

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 11139 | Return of Organization Exempt From Income Tax

Form **990** Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2022 calendar year, or tax year beginning and	ending					
B C a	heck if oplicab	C Name of organization		D Employer identifie	cation number			
	Addre	SOLVE						
	Name Chang	Doing business as		93-05792	79286			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	r				
	Final return	1501 SW JEFFERSON ST.		503-844-	9571			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,255,330.			
	Amen return	PORILAND, OR 97201		H(a) Is this a group re				
	Applic tion pendi		for subordinates	? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: X $501(c)(3)$ $501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	1 '	list. See instructions			
	Vebsi			H(c) Group exemptio				
		f organization: X Corporation Trust Association Other	L Year	of formation: 1969	State of legal domicile: OR			
Ра	rt I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities:						
anc	-	TO IMPROVE THE ENVIRONMENT AND BUILD A LE						
ern	2	Check this box if the organization discontinued its operations or dispos			ets. 18			
20 S	3			18				
<u>چ</u>		Number of independent voting members of the governing body (Part VI, line 1b)		27				
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			19842			
Activities & Governance		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,680,546.	2,112,100.			
anu	9	Program service revenue (Part VIII, line 2g)		444,741.	125,130.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		109,416.	-15,907.			
ž		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,555.	7,228.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,245,258.	2,228,551.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,869.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		880,218.	1,096,311.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 161,92	24.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		547,166.	676,310.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,427,384.	1,778,490.			
	19	Revenue less expenses. Subtract line 18 from line 12		817,874.	450,061.			
s or			Be	ginning of Current Year	End of Year			
t Assets d Balanc	20	Total assets (Part X, line 16)		3,746,880.	4,601,918.			
t As	21	Total liabilities (Part X, line 26)		357,174.	955,422.			
Fuc	22	Net assets or fund balances. Subtract line 21 from line 20		3,389,706.	3,646,496.			
Pa	rt II	Signature Block						

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

Sign	Signature of officer			Date	
	KRIS CARICO, CEO				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	GERARD DEBLOIS			self-employed P01287653	
Preparer	Firm's name MCDONALD JACOBS,	P.C.		Firm's EIN 93-0900579	
Use Only	Firm's address 520 SW YAMHILL ST	., STE 500			
	PORTLAND, OR 9720	4	P		
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No	
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)	

Form	990 (2022) SOLVE	93-0579286	Page 2
	rt III Statement of Program Service Accomplishments		5
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	OUR VISION IS HEALTHY WATER, LAND AND AIR IN OREGON. OUR BRING OREGONIANS TOGETHER TO IMPROVE THE ENVIRONMENT AND	R MISSION IS 7	10
	LEGACY OF STEWARDSHIP.	, POID Y	
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	d
	revenue, if any, for each program service reported.		u
4a	(Code:) (Expenses \$154, 568. including grants of \$5, 869.) (Reve	nue \$ 6,0	000.)
	DETRASH PORTLAND CONNECTS LIKE-MINDED VOLUNTEERS WHO WAN	NT TO TACKLE 7	THE
	ISSUE OF LITTER IN PORTLAND. EACH WEEK, WE SUPPORT EVENT		
	THE CITY AND PROVIDE CLEANUP SUPPLIES, SAFETY INFORMATIC		
	ASSISTANCE FOR ANY WHO WOULD LIKE TO IMPROVE THEIR NEIGH	IBORHOOD THROU	JGH
	THE SIMPLE ACT OF CLEANING UP.		
	100.040		240
4b	(Code:) (Expenses \$100,840. including grants of \$) (Reverses \$))40.)
	PULL INVASIVE VEGETATION AND PLANT NATIVE TREES ALONG OU		
	BEACHES TO IMPROVE WILDLIFE HABITAT, EROSION CONTROL ANI		
	· · · · · ·		
4c	(Code:) (Expenses \$69 , 309 . including grants of \$) (Reve		3 45.)
	OREGON SPRING CLEAN UP - ONE OF THE LARGEST EARTH DAY AC		CHE
	NATION, OREGON SPRING CLEAN UP PROJECTS TAKE PLACE AROUN		
	INVOLVING VOLUNTEERS IN ILLEGAL DUMPSITE AND NEIGHBORHOO CLEANUPS, INVASIVE VEGETATION REMOVAL, NATIVE TREE AND S		20
	AND MAINTENANCE OF WATERSHED RESTORATION SITES.	MIKOD FLANTING	- 65
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ 1,184,289. including grants of \$) (Revenue \$	103,245.)	
4e	Total program service expenses 1,509,006.		
		Form 9 9	90 (2022)
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	2		

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Par	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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "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
	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	
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Par	TIV 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		X
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?			
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	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		x
07		20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	4		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00.		v
	"Yes," complete Schedule L, Part IV			X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28 b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?		-
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Chack if Ochachula O contains a granteets to complicate the Data V			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 27 2 2 2 2 2 2 2 4 2 7 4 4 4 2 7 4	Form	990 (2022) SOLVE 93-0579	286	P	_{age} 5						
2a Event the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 27 b If a least one is reported on line 2a, diff the organization the antimeter devel and employment tax returns? 2a X b If the schematic hair way reported business groom of 510000 rome outing the way? 3a X b If Yes, 'tast fitted 5 form 040-15 for this year. At the organization have an integet by way? 3a X b If Yes, 'tast fitted 5 form 040-15 for this year. At the organization have an integet by way? 3a X b If Yes, 'tast the name of the foreign country (such as a bark account, securits securits or other francial account)? 4a X b Was the organization have another to a prohibited tax sheart transaction at any time during the tax year? 3b X c If Yes, 'est the same of the organization have tax or is a party to a prohibited tax sheart transaction? 3a X b If Yes, 'able organization have annual groos receipts that are organization have annual groos receipts that are normally greater than \$100,000, and did the organization solid may contribution an appress statement that such contributions or gifts were not tax deductible? 7a X b If Yes, 'indit eorganization have ways state are organizing greater than \$100,000, and did the organization solid may appress attement that are contributions or gifts were not tax deductible? 7a X <	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
text but for the calendary sear ending with or within the year covered by this return 12 27 30 Diff the cognization have unrelated business gross income of \$1,000 or more during the year? 3a X 34 Diff the cognization have unrelated business gross income of \$1,000 or more during the year? 3a X 35 Diff the cognization have an interest in, or a Signiture or other authority over, a financial account is a foringin country used in a bank account, or other financial accounts? 4a X 36 Diff the cognization have an interest in, or a Signiture or other authority over, a financial accounts? 4a X 36 Diff any taxable party only the organization that it have or is a party to a prohibited tax shells the ansociation approximation have annual gross recepts that are normally greater than \$100,000, and diff the organization include with every solication an express statement that such contributions or gifts 6a X 37 O Did any taxable party only the organization fine data party bas contributions or gifts 6a X 38 Diff the cognization include with every solication an express statement that such contributions or gifts 6a X 39 Diff the cognization include with every solication and express provided? 7a X 40 Tys, "ridd the organization neutry exprest deductibles? 7a X	•			Yes	No						
b If a last one is reported on line 2a, diff the organization file all regulate federal employment tax returns? 2a X 3a DM the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a If Yes, 'has it flied a Form 380-T for this year? / No' to line 3b, provide an explanation on Schedule 0 3a X 3b If Yes, 'has it flied a Form 380-T for this year? / No' to line 3b, provide an explanation on Schedule 0 3a X 3b If Yes, 'has it flied a Form 380-T for this year? / No' to line 3b, provide an explanation on Schedule 0 5a X 3b Difference See instructions for thing requirements to FinCIN Form 114, Report of Foreign Bank and Financial Accounts (FIBAR). 5a X 5c Difference See instructions for thing requirements to FinCIN Form 184-Report of Foreign Bank and Financial Accounts (FIBAR). 5a X 5c Difference See instructions of this organization hat an errormall gross receptite and a prombibile tax shells transaction? 5a X 5c Difference See instructions of the organization mater that are organization and explanation one organization have explanation to an explanation that super organization have explanation that super organization have explanation fore shellower spontation fore explanation have explanation fore see organization have explanatin explanatin the see organiza	2a										
ab Did the organization have unrelated business process income of \$1,000 or more during the year? 3a X bit 11*es, final field a form 3000 for this year, 7 year for for some provide an acclamation on bondule O 3b X 4a Atary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account if a foreign contry. 4a X bit 1*es, financial account if a consign contry. 4a X bit 1*es, financial account if a consign contry. 4a X bit 1*es, financial account if a consign contry. 5a X bit 1*es, financial account if a consign contry. 5a X bit 1*es, financial account is prohibit at ax able that such that you in a prohibit at ax able and this account is prohibit at as able account is provided to a prohibit at as able and prime during the payer? 5a X c) 11*es, financian account is a down account is a consistent of the account is account is a consistent of the account is account is account is a consistent of the account is account is account is account is account is account is a consistent of the account is accoun	h		2h	x							
b If Yes," has it field a form 800-T for this yes? Yes' to fine 3b, provide an explanation on Schedule 0. 3b 4a At any time during the calandary year, did the organization have an interest in, or a signature or other authonity over, a transcist account in a toreign country (such as a bark account, securites account, or other financial accountin? 4a X b If Yes," enter the name of the foreign country (such as a bark account, securites account, or other financial accounts (FBAR). 5a X 5a Was the organization the organization that twos or is a prive to a prohibited ac sheller transaction? 5c 5a 5a Doet any tasked baryt notify the organization that twos or is a prive to a prohibited as sheller transaction? 5c 5c 6 Does the organization that any receive deductible contributions? 5c 5c 6 Dif Yes," othe due organization that any conset sprive that section 170(c). 6b 7a X 0 Dif Yes," othe organization neaver asso of S7 made party as a contribution and party for goods and services provided? 7a X 0 Dif Yes," other application receive a portent due ways of the poords or services provided? 7a X 0 Dif Yes," other application neaver asso of S7 made party as a contribution or application neaver asso of S7 made party as a contribution of asareset organization have a cont	-										
4a Are y time during the calendary year, did the organization have an interest in, or a signature or other authority over, a fain function account is concurbed account, or other functional accounts? 4a X b If "Yes," enter the name of the foreign country with the standard accounts of the regulations for thing requirements for FINCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a X c If "Yes," enter the name of the foreign country is a party to a prohibited tax shefter transaction? 5a X c If Yes," enter the answer to be againztion the foreign East and the organization in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles charable contributions? 5a X c If Yes," indicate the number of Form S282 Filed during the year 7d X X d If Yes," indicate the number of Form S282 Filed during the year 7d X X d If Yes," indicate the number of Form S282 Filed during the year 7d X X d If Yes," indicate the number of Form S282 Filed during the year 7d X X d If Yes," indicate the number of Form S282 Filed during the year 7d X X d If Yes," indicate the number of Form S282 Filed during the year 7d X X d If Yes," indicate the number of Form S282 Filed during the year 7d											
Intractal account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If ''es, ''est the name of the foreign country 5a 5a <th></th> <th></th> <th></th> <th></th> <th></th>											
See instructions for ling requirements for FinCEH Form 114, Report of Foreign Bark and Financial Accounts (FBAF). 5a 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Dd any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5a 5b Dd any taxable party notify the organization that example tax aparty to a prohibited tax shelter transaction? 5a 5c D bot sho capanization have annual gross receipts that are normally greater than \$100.000, and diff the organization sile and update the every solicitation an express statement that such contributions or gits 5a 7 Or grainization site are yreceive deductible contributions under section 170(c). 7a X 7 D'res, 'did the organization notify the donor of the value of the goods or services provided? 7a X 7 D'res, 'did the organization self, extrange, or otherwise dispose of transport yfor which it was required? 7a X 7 D'res, 'did the organization self, divertly or indirectly, to pay premiums on a personal benefit contract? 7a X 7 D'res, 'did the organization and extransport of the walue of the goods or services provided? 7a X 8 D'res, 'did the organization receive a party for midicely, to pay premiums on a personal benefit contract? 7a X 7a X 11 the organization neceive anorthabula contrab			4a		Х						
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 6a Dess 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 organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 6a X 7 Tyss, " did the organization include with every solicitation and partly for goods and services provided to the part? 7a X 7 Tyss," did the organization notify the donor of the value of the goods or services provided? 7a X 7 Tyss," did the organization notify the donor of the value of the goods or services provided? 7a X 7 Tyss," did the organization notify the donor of the value of the goods or services provided? 7a X 7 Tyss," did the organization notify the donor of the value of the goods or services provided? 7a X 7 Tyss," did the organization notify the donor of the value of the directly or indirectly, on a personal benefit contract? 7a X 7 Tyss," did the organization notify the donor of the value of the during the year? N/A 7b X 9 Did the organization neave exess businese, or other vel	b	If "Yes," enter the name of the foreign country									
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16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17 17 Yes," complete Form 6069. 0 0 0			15		Λ						
If "Yes," complete Form 4720, Schedule O.	16		10		Y						
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069. If "Yes," complete Form 6069.	10		16		~						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17 If "Yes," complete Form 6069.	17										
If "Yes," complete Form 6069.	.,		17								
232005 12-13-22 Form 990 (2022)	232005		Form	990	(2022)						

Form	990 (2022) SOLVE		93-0579			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>				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	18			
	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	18			
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					
	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	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		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	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient 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					
	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					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, and	l financ	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	ks and	d records			
	KRIS CARICO - 503-844-9571					
	1501 SW JEFFERSON ST., PORTLAND, OR 97201					
232006	12-13-22			Form	990	(2022)
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U 1 1	08 781409 8610 2022.05000 SOLVE				86	10

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus [:]	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) KRIS CARICO	40.00		_		-					
CEO		1		x				140,308.	0.	8,369.
(2) SARA LISTER	30.00									
FINANCE DIRECTOR		1		X				82,506.	Ο.	777.
(3) JEFF HALLIN	2.50									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) DOUG MORRIS	2.50									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(5) DOREEN LOOFBURROW	2.50									
SECRETARY		Х		Х				0.	0.	0.
(6) CHUCK LIETZ	2.50									
TREASURER		Х		Х				0.	0.	0.
(7) KEVIN PRICE	2.50									
PAST BOARD CHAIR		Х		Х				0.	0.	0.
(8) ALISA DUNLAP	1.50									
BOARD MEMBER		Х						0.	0.	0.
(9) CLARE SCHMIDT	1.50									
BOARD MEMBER		Х						0.	0.	0.
(10) NINA DECONCINI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BEAU DAVIS	1.50									
BOARD MEMBER (1/1/22-10/28/22)		Х						0.	0.	0.
(12) ISIAH BALL	1.50									
BOARD MEMBER		х						0.	0.	0.
(13) ROSS BEATON	1.50									
BOARD MEMBER		х						0.	0.	0.
(14) JIM NAM	1.50									-
BOARD MEMBER (1/1/22-8/8/22)	1	Х						0.	0.	0.
(15) JOSH BEAN	1.50								•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
(16) LENA ULVI	2.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(17) MARVEITA REDDING	1.50								•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0. Form 990 (2022)

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Form 990 (2022)

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Par	t VII Section A. Officers, Directors, True (A) Name and title	stees, Key Emp (B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			۱ than c is both	one 1 an	ompensated Employee (D) Reportable compensation from	s (continued) (E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	RACHEL DEROSIA D MEMBER	1.50	x						0.	0.	0.
	STEPHANIE RAWSON	2.00	Δ						0.	0.	0.
BOAR	D MEMBER		х						0.	0.	0.
	MARY MOERLINS D MEMBER	1.50	х						0.	0.	0.
	CHRISTOPHER FRIEND	1.50	Λ						0.	0.	0.
	D MEMBER	1 50	Х						0.	0.	0.
/	CLAIRE STEINER D MEMBER	1.50	x						0.	0.	0.
			23								
	Subtotal								222,814.	0.	9,146.
	Total from continuation sheets to Part V								0. 222,814.	0.	0.9,146.
	Total (add lines 1b and 1c) Total number of individuals (including but i									-	5,140.
	compensation from the organization										<u>1</u> Yes No
3	Did the organization list any former officer	r, director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	
	line 1a? If "Yes," complete Schedule J for	such individual							· · · ·	-	3 X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15										4 X
5	Did any person listed on line 1a receive or										
Soot	rendered to the organization? <i>If</i> "Yes," continued to the organization?	mplete Schedule	e J fo	or sı	ich i	oers	on .				5 X
1	Complete this table for your five highest co	ompensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	ation from
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.	
	(A) Name and busines	s address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
								+			
								╡			
								+			
2	Total number of independent contractors (including but no	ot lin	nited	d to t	thos	se lis	ted	above) who received me	ore than	
	\$100,000 of compensation from the organ	u u				C)				000
											Form 990 (2022)

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	n 990 (93-0579	286 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	041,117. 070,983. 16,215. Business Code 900003	2,112,100.	125 120		
Program Service Revenue	h	CONTRACTS	900003	125,130.	125,130.		
Progr	g	All other program service revenue		125,130.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	10,872.			10,872.
	c d	Gross rents (i) Real Less: rental expenses 6a Rental income or (loss) 6c Net rental income or (loss)	(ii) Personal (ii) Other				
Revenue	с	assets other than inventory 7a Less: cost or other basis 7b and sales expenses 7b Gain or (loss) 7c Net gain or (loss) 7c	•	-26,779.			-26,779.
Other Re		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
	9 a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses					
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold					
Miscellaneous Revenue		Net income or (loss) from sales of inventory MISCELLANEOUS INCOME	Business Code 900003	7,228.			7,228.
Miscell	е	All other revenue		7,228. 2,228,551.	125,130.	0.	-8,679.
23200	12 9 12-13-	Total revenue. See instructions		<u>к,440,331.</u>	<u> 14J,13U.</u>	<u> </u>	Form 990 (2022)

	Check if Schedule O contains a response		0		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,869.	5,869.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	231,958.	194,131.	13,425.	24,402.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)		<u> </u>	44 685	
7	Other salaries and wages	720,069.	602,642.	41,677.	75,750.
8	Pension plan accruals and contributions (include				004
_	section 401(k) and 403(b) employer contributions)	7,837. 59,595.	6,559.	454.	<u>824</u> . 6,269.
9	Other employee benefits		49,877.	3,449.	
10	Payroll taxes	76,852.	64,319.	4,448.	8,085.
11	Fees for services (nonemployees):				
	Management				
		26,232.	20,616.	788.	4,828.
	Accounting	20,232.	20,010.	700.	4,020.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,008.		13,008.	
g		20,0000			
9	column (A), amount, list line 11g expenses on Sch 0.)	103,278.	81,166.	3,104.	19,008.
12	Advertising and promotion	18,638.	18,374.	132.	132.
13	Office expenses	42,975.	37,540.	3,289.	2,146.
14	Information technology	46,602.	36,624.	1,401.	8,577.
15	Royalties		-		-
16	Occupancy	96,010.	81,330.	7,332.	7,348.
17	Travel	20,990.	18,977.	1,436.	577.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	00 001	05 055	0.054	0 055
22	Depreciation, depletion, and amortization	29,371.	25,265.	2,051.	2,055.
23		19,165.	16,486.	1,338.	1,341.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM AND EVENT SUPPL	221,830.	221,830.		
b	PRINTING	21,332.	10,764.	10,107.	461.
с	VOLUNTEER RECOGNITION A	2,166.	1,924.	121.	121.
d		4 4 5 4 4	11		
	All other expenses	14,713.	14,713.		1 6 1 . 0 0 1
25	Total functional expenses. Add lines 1 through 24e	1,778,490.	1,509,006.	107,560.	161,924.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)

Form 990 (2022)

SOLVE 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).

232010 12-13-22

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							93-0579286 Page 11		
Ра	rt X								
		Check if Schedule O contains a response or note	to any li	ne in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			388,841.	1	25,517.		
	2	Savings and temporary cash investments			710,525.	2	1,778,051.		
	3				227,902.	3	232,206.		
		Pledges and grants receivable, net			301,544.	4	22,932.		
	4	Accounts receivable, net Loans and other receivables from any current or for			501,511.	4	22,552.		
	5								
		trustee, key employee, creator or founder, substa				E			
	6	controlled entity or family member of any of these	-			5			
	6	Loans and other receivables from other disqualifie				<u> </u>			
	_	under section 4958(f)(1)), and persons described i				6			
ets	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			36,379.	8 9	25,758.		
	9	_	·····		50,579.	9	25,750.		
	10a	Land, buildings, and equipment: cost or other	10	223,262.					
		basis. Complete Part VI of Schedule D		66,870.	129,520.	10-	156,392.		
		Less: accumulated depreciation			129,520.	10c	130,392.		
	11	Investments - publicly traded securities			1,952,169.	11 12	1,678,166.		
	12	Investments - other securities. See Part IV, line 11			1,952,109.		1,070,100.		
	13	Investments - program-related. See Part IV, line 11				13			
	14	Intangible assets			0.	14	682,896.		
	15	Other assets. See Part IV, line 11			3,746,880.	15	4,601,918.		
	16	Total assets. Add lines 1 through 15 (must equal			57,906.	16 17	95,887.		
	17	Accounts payable and accrued expenses			57,500.		55,007.		
	18 19	Grants payable	1,500.	18 19	21,374.				
		Deferred revenue			1,500.		21,5/4.		
	20 21	Tax-exempt bond liabilities				20 21			
		Escrow or custodial account liability. Complete Pa				21			
Liabilities	22	Loans and other payables to any current or forme trustee, key employee, creator or founder, substa							
bilit						22			
Lial	00	controlled entity or family member of any of these Secured mortgages and notes payable to unrelate				22			
	23 24	Unsecured notes and loans payable to unrelated			291,250.	23	150,000.		
	24 25	Other liabilities (including federal income tax, paya			251,250.	24	150,000		
	25	parties, and other liabilities not included on lines 1							
					6,518.	25	688,161.		
	26	of Schedule D Total liabilities. Add lines 17 through 25			357,174.	26	955,422.		
	20	Organizations that follow FASB ASC 958, check	k here	X	00771710	20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
es		and complete lines 27, 28, 32, and 33.							
лč	27				995,995.	27	1,695,721.		
3ala	28	Net assets with donor restrictions		·····	2,393,711.	28	1,950,775.		
Π		Organizations that do not follow FASB ASC 956			,		,		
Fur		and complete lines 29 through 33.	.,						
p	29	Capital stock or trust principal, or current funds				29			
ets	30	Paid-in or capital surplus, or land, building, or equ				30			
Ass	31	Retained earnings, endowment, accumulated inco				31			
Net Assets or Fund Balances	32	Total net assets or fund balances		E C	3,389,706.	32	3,646,496.		
Z	33	Total liabilities and net assets/fund balances			3,746,880.	33	4,601,918.		
	00	10tal navinties and het assets/junu valances			5,,10,000.	00			

4,601,918. Form **990** (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12)	
	,490.
	,490.
1 Total revenue (must equal Part) (III. column (A) line 12)	,490.
	,061.
	,706.
5 Net unrealized gains (losses) on investments 5 -193	,271.
6 Donated services and use of facilities	
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,	
	,496.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
	Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	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	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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	200

Form **990** (2022)

SCHEDULE A	١
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(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

						Open to Public Inspection				
Name	e of t	the organizati		GO to www.ii 5.900/			alest in		Employer	identification number
		ine ei gamzati	SOLV	Е						3-0579286
Par	tl	Reason			(All organizations must c	omplete tl	nis part.) S	ee instructior		
The o	rgan	ization is not a	a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1 [A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2 [A school des	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	ו 990).)				
3 [A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
_		city, and stat								
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6 L			-	-	nental unit described in					
7 [X				ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	bublic described in
。 「				omplete Part II.)	(1)(A)(ui) (Complete Ded					
8 9		-			(1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i		od in ooniu	unation with a	land grant	
9 [ulture (see instructions).					
		university:		grant concyc or agric			name, eny	, and state of	the conege	0
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
		-		•	t to certain exceptions; a				-	-
					(less section 511 tax) fro					-
				mplete Part III.)						
11 [An organizati	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12 🛛		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	Check the box on
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
				complete Part IV, Se					<i>.</i>	
b				-	or controlled in connect			-		-
			-	it the supporting orgatite to the support of the su	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	οστεα
с					g organization operated	in connect	tion with	and functional	llv integrate	d with
C	L		-). You must complete F				ily integrate	a wiai,
d		¬ · ·	•		porting organization oper				rted organiz	ration(s)
	L		-		ation generally must sati				-	
			-		nplete Part IV, Sections	•				
е		Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number	of supported c	organizations						
g				n about the supporte		(iv) is the ora:	anization listed			
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
Total										

Schedule A (Form 990) 2022

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	938,843.	979,725.	744,441.	1680546.	2112100.	6455655.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	938,843.	979,725.	744,441.	1680546.	2112100.	6455655.		
	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)						133,661.		
6	Public support. Subtract line 5 from line 4.						6321994.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	938,843.	979,725.	744,441.	1680546.	2112100.	6455655.		
	Gross income from interest,		-	-					
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	11,203.	10,700.	8,219.	12,060.	10,872.	53,054.		
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.)	12,161.	6,831.	15,303.	10,555.	7,228.	52,078.		
11	Total support. Add lines 7 through 10						6560787.		
	Gross receipts from related activities,	etc. (see instructio	ons)			12			
	First 5 years. If the Form 990 is for th		,						
	organization, check this box and stop	-							
Sec	ction C. Computation of Publi								
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.36 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	94.37 %		
	33 1/3% support test - 2022. If the c					ore, check this boy	and		
	stop here. The organization qualifies						V		
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c						
	and if the organization meets the fact								
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-			
b	0 10% -facts-and-circumstances test	-		• • • •	-				
	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	Private foundation. If the organization								
							(Ferm 000) 0000		

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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

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

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services 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		1	1	1			
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3	3) organizatic	on,
	check this box and stop here	<u></u>		<u></u>	<u></u>		<u></u>	
See	ction C. Computation of Publi	ic Support Per	rcentage					
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15		%
16						16		%
See	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17		%
18	Investment income percentage from	2021 Schedule A,	, Part III, line 17			18		%
19a	33 1/3% support tests - 2022. If the					33 1/39	6, and line 17	7 is not
	more than 33 1/3%, check this box ar							
b	33 1/3% support tests - 2021. If the						n 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
2320	23 12-09-22							A (Form 990) 2022

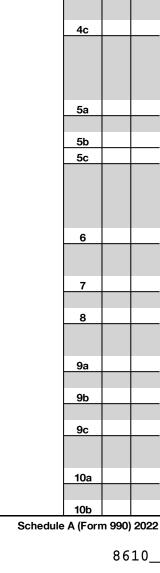
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



1

2

3a

3b

3c

4a

4b

Yes No

	edule A (Form 990) 2022 SOLVE 9	<u>93-057928</u>	<u>6 Ра</u>	age 5
Pa	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
· ·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			I
			Yes	No
4	Did the approximate hady, members of the approximate hady, officers entired in their official consolity, or membership of a		res	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	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 support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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 on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			L
		(untions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b				
c		ly (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			

- how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in
- Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

SOLVE

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

93-0579286 Page 5

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

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

_	dule A (Form 990) 2022 SOLVE	a)/3) Supporting Orga	nizations		3-0579286 _P	'age 7
	rt V Type III Non-Functionally Integrated 509(allo Supporting Orga	nizations (continu	ied)	0	
	ion D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exer		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		_		
	organizations, in excess of income from activity	o of our ported or conizations		2		
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u>.</u>	4		
_ 4 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro	evide detaile in Port VI)		4 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	e organization is responsive		- 1		
U	(provide details in Part VI). See instructions.	ie organization is responsive		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i) Excess Distributions	(ii) Underdistributior		(iii) Distributable	
Seci	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2022		Amount for 202	2
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	SOLVE	93-0579286	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, line 17a of I, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additionation of the section of the secti	r 17b; Part III, line 12; I and 2; Part IV, Section (/, Section B, line 1e; Part	С,
232028 12-09-2	2		Schedule A (Form 99	90) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

93-0579286

Form	990)		

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

SOLVE

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 2
Name of or	ganization	Emplo	oyer identification number
SOLVE		93	8-0579286
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$643,559.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>86,886.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$62,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$46,673.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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2

	3 (Form 990) (2022)		Engla	Page 2
Name of o	rganization		Empio	yer identification number
SOLVE			93	-0579286
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
7		\$77,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
8_		\$141,2	<u>50.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
		\$		Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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223452 11-15-22

	3 (Form 990) (2022) ganization	Emp	Pa loyer identification numb
OLVE		9	3-0579286
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	22	\$	Schedule B (Form 990) (;

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Schedule B (Form 990) (2022)

Name of o	rganization				Employer identification number				
SOLVE					93-0579286				
Part III	from any one contributor. Complete columns (a)) through (e) and the followin	a line entry. For or	anizations	at total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$	1,000 or less for th	ne year. (Enter this info. o	nce.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held				
-		(e) Transf	er of gift						
-	Transferee's name, address, a	Ind ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held				
-	(e) Transfer of gift								
-	Transferee's name, address, a	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held				
-		(e) Transf	er of gift						
	Transferee's name, address, a	Ind ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held				
		·							
-		(e) Transf	er of gift						
	Transferee's name, address, a	Relationship of transferor to transferee							
223454 11-15	5-22	L. L			Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022)

Department of the Treasury

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



Internal Revenue Service Name of the organization

Employer identification number

	SOLVE			93-0579286
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accoun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ad funds	
5	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
6			-	
	for charitable purposes and not for the benefit of the donor or		•	
Par				
			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat		-	important land area
	Protection of natural habitat	Preservation of	a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservat	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic stru	icture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easement	s during the year
				0
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)(4)(B)(i)	
-				Yes No
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 958		nd halance sh	eet works
Ia		· ·		
	of art, historical treasures, or other similar assets held for pub		•	JUDIC
	service, provide in Part XIII the text of the footnote to its finan			worke of
D	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of put	blic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				\$
2	If the organization received or held works of art, historical trea		gain, provide	•
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

	dule D (Form 990) 2022 SOLVE						93-05			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (Other	Simila	r Assets	contir	ued)	
3	Using the organization's acquisition, accessio	on, and other records	, check any of the f	ollowing that m	nake się	gnificant ı	use of its			
	collection items (check all that apply):		<u> </u>							
a	Public exhibition	d		hange program						
b	Scholarly research	e	Uther							
c	Preservation for future generations	llesticus and surlain	la a 4la a 64la a 4la				a a in Davit	VIII		
4	Provide a description of the organization's co	•		0			se in Part	XIII.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be ma			•						
Par	t IV Escrow and Custodial Arrang									No
. u	reported an amount on Form 990, Par		te il the organizatio	IT all swelled T	65 011	FOITH 990	, Fait IV, I	116 9, 01		
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other asset	ts not ir	ncluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII a						······ —]
-			g					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	e Distributions during the year1e									
	Ending balance					1f				
	Did the organization include an amount on Fo					ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization and								
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three y	ears back	(e) Four		
	Beginning of year balance	1,952,169.	1,650,790.	1,548,	909.	1,3	62,492.	1	462,	093.
b	Contributions									
	Net investment earnings, gains, and losses	-195,446.	376,732.	175,	831.	2	57,586.		-28,	218.
	Grants or scholarships									
е	Other expenditures for facilities	CE E 10	C1 001	C1			co 000		F 0	0 - 0
	and programs	65,549.	61,891.	,	238.		60,020.			978.
	Administrative expenses	13,008.	13,462.	,	712.		11,149.	1		405.
-	End of year balance	1,678,166.	1,952,169.		/90.	1,5	48,909.	1	362,	492.
2	Provide the estimated percentage of the curr	ent year end balance 22.5400) held as:						
	Board designated or quasi-endowment Permanent endowment 77.4600	<u>×</u> 2×5400	_%							
		% %								
С	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
39	Are there endowment funds not in the posses	•	ion that are held ar	d administered	t for the	2				
ou	organization by:					0		ſ	Yes	No
	(i) Unrelated organizations							3a(i)	х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?							
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, F	Part X, I	line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •	or other (other)	. ,	ccumulate preciation	ed	(d) Boo	< value	e
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			0,512.		66,8	70.		3,64	
	Other		4	2,750.					2,7	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>(, column (B), line 1</u>	0c.)				15	5,39	92.

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 SOLVE		93	8-0579286 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) POOLED INVESTMENT FUND	1,678,166.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1 (70 1 (
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,678,166.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	on Form 000 Dart IV/ line 1	1d Soc Form 000 Dort V line 15	
Complete if the organization answered "Yes"	Description	Tu: See Form 990, Fart A, line 15.	(b) Book value
	USE ASSET		682,896.
	LTCCA TCC		002,090.
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		682,896.
Part X Other Liabilities.	e 15.)		002,000
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	,,,,,		(b) Book value
(1) Federal income taxes			
(1) PERATING LEASE LIABILITY			688,161.
(3)			
(4)			
(5)			
(6)			1
(7)			1
(8)			
(9)			
	25)		688,161.
Total. (<i>Column (b) must equal Form 990, Part X, col. (B) line</i> 2. Liability for uncertain tax positions. In Part XIII, provide			
- Elability for anoontain tax positions. In r art All, provide		and organization o interioral statements t	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 SOLVE			93-	0579286	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,352,	506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-193,271.			
b	Donated services and use of facilities	. 2b	330,234.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	136,	963.
3	Subtract line 2e from line 1			3	2,215,	543.
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	13,008.			
с	Add lines 4a and 4b			4c		008.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,228,	<u>551.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	2,095,	716.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a	330,234.			
b	Prior year adjustments	2b		_		
с	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	330,	234.
3	Subtract line 2e from line 1			3	1,765,	482.
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	13,008.			
с	Add lines 4a and 4b			4c		008.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,778,	490.
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:

THE	ORGANIZATION	FOLLOWS	THE	PROVISIONS	OF	FASB	ASC	TOPIC	740	ACCOUNTING
-----	--------------	---------	-----	------------	----	------	-----	-------	-----	------------

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES

PART V, LINE 4,

THE ORGANIZATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR AN AMOUNT AS ALLOWED UNDER THE POLICIES ESTABLISHED BY THE OCF AND WHICH IS DISTRIBUTED TO THE ORGANIZATION. IN ESTABLISHING THIS POLICY, OCF CONSIDERED THE LONG-TERM EXPECTED INVESTMENT RETURN ON THE ENDOWMENT. THIS IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH INVESTMENT RETURN.

Schedule D (Form 990) 2022

	0) of the Treasury	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.											
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.													
Name of t	the organization	OLVE							Employer identification number 93-0579286				
Part I	General Informati	eral Information on Grants and Assistance											
crite	criteria used to award the grants or assistance? Xes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II			-	be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
1 (a)	Name and address of or governmen	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
CULTIVATE INITIATIVES 1949 SE 122ND AVE. PORTLAND, OR 97266		85-1311305	501C3	5,869.	0.			HAULING AND DISPOSAL OF LITTER					
2 Ent	er total number of sec	ction 501(c)(3) a	nd government org	panizations listed in the	e line 1 table								

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information rev	<u> </u>				

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:

ALL GRANTS ARE REIMBURSEMENT BASED AND RECEIPTS MUST BE SUBMITTED WITH THE

APPLICATION.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 93-0579286

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

PROJECT OREGON, OREGON ADOPT-A-RIVER, OREGON ADOPT-A-BEACH, PICK IT UP!

PORTLAND.

EXPENSES \$ 1,184,289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 103,245.

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

FORM 990 IS REVIEWD BY TOP MANAGEMENT AND THE FINANCE AND AUDIT COMMITTEE,

AND EMAILED TO THE FULL BOARD BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY IS MONITORED ON AN ANNUAL BASIS THROUGH

REQUIRED WRITTEN DEISCLOSURE OF ALL STAFF AND BOARD MEMBERS. COVERED

PERSONS INCLUDE EMPLOYEES, OFFICERS, DIRECTORS AND MEMBERS OF COMMITTEES

WITH BOARD-DELEGATED POWERS. EACH COVERED PERSON SHALL ENSURE THAT THE

BOARD IS MADE AWARE OF EVEYR TRANSACTION OR ARRANGEMENT INVOLVING THE

CORPORATION AND ANY PERSON IN WHICH THE COVERED PERSON HAS A DIRECT OR

INDIRECT INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS (BOARD). THE BOARD RESEARCHES, DISCUSSES, DECIDES AND DOCUMENTS OFFERS FOR THE CEO. THE BOARD IS MADE UP OF INDIVIDUALS WITH A FIDUCIARY RESPONSIBILITY TO SOLVE WHO ARE INDEPENDENT WITH REGARD TO THE CEO. THIS PROCESS WAS LAST COMPLETED IN DECEMBER 2022.

93-0579286

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO

THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE, AS WELL AS UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

232212 10-28-22

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