LEADING PUBLIC EDUCATION CAMPAIGNS TO IMPROVE AND CHANGE

THE MATERIAL CONDITIONS FOR ALL PEOPLE, THROUGH BILLBOARDS AND A

DIGITAL VIDEO SERIES FOCUSING ON RACIAL INJUSTICE, POLICE BRUTALITY,

CRIMINAL JUSTICE REFORM, BLACK IMMIGRATION, ECONOMIC INJUSTICE,

LGBTQIA+ AND HUMAN RIGHTS, ENVIRONMENTAL INJUSTICE, ACCESS TO

HEALTHCARE, ACCESS TO QUALITY EDUCATION, AND VOTING RIGHTS AND

SUPPRESSION. THIS PROGRAM WILL INCLUDE NON-PARTISAN VOTER EDUCATION

CAMPAIGNS.

EXPENSES \$ 95,381. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8A:

PER DELAWARE LAW, THE BOARD CONSISTED OF ONE VOTING DIRECTOR. AS SUCH, NO

BOARD MEETINGS WERE HELD DURING THE FISCAL YEAR ENDING JUNE 30, 2021.

FORM 990, PART VI, SECTION A, LINE 8B:

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

Schedule O (Form 990 or 9	90-EZ) 2020					Page 2
Name of the organization	BLACK	LIVES	MATTER	GLOBAL	NETWORK	Employer identification number
	FOUND	ATION,	INC.			82-4862489

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, IL, KS, KY, MD, MA, MI, MN, NH, NY, NC, ND, OR, PA, RI, SC, TN, VA, WV, WI, AL, HI NM, NJ, UT

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 MAKE ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 10:

BLMGNF WORKS WITH AND HAS MADE GRANTS TO SEVERAL BLACK LIVES MATTERS

ORGANIZATIONS. THESE ORGANIZATIONS ARE ALL STAND ALONE ENTITIES OR

Schedule O (Form 990 or 990-EZ) 2020 Page Page Page Page Page Page Page Page											
Name of the organization	BLACK LIVES FOUNDATION,	MATTER INC.	GLOBAL	NETWORK	Employer identification number 82-4862489						

FISCALLY SPONSORED BY OTHER CHARITABLE ORGANIZATIONS. AS SUCH, THERE

ARE NO WRITTEN POLICIES OR PROCEDURES FOR CONTROL OR SUPERVISION OF

THESE ORGANIZATIONS.

FORM 990, PART VII, SECTION A, LINE 1A:

THE FOUNDER & EXECUTIVE DIRECTOR SERVED AS AN UNPAID VOLUNTEER TO

BLMGNF.

FORM 990, PART VII, SECTION B, LINE 1:

DESCRIPTION OF SERVICES FOR BOWERS CONSULTING FIRM:

PROVIDED SERVICES INCLUDE: ADMINISTRATIVE SUPPORT, GENERAL CONSULTING,

STRATEGY, DESIGN, COMMUNICATIONS, DATA, DIGITAL, ADVOCACY, TRAINING,

MESSAGE DEVELOPMENT, COPYWRITING, EXECUTIVE COACHING AND SUPPORT, TV

AND DIGITAL PRODUCTION SUPPORT, CAMPAIGN AND PROGRAM MANAGEMENT,

PROJECT MANAGEMENT, FUNDRAISING, DEVELOPMENT SUPPORT, AND STAFF

MANAGEMENT UNDER THE DIRECTION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VIII LINE 3 AND PART X LINE 11:

AFTER A RIGOROUS PROCESS, BLMGNF SELECTED AN ADVISOR AND INVESTED

\$32,000,000 DURING THE MONTH ENDED JUNE 30, 2021.

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

CONSULTING:

PROGRAM SERVICE EXPENSES

1,020,815.

608,561.

418,725.

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

2,048,101.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization BLACK LIVES MATTER GLOBAL NETWORK	Page 2
FOUNDATION, INC.	82-4862489
SECURITY:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,383,048.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,383,048.
DESIGN & MEDIA:	
PROGRAM SERVICE EXPENSES	1,999,098.
MANAGEMENT AND GENERAL EXPENSES	10,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,009,098.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	1,730,616.
MANAGEMENT AND GENERAL EXPENSES	420,258.
FUNDRAISING EXPENSES	51,721.
TOTAL EXPENSES	2,202,595.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,926.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,926.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,648,768.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations a lete if the organization answered "Ye Attack Go to www.irs.gov/Form990 for	OMB No. 1545-0047 2020 Open to Public Inspection			
Name of the organizat	ion BLACK LIVES MA FOUNDATION, IN	TTER GLOBAL NETWORK				Employer identification number 82-4862489
Part I Identificati	ion of Disregarded Entities. Complet	e if the organization answered "Yes" o	n Form 990, Part IV, line 33.			
	of disregarded entity foreign country)		(d) Total income	(e) End-of-year asse	(f) Direct controlling entity	
DISREGARDED ENTIT	TY - 99-9999999					
UNDISCLOSED BUSIN		4				
LOS ANGELES, CA	91604	HOLD REAL ESTATE	DELAWARE	0.	5,923,81	1.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	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2020 FOUNDATION, INC.

82-4862489 Page 2

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage	
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box	mana	aging ner?	Percentage ownership	
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Vac	No	amount in box 20 of Schedule K-1 (Form 1065)	Vac	No		
		oound y)					103						
	•												
	1												
	1												

Part IV 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	(c) Legal domicile (state or foreign	(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	Sec 512(t contr ent	(i) ction (b)(13) trolled tity?	
		country)		01 (1031)		233613			No

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. Schedule R (Form 990) 2020

Par	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.					
Note: Complete line 1 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 with one or more related organizations listed in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					
	b Gift, grant, or capital contribution to related organization(s)					
	c Gift, grant, or capital contribution from related organization(s)					
	Loans or loan guarantees to or for related organization(s)	1d				
	Loans or loan guarantees by related organization(s)	1e				
f	Dividends from related organization(s)	1f				
g		1g				
h	Purchase of assets from related organization(s)	1h				
i	Exchange of assets with related organization(s)	1i				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k				
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n				
	Sharing of paid employees with related organization(s)	10				
р	Reimbursement paid to related organization(s) for expenses	1p				
	Reimbursement paid by related organization(s) for expenses	1q				
r	Other transfer of cash or property to related organization(s)	1r				
s	Other transfer of cash or property from related organization(s)	1s				
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		-	-		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
<u>(5)</u>				
(6)				

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2020 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners si 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes No	(k) Percentage ownership
							110			

Schedule R (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Schedule R (Form 990) 2020 FOUN Part VII Supplemental Information

82-4862489 Page 5

Provide additional information for responses to questions on Schedule R. See instructions.

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 RECIPIENTS OF THE BLACK JOY CREATORS FELLOWSHIP. THE ORGANIZATION

REMAINS DEDICATED TO RADICAL BLACK PHILANTHROPY AND SUPPORT OF ARTISTS

WHO CONTRIBUTE THEIR TALENTS TO RAISING AWARENESS FOR THE MOVEMENT. THE

FELLOWSHIP 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.