Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public

A	טו נוופ	and	enuing U	ON 30, 202	<u>. T</u>			
B c	heck if oplicable	C Name of organization		D Employer iden	ntification nun	nber		
X	Addres	BLACK LIVES MATTER GLOBAL NETWORK S FOUNDATION, INC.						
	Name change			82-4862	2489			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final return/		305	(510) 509-1603				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	79,0	644,823.		
	Ameno return	OAKLAND, CA 94607		H(a) Is this a grou				
	Applic tion	F Name and address of principal officer: Shallowiah Bowers		for subordina	ates?	Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinat	tes included?	Yes No		
		empt status: \boxed{X} 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1)	or 527	If "No," attac	h a list. See in	structions		
		e: ► WWW.BLACKLIVESMATTER.COM		H(c) Group exemp	otion number	>		
		organization: X Corporation Trust Association Other	L Year	of formation: 201	7 M State of le	gal domicile: \mathbf{DE}		
Pa	rt I	Summary						
ø)		Briefly describe the organization's mission or most significant activities: $\underline{ ext{HEAL}}$			IAGINE T	HE		
Activities & Governance		PRESENT, AND INVEST IN THE FUTURE OF BLAC	K LIVE	ES				
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net	assets.	_		
ove					3	1		
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4	0		
es 8		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	2		
<u>vit</u> i		Total number of volunteers (estimate if necessary)			6	49275		
Λcti		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.		
				Prior Year		rent Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)				872,002.		
		Program service revenue (Part VIII, line 2g)).	0.		
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)).	114.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				772,707.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				644,823.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				997,945.		
		Benefits paid to or for members (Part IX, column (A), line 4)).	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				245,839.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		().	411,200.		
ж		Total fundraising expenses (Part IX, column (D), line 25) 909,8						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				055,151.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				710,135.		
	19	Revenue less expenses. Subtract line 18 from line 12				934,688.		
Net Assets or Fund Balances			Ве	ginning of Current Ye		d of Year		
sset 3ala	20	Total assets (Part X, line 16)				689,904.		
et A	21	Total liabilities (Part X, line 26)				755,216.		
	rt II	Net assets or fund balances. Subtract line 21 from line 20		·). 41,	934,688.		
					£ a a al a	and halist it is		
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule:			i iliy kilowleage	and belief, it is		
uue,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all information of w	non preparer	ilas ally kilowieuge.				
Sigr		Signature of officer		Date				
Her		SHALOMYAH BOWERS, BOARD SECRETARY	XH 15-	5/	13/2022			
Hei	7	Type or print name and title						
		Print/Type preparer's name Preparer's signature	211	Date Check	PTII	V		
Paid		KAY VOLLANS, CPA	// 0`	5-12-2022 if self-er	mployed P01	404047		
Prep		Firm's name RUBINO AND COMPANY, CHARTERED	<u> </u>	0011 01	► 52-118			
Use		Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300		THITTOEIN		<u> </u>		
		BETHESDA, MD 20817-1818		Phone no	301-564	-3636		
Mav	the IF	RS discuss this return with the preparer shown above? See instructions			X			
						000 (2222)		

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

82-4862<u>489 Page **2**</u>

	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	ī
1	Briefly describe the organization's mission:	_
-	BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION IS WORKING INSIDE AND	
	OUTSIDE OF THE SYSTEM TO HEAL THE PAST, RE-IMAGINE THE PRESENT, AND	_
	INVEST IN THE FUTURE OF BLACK LIVES THROUGH POLICY, CHANGE, INVESTMENT	_
	IN OUR COMMUNITIES, AND A COMMITMENT TO ARTS AND CULTURE.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	0
	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?	0
_	If "Yes," describe these changes on Schedule O.	-
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$14,445,678 •including grants of \$13,097,626 •) (Revenue \$	_)
	GRASSROOTS - WE ARE WORKING AND COLLABORATING WITH BLACK LEADERS TO	- ′
	SUPPORT ON THE GROUND ORGANIZING.	_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$14,200,203. including grants of \$12,900,319.) (Revenue \$	_
TD	HEALING JUSTICE PROGRAM - WE ARE DEVELOPING A MODEL FOR CREATING SPACE	٠,
	FOR SURVIVORS AND FAMILIES IMPACTED BY POLICE VIOLENCE AND TRAUMA TO	_
	HEAL AND THRIVE THAT CAN BE REPLICATED ACROSS THE COUNTRY. WE ARE	_
	CREATING NATIONAL AND INTERNATIONAL CAMPAIGNS THAT BUILD COALITIONS	_
	AMONGST COMMUNITY ACTIVISTS, LEADERS, AND ORGANIZERS; AND SUPPORTING	_
	THE WORK OF ORGANIZATIONS AS THEY SUPPORT BLACK-LED AND INTERSECTIONAL	_
	MOVEMENT WORK LOCALLY AND INTERNATIONALLY, BY BUILDING INFRASTRUCTURE,	_
	MEMBERSHIP, AND PRESENCE; PROVIDING SEED FUNDING; DEVELOPING	_
	PROGRAMMING; PROVIDING TRAININGS; AND PROVIDING PUBLIC RELATIONS,	_
	COMMUNICATIONS, AND FUNDRAISING ASSISTANCE. ADDITIONALLY, WE ARE	_
	WORKING TO DEVELOP INITIATIVES TO BUILD BLACK WEALTH, POWER AND	_
	SELF-DETERMINATION.	_
4c	(Code:) (Expenses \$2,720,960 • including grants of \$) (Revenue \$	_
	ARTS & CULTURE PROGRAM - WE ARE BRINGING TO LIFE THE CORE VALUES AND	. /
	BELIEFS OF BLMGNF IN A WAY THAT ENGAGES AND CENTERS BLACK ARTISTS AND	_
	BLACK PEOPLE. WE SUPPORT EMERGING AND ESTABLISHED INDIVIDUAL BLACK	_
	ARTISTS WHO STAND IN SOLIDARITY WITH MARGINALIZED COMMUNITIES. IN	_
	ADDITION TO UPLIFTING THE VOICES OF THE BLACK ARTS COMMUNITY, THIS	_
	PROGRAM SERVES AS A CONNECTION POINT TO PROVIDE ART EXPOSURE AND	_
	EDUCATION FOR DISENFRANCHISED COMMUNITIES, PARTICULARLY FOR YOUTH. THIS	_
	PROGRAM CONVENES A BLACK LIVES MATTER ARTS & CULTURE GLOBAL ARTS	_
	ADVISORY COUNCIL, WHICH WILL CREATE A COALITION OF ESTABLISHED AND	_
	EMERGING LEADERS IN THE GLOBAL ARTS COMMUNITY; RUN ART ACTIVATIONS,	_
	THROUGH WHICH WE WILL CREATE POP-UP ART GALLERIES IN AT LEAST FOUR	_
	MAJOR CITIES, GLOBALLY, PER YEAR, TO BE CURATED BY THE GLOBAL ARTS	_
44	Other program services (Describe on Schedule O.)	_
-t u	(Evenance 1 672 826 including groups of the state of the	
40	(Expenses \$ 1,672,826 · including grants of \$) (Revenue \$) Total program service expenses ▶ 33,039,667 ·	_
40	Total program Service expenses	

BLACK LIVES MATTER GLOBAL NETWORK

Form 990 (2020) FOUNDATION, INC.
Part IV Checklist of Required Schedules 82-4862489 Page **3**

			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_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u> X</u>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		_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		<u> X</u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b				v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
·	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? If "Yes," complete	<u> </u>		
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.		17
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00 -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	
	domosto government on Fartix, committy, into Fr. II. res. complete schedule I, Parts Fand II.	<u> </u>	-77	

BLACK LIVES MATTER GLOBAL NETWORK

Form 990 (2020) FOUNDATION, INC. 82-4862489 Page 4
Part IV Checklist of Required Schedules (continued)

Yes No 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 Х 22 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 Х 23 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 Х Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 12 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

BLACK LIVES MATTER GLOBAL NETWORK

Form 990 (2020) FOUNDATION, INC.

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		 ₩
	to file Form 8282?	l I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7-		х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		125
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
Ŭ			8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the arranging agreement or realized and to the distributions and a section 40000		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l .a. l			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		Х
			14a		_^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul let the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.	income?			<u> </u>
	<u> </u>				_

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BLACK LIVES MATTER GLOBAL NETWORK

Form 990 (2020) FOUNDATION, INC.

82-4862489

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 0 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, NH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website ___ Other *(explain on Schedule O)* Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PATRICK CURTIS -301-564-3636 6903 ROCKLEDGE DRIVE, SUITE #300, BETHESDA 20817

BLACK LIVES MATTER GLOBAL NETWORK

Form 990 (2020) FOUNDATION, INC. 82-4862489 Page 7

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

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

X
ΙX

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		Pos (do not check box, unless pe officer and a		more	than o		Reportable	Reportable compensation	Estimated
	hours per	box			rson i irecto	s both	n an tee)	compensation		amount of
	week (list any	_	J. 0.					from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	om pe				and related
	below	vidual	tution	Je.	empl	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) KAILEE SCALES	0.00									
FORMER MANAGING DIRECTOR							Х	139,625.	0.	0.
(2) PATRISSE CULLORS	40.00									
FOUNDER & EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.
		<u> </u>								
		1								
		-								
		-								
		-								
		-				_				
		-								
		-								
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		-								
		1								
		-								
		1								
		1	l	l		l		1		

032007 12-23-20 Form **990** (2020)

BLACK LIVES MATTER GLOBAL NETWORK

Form 990 (2020) FOUNDATION, INC. 82-4862489 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable Reportable			Es	timate	d			
	hours per	box	, unle	ss per	rson i	s both	an	compensation compensation		'n	am	nount c	of
	week		cer an	la a a	irecto	r/trust	ee)	from	from related			other	
	(list any	irecto						the	organization (W-2/1099-MIS			pensat	
	related	eord	tee			sated		organization (W-2/1099-MISC)	(44-2/1099-14113	,0)		om the anizati	
	organizations	truste	al trus		yee	mper		(** 27 1000 141100)			•	d relate	
	below	Individual trustee or director	In stit utio nal tru stee	 	Key employee	Highest compensated employee	er					anizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
1b Subtotal	•						<u> </u>	139,625.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							•	139,625.		0.			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization						•		•	•				1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual		•	•	•		·		•		3	Х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? <i>If</i> "Yes.	" co	mple	ete S	Sche	edule	. J 1	for such individual	· ·		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	Iplete Schedule	e J fo	or sı	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	oensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wit	thin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address							Description of s	ervices	С		nsation	1
BOWERS CONSULTING FIRM													
3355 N. WHITE AVE, LA VER	NE, CA	91	75	0				SEE SCHEDULE	0	2	,16	7,89	€4.
TRAP HEALS LLC	-						$\overline{}$	LIVE PRODUCT					
3787 S ST ANDREW PL, LOS	ANGELES	,	CA	9	00	18	- 1	DESIGN & MED			969	9,45	59.
DEWEY SQUARE GROUP, LLC,							$\overline{}$	COMMUNICATIO					
GUITTE FOO MAGUITAGEON DO COOOF													

3355 N. WHITE AVE, LA VERNE, CA 91750

TRAP HEALS LLC

TRAP HEALS LLC

JUVE PRODUCTION,

3787 S ST ANDREW PL, LOS ANGELES, CA 90018

DEWEY SQUARE GROUP, LLC, 607 14TH STREET,

NW SUITE 500, WASHINGTON, DC 20005

SADLER STRATEGIC MEDIA INC

12103 VIEWCREST RD., STUDIO CITY, CA 91604

RESISTANCE LABS

902 EVERETT AVENUE, OAKLAND, CA 94704

TECH SUPPORT

504,000.

Form 990 (2020)

\$100,000 of compensation from the organization

BLACK LIVES MATTER GLOBAL NETWORK

Page 9

			FOUNDATION,	IN	С.			82-4862	489 Page 9
Pa	rt V	/III	Statement of Revenue						
			Check if Schedule O contains a respons	se or	note to any lin	7.5		(6)	X
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र इ	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
E			Fundraising events 1c						
ar fr			Related organizations 1d						
S, E		е	Government grants (contributions) 1e						
ri Si		f	All other contributions, gifts, grants, and						
ibu He			similar amounts not included above 1f		76,872,002.				
d it		g	Noncash contributions included in lines 1a-1f 1g \$						
<u>ठ</u> ह		h	Total. Add lines 1a-1f			76,872,002.			
				<u> </u>	Business Code				
<u>6</u>	2	а		- ⊦					
er.		b		- ⊦					
n S		С		- -					
gra Re		d		- ⊦					
Program Service Revenue		e •	All other program convice revenue	- -					
_			All other program service revenue						
	3		Investment income (including dividends, into						
	ľ		other similar amounts)			114.			114.
	4		Income from investment of tax-exempt bond						
	5		Royalties			2,772,707.			2,772,707.
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)	<u>.</u>					
	7	а	Gross amount from sales of (i) Securities	es	(ii) Other				
			assets other than inventory 7a						
-		b	Less: cost or other basis						
evenue			and sales expenses						
eve			Gain or (loss) 7c						
Ř	_		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	······				
Other	8	а	Gross income from fundraising events (not including \$ of						
O			including \$ of contributions reported on line 1c). See						
			· · · · · · · · · · · · · · · · · · ·	8a					
		b		8b					
			Net income or (loss) from fundraising events						
	9		Gross income from gaming activities. See		·				
			Part IV, line 19	9a					
		b		9b					
		С	Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			and allowances1						
			······	10b					
		С	Net income or (loss) from sales of inventory						
S		_			Business Code				
Jeo Je	11			-					
≫llar ven		b	-	-					
Miscellaneous Revenue			All other revenue	- -					
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions		•	79,644,823.	0.	0.	2,772,821.

BLACK LIVES MATTER GLOBAL NETWORK

Part IX | Statement of Functional Expenses

82-4862489 Page 10 FOUNDATION, INC. Form 990 (2020)

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

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	5,335,856.
	2	Savings and temporary cash investments				2	0.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	40,010.
	5	Loans and other receivables from any current or	former c	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persor	ns		5	73,523.
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	316,590.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,998,781.			
	b	Less: accumulated depreciation		74,970.	0.	10c	5,923,811.
	11	Investments - publicly traded securities		11	32,000,114.		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	42 600 004
	16	Total assets. Add lines 1 through 15 (must equa			0.	16	43,689,904.
	17	Accounts payable and accrued expenses		17	223,093.		
	18	Grants payable		18	1,532,123.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Liak		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24 25	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines					
		of Schodula D	,	· .		25	
	26			·····	0.	26	1,755,216.
	20	Organizations that follow FASB ASC 958, che			•	20	1773372101
es		and complete lines 27, 28, 32, and 33.	011 1101 0				
SI C	27	• • • • • •				27	41,934,688.
3ak	28	Net assets with donor restrictions				28	, ,
β		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			0.	32	41,934,688.
2	33	Total liabilities and net assets/fund balances			0.	33	43,689,904.
						,	Form 990 (2020)

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BLACK LIVES MATTER GLOBAL NETWORK

Form 990 (2020) FOUNDATION, INC. 82-4862489 Page 12

	,644 ,710		
	,710		23
	,710		つて
2 Total expenses (must equal Part IX column (A) line 25)		1	
	<u>,934</u>		
3 Revenue less expenses. Subtract line 2 from line 1 3 41		4,6	<u>88.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			0.
5 Net unrealized gains (losses) on investments 5			
6 Donated services and use of facilities 6			
7 Investment expenses 7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O) 9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B)) 10 41	,934	1,6	88.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Yes	No
1 Accounting method used to prepare the Form 990:			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	За		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK

Employer identification number

		DAITON, IN					Z-400Z403				
Part	t I Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The or	rganization is not a private found	lation because it is: (l	For lines 1 through 12, cl	neck only	one box.)						
1	A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3	A hospital or a cooperative					ii).					
4	A medical research organiz					•	the hospital's name,				
	city, and state:	·				(•				
5		or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
_	X An organization that norma	-					oublic described in				
	section 170(b)(1)(A)(vi). (C	•	a. part or no capport	u g		ann an mann ana gamaran					
8	A community trust describe		(1)(A)(vi). (Complete Part	: II)							
9	An agricultural research org			•	ed in coni	inction with a land-grant	college				
Ū	or university or a non-land-										
	university:	grant conege or agric	antare (500 mondonomo).	Littor tilo i	iarrio, orty	, and state of the conege	, 01				
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sunn	ort from co	ontribution	ns membershin fees and	d aross receints from				
10	activities related to its exen	•				· ·	-				
	income and unrelated busin		•				-				
	See section 509(a)(2). (Co		(less section of reak) no	iii busiiles	sses acqui	red by the organization a	inter durie 30, 1973.				
11	An organization organized	•	valu to toot for public cot	ioty Coo	naatian E(00(a)(4)					
12	-	•	•	•			nurnassa of ana ar				
12	An organization organized	•	•	•		•					
	more publicly supported or						Sheck the box in				
	lines 12a through 12d that	* *		-			at to a				
а	Type I. A supporting orga	•	•	•	-						
	the supported organization			majority o	tne airec	ctors or trustees of the st	apporting				
	organization. You must o										
b	Type II. A supporting org	•					-				
	control or management of			ame persoi	ns that co	ntrol or manage the supp	ported				
	organization(s). You mus	-									
С	Type III functionally inte					• •	ed with,				
	its supported organizatio		·								
d	Type III non-functionally					• • • • • •					
	that is not functionally int	-	•	•		•	/eness				
	requirement (see instruct	•	•	-							
е	Check this box if the orga					Type I, Type II, Type III					
	functionally integrated, o	r Type III non-functio	nally integrated supportir	ng organiza	ation.						
	Enter the number of supported of										
<u>g</u>	Provide the following information			(iv) le the orga	inization listed						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other				
	UrgariizatiUri		above (see instructions))	Yes	No	anhhour (age maringma)	support (see instructions)				

BLACK LIVES MATTER GLOBAL NETWORK

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

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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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2018 (d) 2019 (e) 2020 (a) 2016 **(b)** 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 76872002.76872002. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 76872002.76872002. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 76872002. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2020 (f) Total Calendar year (or fiscal year beginning in) (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 76872002.76872002. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2772821. 2772821. and income from similar sources 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.) 79644823. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ightharpoons Xorganization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support	siow, piease comp	oicie Pari II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1				I .
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(4,) = 0.10	(2) 23	(0) = 0 : 0	(4,) = 0 : 0	(0) = 0 = 0	(1) 10101
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)14 First 5 years. If the Form 990 is for the	o organization's f	iret socond third	fourth or fifth tax	voor as a soction		l
check this box and stop here	· ·		•	•	. , . ,	
Section C. Computation of Publi						
15 Public support percentage for 2020 (I			column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					1 10 1	
17 Investment income percentage for 20			ine 13. column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box ar						•
b 33 1/3% support tests - 2019. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

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

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
Oh		
3b		
3с		
4a		
4b		
4c		
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5b		
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Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
	<i>,</i>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	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			
	or management or the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	71 - 11 - 0 - 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	<u>, </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	<u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions)

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Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC. 82-4862489 Page 7

Pai	dule A (Form 990 or 990-EZ) 2020 FOUNDATION, 1. ↑ V Type III Non-Functionally Integrated 509(nizations (continu		2-4002409 Page 7
	ion D - Distributions	(-)(-)	(Continu	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	J
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets	TI J		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	าร	(iii) Distributable
	, ,		Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>_i</u>	Carryover from 2015 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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82-486<u>2489 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga	ployer identification number 82-4862489				
Pa	art I-A	Complete if the org	ION,INC。 anization is exempt und	der section 501(c)	or is a section 527 of	
2	Political	a description of the organiz campaign activity expendit	ation's direct and indirect politi	cal campaign activities i	in Part IV.	
Pa	art I-B	Complete if the org	anization is exempt und	der section 501(c)(3).	
2 3	Enter the	e amount of any excise tax ganization incurred a section	incurred by the organization un incurred by organization mana n 4955 tax, did it file Form 4720	gers under section 4955 Ofor this year?	>	\$ Yes No
		orrection made?describe in Part IV.				Yes No
	art I-C	Complete if the org	anization is exempt und	der section 501(c),	except section 501	(c)(3).
2	Enter the exempt	e amount directly expended e amount of the filing organ function activities empt function expenditures	by the filing organization for so ization's funds contributed to o . Add lines 1 and 2. Enter here	ection 527 exempt functions for seasons for seasons and on Form 1120-POL	tion activities > ection 527	\$
	Enter the made pa	e names, addresses and em ayments. For each organiza tions received that were pro	1120-POL for this year? nployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	IN) of all section 527 po aid from the filing organia a separate political org	olitical organizations to whi zation's funds. Also enter anization, such as a separ	ch the filing organization he amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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Schedule C (Form 990 or 990-EZ) 202				=0.1/ \/a\			Page 2
Part II-A Complete if the o section 501(h)).	rganizatio	n is exen	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under	
	ization helon	as to an affi	liated group (and list i	n Part IV each affiliated	group member's nam	ne address FIN	
expenses, and s				TI art IV cacif animated (group member 3 han	ic, address, Eliv,	
•		, ,	nd "limited control" pro	ovisions apply			
B Check F II the lilling organ	ization check	ieu box A ai	id illilited control pro	ovisions apply.	(a) Filing	(b) Affiliated of	
	mits on Lobl enditures" m		nditures ınts paid or incurred.)	organization's totals	totals	Jroup
1a Total lobbying expenditures to i	nfluence pub	lic opinion (grassroots lobbying)				
b Total lobbying expenditures to i	nfluence a leç	gislative boo	dy (direct lobbying)				
c Total lobbying expenditures (ad-	d lines 1a and	d 1b)					
d Other exempt purpose expendit							
e Total exempt purpose expenditu							
f Lobbying nontaxable amount. E							
If the amount on line 1e, column (a			bying nontaxable am				
Not over \$500,000	., (.,		the amount on line 1e				
Over \$500,000 but not over \$1,	000.000		00 plus 15% of the exc				
Over \$1,000,000 but not over \$	·		00 plus 10% of the exc				
Over \$1,500,000 but not over \$			00 plus 5% of the exce				
Over \$17,000,000	17,000,000	\$1,000,	•	σο σνοι φτ,σοσ,σοσ.			
2 131 4 17 ,500,000		Ψ1,000,		1			
g Grassroots nontaxable amount	enter 25% of	f line 1f)					
h Subtract line 1g from line 1a. If a	zero or less, e	enter -0-					
i Subtract line 1f from line 1c. If z	ero or less, e	nter -0					
j If there is an amount other than	zero on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for th	nis year?					Yes	No
(Some organizations		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.	
	Lobi	bying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	ļ
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
 Grassroots ceiling amount 							

Schedule C (Form 990 or 990-EZ) 2020

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC. 82-48624 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(k)
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c through		<u>X</u>		1.65	
c Media advertisements?		Х		165	<u>,663.</u>
d Mailings to members, legislators, or the public?			X		
e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?		7.7	X		170
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X			$\frac{178.}{207}$
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			.,387.
i Other activities?		X			1,673.
j Total. Add lines 1c through 1i			37	1,∠61	,901.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			X		
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 49					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4)		01/0\/5	l or soc	tion	
501(c)(6).	+), Section 5	U I (C)(S	y, or sec	LIOII	
301(0)(0).				Yes	No
				res	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditure. Part III-B Complete if the organization is exempt under section 501(c)(4)				tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an	• •		•		3 is
answered "Yes."	iswered ite	, 011	b) i ait i	A, III.C	0, 13
Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amoun					
expenses for which the section 527(f) tax was paid).	its of political				
a Current year			2a		
b Carryover from last year					
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
does the organization agree to carryover to the reasonable estimate of nondeductible lobb		sal .			
		ai	1		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions)			5		
Part IV Supplemental Information			5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affili	iatad graup list\	· Dort II /	\ lines 1 a	nd 2 (Soo	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	iated group list)	, ran n-	A, III les i a	10 2 (See	
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
IAKI II D, DIND I, DODDIINO ACIIVIIID.					
THE BREATHE ACT - LOBBYING MEMBERS OF CONGRESS A	ир тне д	DMTN	TSTRA	TTON.	
THE BREATHE ACT BODDIING MEMBERS OF CONGRESS A	140 1110 2	LDMIN	IDIM	11011.	
END THE 1033 PROGRAM - DOJ - LOBBYING MEMBERS OF	CONGRES	S AN	янт п		
THE THE TOTAL PROBLEM OF	CONCILE	75 111			
ADMINISTRATION.					
EXECUTIVE ORDERS - LOBBYING THE ADMINISTRATION T	O UTILIZ	E EX	ECUTI	VE	
ACTIONS TO ADVANCE RACIAL EQUITY POLICIES.					

BLACK LIVES MATTER GLOBAL NETWORK

Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC. 82-4862489 Page 4 Part IV | Supplemental Information (continued) GEORGE FLOYD JUSTICE IN POLICING ACT - LOBBYING MEMBERS OF CONGRESS AND THE ADMINISTRATION AGAINST THE ACT. <u>IMPEACHMENT - LOBBY MEMBER OF CONGRESS TO VOTE IN FAVOR OF IMPEACHMENT.</u> CALIFORNIA PROPOSITION 25 - SUPPORTED THE VETO REFERENDUM TO REPEAL THE LEGISLATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Employer identification number 82-4862489

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other	Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	~		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that g	rant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	iny other purpose confe	rring
D	impermissible private benefit?			
Pai				V, line 7.
1	Purpose(s) of conservation easements held by the organization	_		
	Preservation of land for public use (for example, recreat	ion or education)	_	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contril	bution in the form of a c	
	day of the tax year.			Held at the End of the Tax Ye
а				2a
b				
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	· ·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		ction, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	and enforcing conservat	ion easements during the year
	—			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and e	nforcing conservation e	asements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservatio		•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization	's financial statements t	nat describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tre	asures or Other	Similar Assets
ı uı	Complete if the organization answered "Yes" on Form	=	casarcs, or other	ommar Assets.
12	If the organization elected, as permitted under FASB ASC 958		vonue statement and he	ulanco shoot works
Ia	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance	•	,	ance of public
b	If the organization elected, as permitted under FASB ASC 958			so shoot works of
b	art, historical treasures, or other similar assets held for public	· ·		
	•	exhibition, education, t	or research in furtherant	ce of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990. Part VIII. line 1			• •
	(i) Revenue included on Form 990, Part VIII, line 1			L
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea		assets for financial gain	
~	the following amounts required to be reported under FASB AS		-	, provide
9	•			• •
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
D	ASSOCIA ILICIALEM ILLI CITTI SSU, FALLA			🚩 Ψ

BLACK LIVES MATTER GLOBAL NETWORK

82-4862489 Page 2 FOUNDATION, INC. Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program а b Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other Description of property (a) Cost or other (c) Accumulated (d) Book value depreciation basis (investment) basis (other) 3,000,000. 3,000,000 1a Land 2,998,781. 74,970. 2,923,811 **b** Buildings Leasehold improvements **d** Equipment

Schedule D (Form 990) 2020

5,923,811.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

BLACK LIVES MATTER GLOBAL NETWORK

Schedule D (Form 990) 2020 FOUNDATION,	INC.	82	-4862489 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

BLACK LIVES MATTER GLOBAL NETWORK 82-4862489 Page 4 FOUNDATION, INC. Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 79,644,823. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 79,644,823. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 79,644,823. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 37,710,135. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 37,710,135. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 37,710,135. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: BLMGNF IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY

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

BLACK LIVES MATTER GLOBAL NETWORK

Schedule D (Form 990) 2020	FOUNDATION,	INC.	82-4862489	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	rmation (continued)			
	,			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. **Employer identification number**

82-4862489 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region NORTH AMERICA 0 GRANTMAKING 8,024,626. 1,529. SUB-SAHARAN AFRICA 0 0 GRANTMAKING CONSULTING & NORTH AMERICA 0 2 PROGRAM SERVICES COMMUNICATIONS 73,389. 0 8,099,544. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 8,099,544. and 3b)

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

Schedule F (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC.

82-4862489

Schedule F (Form 990) 2020

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CONDUCTING ACTIVITIES TO EDUCATE AND					
			SUPPORT BLACK					
		NORTH AMERICA	COMMUNITIES, AND TO	8024626.	EFT	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the f	oreign country,	recognized as a tax	I		1
			or counsel has provided a sect					1
3 Enter total number of	other organizations	or entities						0

Page 2

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC. 82-4862489 Schedule F (Form 990) 2020 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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

Schedule F (Form 990) 2020

Page 3

BLACK LIVES MATTER GLOBAL NETWORK

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2020 FOUNDATION, INC. 82-4862489 Page 4

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

Schedule F (Form 990) 2020

X No

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020 FOUNDATION, INC. 82-4862489 Page 5

Part V | Supplemental Information

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

PART I, LINE 2:

BLMGNF GRANTS FUNDS TO OTHER ORGANIZATIONS TO SUPPORT COMMUNITY

ORGANIZING EFFORTS TO EMPOWER BLACK LIVES. ALL GRANTS WILL BE RESTRICTED

FOR ACTIVITY THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZATION. POTENTIAL

GRANTEES WILL BE REQUIRED TO SUBMIT A PROPOSAL AND A BUDGET FOR REVIEW BY

BLMGNF BEFORE FUNDS ARE DISPERSED. GRANT AGREEMENTS WILL REQUIRE EACH

GRANTEE TO USE THE GRANT FUNDS ONLY FOR THE PURPOSES FOR WHICH THE GRANT

WAS MADE AND WILL ACKNOWLEDGE BLMGNF'S AUTHORITY TO WITHHOLD AND/OR

RECOVER GRANT FUNDS IF FUNDS ARE MISUSED. THE GRANT AGREEMENTS REQUIRE

GRANTEES TO SUBMIT PERIODIC REPORTS CONCERNING THE USE OF GRANT FUNDS.

BLMGNF WILL MAINTAIN A GRANT AGREEMENT FOR EACH GRANT IT FUNDS, ALONG

WITH EACH REPORT RECEIVED FROM ALL GRANTEES AND ANY ADDITIONAL REPORTS

MADE BY THE BLMGNF'S STAFF OR INDEPENDENT AUDITORS CONCERNING THE

EXPENDITURE.

PART II, COLUMN (D):

REGION: NORTH AMERICA

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

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

PER THE IRS INSTRUCTIONS FOR SCHEDULE F, STATEMENT OF ACTIVITIES

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

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

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

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

BLACK LIVES MATTER GLOBAL NETWORK

Schedule F (Form 990) 2020 FOUNDATION, INC. 82-4862489 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. CORPORATION INCORPORATED UNDER THE CANADA NOT-FOR-PROFIT CORPORATIONS ACT, AND A REGISTERED CHARITY DESIGNATED AS A CHARITABLE ORGANIZATION UNDER THE INCOME TAX ACT (CANADA).

032075 12-03-20 Schedule F (Form 990) 2020

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Employer identification number 82-4862489

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- Mail solicitations а
- е Solicitation of non-government grants f
- X Internet and email solicitations b
- Solicitation of government grants

Phone solicitations С

Special fundraising events g

d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
FIRESIDE CAMPAIGNS - 815 16TH	FUNDRAISING COUNSEL	Yes	No			
STREET, NW, WASHINGTON, DC	ACTIVITIES		Х	1,461,529.	99,000.	1,362,529.
NEW IMPACT PARTNERS, LLC - 33	FUNDRAISING COUNSEL					
WHITE ALLEN AVENUE, DAYTON,	ACTIVITIES		х	0.	107,000.	0.
BOWERS CONSULTING FIRM - 3355	FUNDRAISING COUNSEL					
N. WHITE AVE, LA VERNE, CA	ACTIVITIES		х	0.	205,200.	0.
3 List all states in which the organization	on is registered or licensed to solicit o		▶ utions	1,461,529. or has been notified		, ,
or licensing.						
AL, AK, AR, CA, CO, CT, HI,	ME, MN, MO, NM, ND, OH, O	OK,C	R, F	A,UT,WV,WI	,NJ,VA,NH	
-						

BLACK LIVES MATTER GLOBAL NETWORK

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

8	2 -	4٤	363	2.4	89	Page 2
v		=	, U 2	9 7	U J	Page Z

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and grown				
		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		,				
Pa	rt I	Net income summary. Subtract line 10 from lin Gaming. Complete if the organization a		990 Part IV line 19 or r		
		\$15,000 on Form 990-EZ, line 6a.	inovered reconstruction	000,1 41117, 1110 10, 011	oportou more than	
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		-	(-,3-	bingo/progressive bingo	(-,	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	•	Valuata au labau	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7 t	from line 1, column (d))	
9	Ent	er the state(s) in which the organization conduc	ete gaming activities:			
		he organization licensed to conduct gaming act		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses rev			ear?	Yes No

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION. INC.

Sch	edule G (Form 990 or 990-EZ) 2020 FOUNDATION, INC. 82-	486248	39 Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
	Indicate the percentage of gaming activity conducted in:	ا مدا	24
	The organization's facility	13a 13b	<u>%</u> %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
	Name ▶		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Үе	s No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	.,	
	retain the state gaming license? Dienter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Ye	s No
	organization's own exempt activities during the tax year > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		_	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER:	5:	
<u>(I</u>) NAME OF FUNDRAISER: FIRESIDE CAMPAIGNS		
/ т	\ ADDRECC OF FUNDDATCED. 915 16MU CMDFFM NW WACHINGMON DC	20006	
<u>(I</u>) ADDRESS OF FUNDRAISER: 815 16TH STREET, NW, WASHINGTON, DC	20006	
<u>(I</u>) NAME OF FUNDRAISER: NEW IMPACT PARTNERS, LLC		
(I) ADDRESS OF FUNDRAISER: 33 WHITE ALLEN AVENUE, DAYTON, OH 45	405	
<u>/ T</u>	, ADDITION OF FUNDARIDER. 33 WHITE ADDEM AVENUE, DAILON, OR 43	± U J	
(I) NAME OF FUNDRAISER: BOWERS CONSULTING FIRM		

BLACK LIVES MATTER GLOBAL NETWORK

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BLACK LIV FOUNDATIO		GLOBAL NET	WORK				Employer identification number 82-4862489
Part I General Information on Grants a	•						02 1002103
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I	-				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIED MEDIA PROJECTS 4126 THIRD STREET DETROIT, MI 48201	01-0559608	501(C)(3)	400,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
ARTS BUSINESS COLLABORATIVE INC. P.O. BOX 296 ELMHURST, NY 11380	83-2173068	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
AUDRE LORDE PROJECT INC. 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	06-1502452	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
BLACK LIVES MATTER 5280 / ICO ROCKY MOUNTAIN PEACE AND JUSTICE CENTER - 3970 BROADWAY 105 - BOULDER, CO 80304	74-2302470	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
BLACK LIVES MATTER BOSTON / ICO BUILDING AUDACITY, INC 75 ALLEN AVE - LYNN, MA 01902	83-4650961	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
BLACK LIVES MATTER DC / ICO GRASSROOTS DC - 4004 E STREET SE - WASHINGTON, DC 20019	46-2411511	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	- '		e line 1 table				→ <u>42.</u> → 3.

BLACK LIVES MATTER GLOBAL NETWORK

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non-cash assistance organization or government if applicable cash grant non-cash valuation or assistance (book, FMV, assistance appraisal, other) BLACK LIVES MATTER DETROIT / ICO TO CONDUCT ACTIVITIES TO ALLIED MEDIA PROJECTS INC. - 4126 EDUCATE AND SUPPORT BLACK THIRD STREET - DETROIT, MI 48201 01-0559608 501(C)(3) 500,000 0 COMMUNITIES BLACK LIVES MATTER LANSING & BLACK LIVES MATTER MICHIGAN / ICO ONE TO CONDUCT ACTIVITIES TO LOVE GLOBAL - 913 W HOLMES -EDUCATE AND SUPPORT BLACK LANSING, MI 48933 20-0373503 501(C)(3) 0 COMMUNITEES 500,000 BLACK LIVES MATTER LONG BEACH / ICO FOOD CHAIN WORKERS ALLIANCE TO CONDUCT ACTIVITIES TO INC. - 3055 WILSHIRE BLVD 300 RM O EDUCATE AND SUPPORT BLACK - LOS ANGELES, CA 90010 90-0728464 501(C)(3) 500,000 0 COMMUNITIES BLACK LIVES MATTER LOS ANGELES / ICO CANGRESS DBA LOS ANGELES TO CONDUCT ACTIVITIES TO COMMUNITY ACTION N - 838 E SIXTH EDUCATE AND SUPPORT BLACK 02-0661629 501(C)(3) 0 COMMUNITES STREET - LOS ANGELES, CA 90021 500,000 BLACK LIVES MATTER NWI GARY / ICO CHRIST UNITED METHODIST CHURCH TO CONDUCT ACTIVITIES TO 201 WEST RIDGE ROAD - GARY, IN EDUCATE AND SUPPORT BLACK 35-1617113 501(C)(3) COMMUNITIES 46408 68,000 0. BLACK LIVES MATTER PHILADELPHIA / ICO MOVEMENT ALLIANCE PROJECT -TO CONDUCT ACTIVITIES TO 924 CHERRY ST NO 5 - PHILADELPHIA EDUCATE AND SUPPORT BLACK 26-0307123 501(C)(3) COMMUNITIES PA 19107 500,000 0. BLACK LIVES MATTER SOUTH BEND (SOUTH BEND BLACK EMPOWERMENT TO CONDUCT ACTIVITIES TO FUND) - 424 S. MICHIGAN ST., UNIT EDUCATE AND SUPPORT BLACK 660 - SOUTH BEND, IN 46601 85-1481799 501(C)(3) PNDNG 505 000 0. COMMUNITIES BLACK TRANS MEDIA / ICO ALLIANCE TO CONDUCT ACTIVITIES TO FOR GLOBAL JUSTICE - 225 E 26TH EDUCATE AND SUPPORT BLACK STREET - TUCSON, AZ 85713 52-2094677 501(C)(3) 200,000, 0. COMMUNITIES BOLD WOMEN'S LEADERSHIP NETWORK / ICO HIGHLANDER RESEARCH & TO CONDUCT ACTIVITIES TO EDUCATION CENTER INC - 1959 EDUCATE AND SUPPORT BLACK HIGHLANDER WAY - NEW MARKET, TN 62-0646373 501(C)(3) 0. COMMUNITIES 200 000

Schedule I (Form 990)

BLACK LIVES MATTER GLOBAL NETWORK

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

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BYP100 EDUCATION FUND 6515 S. INGLESIDE AVE CHICAGO, IL 60637	81-0975889	501(C)(3)	188,093.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
CENTER ON HALSTED 3656 NORTH HALSTED CHICAGO, IL 60613	51-0178807	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVENUE 5TH FLOOR SAN FRANCISCO, CA 94133	23-7404756	501(C)(3)	150,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
COMMUNITY AID AND DEVELOPMENT CORPORATION - P.O. BOX 361270 - DECATUR, GA 30036	95-3402456	501(C)(3)	75,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
COMMUNITY SERVICES UNLIMITED P.O. BOX 62696 LOS ANGELES, CA 90062	95-3218396	501(C)(3)	500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
EQUITY AND TRANSFORMATION 10 W 35TH STREET SUITE 9C5 CHICAGO, IL 60616	83-4701430	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
FII - NATIONAL DBA UPTOGETHER (FKA FAMILY INDEPENDENCE INITIATIVE) - 663 13TH STREET NO 200 - OAKLAND, CA 94612	02-0784790	501(C)(3)	25,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
GRIFFIN-GRACY EDUCATIONAL RETREAT & HISTORICAL CENTER - 23 BROOKLAWN DRIVE - LITTLE ROCK, AR 72205	82-1080729	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
HAITIAN BRIDGE ALLIANCE 13 OVERTURE LANE ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES

Schedule I (Form 990)

BLACK LIVES MATTER GLOBAL NETWORK

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non-cash assistance organization or government if applicable cash grant non-cash valuation or assistance (book, FMV, assistance appraisal, other) HIGHLANDER RESEARCH & EDUCATION TO CONDUCT ACTIVITIES TO CENTER INC. - 1959 HIGHLANDER WAY EDUCATE AND SUPPORT BLACK - NEW MARKET, TN 37820 62-0646373 501(C)(3) 200,000 0 COMMUNITIES HOUSE OF TULTP TO CONDUCT ACTIVITIES TO 3816 BIENVILLE AVE EDUCATE AND SUPPORT BLACK NEW ORLEANS, LA 70119 85-1376745 501(C)(3) 0 COMMUNITES 200,000 LIVING THROUGH GIVING FOUNDATION TO CONDUCT ACTIVITIES TO 8544 BURTON WAY STE 401 EDUCATE AND SUPPORT BLACK LOS ANGELES, CA 90048 80-0928421 501(C)(3) 2,300,000 0 COMMUNITIES LOVE NOT BLOOD CAMPAIGN TO CONDUCT ACTIVITIES TO 3996 SAN PABLO AVE UNIT G EDUCATE AND SUPPORT BLACK EMERYVILLE, CA 94608 81-4000831 501(C)(3) 0 COMMUNITES 700,000 MARSHA P. JOHNSON INSTITUTE / ICO TO CONDUCT ACTIVITIES TO SOCIAL GOOD FUND - 12651 SAN PABLO EDUCATE AND SUPPORT BLACK 46-1323531 501(C)(3) COMMUNITIES AVE - RICHMOND, CA 94805 200,000 0. NATIONAL ALUMNI ASSOCIATION OF THE TO CONDUCT ACTIVITIES TO BLACK PANTHER PARTY - P.O. BOX EDUCATE AND SUPPORT BLACK 7978 - GARDEN CITY, NY 11530 45-3274524 501(C)(3) COMMUNITIES 50,000 0. NATIONAL INSTITUTE FOR PEER TO CONDUCT ACTIVITIES TO SUPPORT - 7001 ARLINGTON ROAD EDUCATE AND SUPPORT BLACK SUITE 237 - BETHESDA MD 20814 20-1398650 501(C)(3) 200,000 0. COMMUNITIES OFFICIAL BLACK LIVES MATTER MEMPHIS / ICO MEMPHIS ARTISTS FOR TO CONDUCT ACTIVITIES TO CHANGE - 1540 NETHERWOOD -EDUCATE AND SUPPORT BLACK MEMPHIS, TN 38106 81-4207475 501(C)(3) 500,000, 0. COMMUNITIES OSCAR GRANT FOUNDATION TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK 22097 REDWOOD ROAD CASTRO VALLEY, CA 94546 37-1761761 501(C)(3) 0. COMMUNITIES 200 000

Schedule I (Form 990)

BLACK LIVES MATTER GLOBAL NETWORK

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

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR THE ADVANCEMENT OF NEW AMERICANS - 4089 FAIRMOUNT AVENUE - SAN DIEGO, CA 92105	47-5299457	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
ST. JAMES INFIRMARY 730 POLK STREET SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMOND AVE NO 100 - ST. PAUL, MN 55114	41-1635130	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TEAM BLACKBIRD LLC 8605 SANTA MONICA BLVD UNIT 81873 WEST HOLLYWOOD, CA 90069	61-1779029	N/A	1,500,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
TRANSGENDER GENDER-VARIANT & INTERSEX JUSTICE PROJECT / ICO JUSTICE NOW - 1322 WEBSTER STREET - OAKLAND, CA 94612	42-1559699	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
THE GEORGE FLOYD MEMORIAL FOUNDATION INC 18212 STUDMAN BRANCH AVE - CHARLOTTE, NC 28278	85-2280701	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
THE MICHAEL O.D. BROWN WE LOVE OUR SONS & DAUGHTERS FOUNDATION - 4022 FLANDRE COVE CT FLORISSANT, MO 63034	47-2123013	501(C)(3)	1,410,697.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
THE TRANSGENDER DISTRICT / ICO ST. JAMES INFIRMARY - 1460 MISSION ST, SUITE 103 - SAN FRANCISCO, CA 94103	94-3330568	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES
THE TRAYVON MARTIN FOUNDATION, INC 15800 NW 42ND AVE - MIAMI GARDENS, FL 33054	46-5518442	501(C)(3)	200,000.	0.			TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK COMMUNITIES

Schedule I (Form 990)

BLACK LIVES MATTER GLOBAL NETWORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANS JUSTICE FUNDING PROJECT /							TO CONDUCT ACTIVITIES TO
ICO TIDES FOUNDATION - P.O. BOX							EDUCATE AND SUPPORT BLACK
29903 - SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	200,000.	0.			COMMUNITIES
TRANS UNITED FUND							TO CONDUCT ACTIVITIES TO
2425 17TH STREET, NW							EDUCATE AND SUPPORT BLACK
WASHINGTON, DC 20009	81-1465260	501(C)(4)	200,000.	0.			COMMUNITIES
TRANSGENDER ADVOCATES							TO CONDUCT ACTIVITIES TO
KNOWLEDGEABLE EMPOWERING - 340 E							EDUCATE AND SUPPORT BLACK
VIEW BLVD - BIRMINGHAM, AL 35215	85-0702039	501(C)(3)	400,000.	0.			COMMUNITIES
TRANSGENDER LAW CENTER							TO CONDUCT ACTIVITIES TO
P.O. BOX 70976							EDUCATE AND SUPPORT BLACK
OAKLAND, CA 94612	05-0544006	501(C)(3)	200,000.	0.			COMMUNITIES
			<u> </u>				
TRUSTAFRICA							TO CONDUCT ACTIVITIES TO
C/O UPS STORE 2100 M ST NW							EDUCATE AND SUPPORT BLACK
WASHINGTON, DC 20037	20-3074517	501(C)(3)	200,000.	0.			COMMUNITIES
SOCIAL AND ENVIRONMENTAL							TO CONDICE ACTIVITIES TO
ENTREPRENEURS, INC 23564 CALABASAS ROAD NO 201 - CALABASAS,							TO CONDUCT ACTIVITIES TO EDUCATE AND SUPPORT BLACK
CA 91302	95-4116679	501(C)(3)	400,000.	0.			COMMUNITIES
0.1 72302	33 11100/3		100,000.				
						1	

Schedule I (Form 990)

FUBLIO INSFLOTION OUF I

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

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I	(Form 990) 2020	FOUNDATION, INC	• •	82-4862489	Page 2
Part III	Grants and Other Ass	sistance to Domestic Individuals	Complete if the organization answered "Ves" on Form 900 Part IV line 22		

(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 req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
BLMGNF GRANTS FUNDS TO OTHER ORGAN	IZATIONS	TO SUPPORT	r community	ORGANIZING	
EFFORTS TO EMPOWER BLACK LIVES. AL	L GRANTS	WILL BE RI	ESTRICTED F	OR ACTIVITY	
THAT IS PERMISSIBLE FOR A 501(C)(3) ORGANIZ	ATION. PO	rential gra	NTEES WILL	
BE REQUIRED TO SUBMIT A PROPOSAL A	ND A BUDG	ET FOR RE	VIEW BY BLM	GNF BEFORE	
FUNDS ARE DISPERSED. GRANT AGREEMEN	NTS WILL	REQUIRE E	ACH GRANTEE	TO USE THE	
GRANT FUNDS ONLY FOR THE PURPOSES	FOR WHICH	THE GRAN	r was made .	AND WILL	
ACKNOWLEDGE BLMGNF'S AUTHORITY TO	WITHHOLD	AND/OR REG	COVER GRANT	FUNDS IF	

Schedule I (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

82-4862489 Page 2 FOUNDATION, INC. Schedule I (Form 990) Part IV | Supplemental Information REPORTS CONCERNING THE USE OF GRANT FUNDS. BLMGNF WILL MAINTAIN A GRANT AGREEMENT FOR EACH GRANT IT FUNDS, ALONG WITH EACH REPORT RECEIVED FROM ALL GRANTEES AND ANY ADDITIONAL REPORTS MADE BY THE BLMGNF'S STAFF OR INDEPENDENT AUDITORS CONCERNING THE EXPENDITURE.

SCHEDULE J (Form 990)

Compensation Information

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

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

BLACK LIVES MATTER GLOBAL NETWORK

FOUNDATION, INC.

Employer identification number 82-4862489

Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or t	or a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information rega	rding these items.		
	X First-class or charter travel Housing allows	ance or residence for personal use		
	Travel for companions Payments for b	ousiness use of personal residence		
	Tax indemnification and gross-up payments Health or social	l club dues or initiation fees		
	Discretionary spending account Personal service	es (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy	regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complet	e Part III to explain 1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses	incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items che	cked on line 1a?		<u>X</u>
3	Indicate which, if any, of the following the organization used to establish the compen	sation of the organization's		
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods u	-		
	establish compensation of the CEO/Executive Director, but explain in Part III.	sed by a related organization to		
	Compensation committee Written employ	ment contract		
		survey or study		
		e board or compensation committee		
	, от осо столо студинально	a source or corruptional of the source of th		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with r	espect to the filing		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		<u>X</u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for e	ach item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	s 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensation		
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?			_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensation		
	contingent on the net earnings of:			
	•			<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization prov			
	not described on lines 5 and 6? If "Yes," describe in Part III			<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a cor	-		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," of			<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption proced			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule J (Form 990) 2020 FOUNDATION, INC. 82-4862489

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) KAILEE SCALES	(i)	0.	0.	139,625.	0.	0.	139,625.	0.
FORMER MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule J (Form 990) 2020

FOUNDATION, INC.

82-4862489

Page 3 Part III | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 1A: CHARTER TRAVEL FOR THE EXECUTIVE DIRECTOR WAS INCURRED DUE TO SECURITY THREATS AND DURING THE COVID PANDEMIC. THIS TRAVEL WAS FOR ORGANIZATIONAL PURPOSES. THE EXPENDITURE WAS VOLUNTARILY REIMBURSED SUBSEQUENT TO YEAR END; THIS WAS NOT TAXABLE COMPENSATION. PART I, LINE 1B: THE EXPENDITURE WAS FOR ORGANIZATIONAL PURPOSES. THE DECISION MAKING PROCESS WAS PERFORMED BY THE EXECUTIVE DIRECTOR AND MADE IN CONSIDERATION OF SECURITY THREATS AND THE COVID PANDEMIC. PART I, LINE 4A: KAILEE SCALES DID NOT SERVE DURING THE FISCAL YEAR ENDED JUNE 30, 2021, HOWEVER, SHE DID RECEIVE A SEVERANCE PAYMENT FOR CALENDAR YEAR 2020 IN THE AMOUNT OF \$139,625. THE TERMS AND CONDITIONS OF THE ARRANGEMENT ARE CONFIDENTIAL.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Inspection

	OUNDATIO		R GLOBA	AL NETWORK		82-48			n nur	nber
Part I Excess Bene	fit Transaction	ons (section 50	1(c)(3), sect	ion 501(c)(4), and se	ction 501(c)(29) orgar	nizations on	ıly).			
Complete if the o					o, or Form 990-EZ, Pa	rt V, line 40	b.			
1 (a) Name of disqualified p	(b) F	Relationship betw		ified	c) Description of trans	coction		(d)	Correc	cted?
(a) Name of disquaimed p	erson	person and org	ganization	(1)	c) Description of trans	Saction		Ye	es	No
PATRISSE CULLOR	S FOU	NDER & E	XECUTI	VE USE OF	REAL ESTATI	3		X		
								Т		
								Т		
2 Enter the amount of tax in	ncurred by the o	rganization mana	agers or disc	ualified persons dur	ing the year under					
section 4958						> \$			3	90.
3 Enter the amount of tax, i										0.
,	,	,	, ,							
Part II Loans to and	or From Inter	erested Pers	ons.							
Complete if the o	rganization ansv	vered "Yes" on F	orm 990-EZ	, Part V, line 38a or F	Form 990, Part IV, line	e 26; or if th	e orgar	nizatio	n	
reported an amou				,	, ,	,	Ū			
(a) Name of	(b) Relationship	(c) Purpose	(d) Loan to or	(e) Original	(f) Balance due	(g) ln	(h) App	roved	(i) W	ritten
interested person	with organization	of loan	from the organization?	principal amount		default?	by boa		agreer	ment?
			To From			Yes No	Yes	No	Yes	No
PATRISSE CULLOR	FOUNDER	THIS WAS	Х	73,523.	73,523.	Х		Х		Х
				,	,					
Total	l			> \$	73,523.					
Part III Grants or As	sistance Ben	nefiting Intere	ested Per		, 5 , 5 2 5 6					
Complete if the o		•								
(a) Name of interested p				(a) Amount of	(d) Typo	of T	(-)	Dur	ooo of	:

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

Schedule L (Form 990 or 990-EZ) 2020

BLACK LIVES MATTER GLOBAL NETWORK

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

82-4862489 Page 2

	(a) Name of inte	he organization a erested person	anoworca	(b) Relation	nship betweer and the orga	intere	sted	(c) Amou transac		(d) Description of transaction		aring of zation's nues?
ī											Yes	No
PAUL	CULLORS,	CULLORS	PROT	FAMILY	MEMBER	OF	FO	840	,993.	PROFESSIONA		Х
Part V		ental Information		unses to ques	stions on Sch	adula I	(see i	netructions)		1		
CCHED												
		ART I, EX				SACT	TON	<u>5:</u>				
		ERSON: PA										
(B) R	ELATIONS	HIP WITH	DISQ	JALIFIE	ED PERSO	ON:	FOU	NDER &	EXEC	CUTIVE DIREC	TOR	
							D = 0		2011			
		ART II, I				LNTE	RES	TED PE.	RSONS	:		
(A) N	AME OF P	ERSON: PA	ATRIS	SE CULI	LORS							
(B) R	ELATIONS	HIP WITH	ORGAI	NIZATIO	ON: FOU	NDER	. &	EXECUT	IVE I	DIRECTOR		
(C) P	URPOSE O	F LOAN: 7	THIS T	WAS NOT	r A LOAI	N; I	NCL	UDES O	THER	RECEIVABLES	FOR	
TRAVE	L & REIM	BURSEMENT	rs									
SCH L	, PART I	V, BUSIN	ESS TI	RANSACT	TIONS II	1VOL	VIN	G INTE	RESTE	ED PERSONS:		
(A) N	AME OF P	ERSON: PA	AUL C	JLLORS,	, CULLO	RS P	ROT	ECTION	LLC			
(B) R	ELATIONS	HIP BETWI	EEN II	NTEREST	TED PER	SON	AND	ORGAN	IZATI	ON:		
FAMIL	Y MEMBER	OF FOUNI	DER &	EXECUT	TIVE DI	RECT	OR					
(D) D	ESCRIPTI	ON OF TRA	ANSAC'	rion: F	PROFESSI	IONA	L S	ECURIT'	Y SEF	RVICES		
SCHED	ULE L, P.	ART II:										
CHART	ER TRAVE	L FOR THI	E EXE	CUTIVE	DIRECTO	OR W	AS	INCURR	ED DU	JE TO SECURI	TY	
THREA	TS AND D	URING THE	E COV	ID PANI	DEMIC.	THIS	TR	AVEL W	AS FO)R		
ORGAN	IZATIONA	L PURPOSI	ES. TI	HE EXPE	NDITURI	E WA	.s v	OLUNTA	RILY	REIMBURSED		
-										chedule L (Form 990 o	or 990-E	Z) 2020

BLACK LIVES MATTER GLOBAL NETWORK

Schedule I	L (Form 99	90 or 9	90-EZ)	FOUNDATION	, INC.			82-4862489	Page 2
Part V	Supp	leme	ntal Info	FOUNDATION ormation					
					ion for resn	onses to questions on Sch	nedule I (see instruc	tions)	
	Compi	oto tine	part to p	TOVIGE additional information		choco to questions on con	icadic E (occ instruc	tionoj.	
SUBSE	ОПЕИТ	πО	VEVD	END					
20025	ŽOFIA I	10	IPAN	TIND •					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC.

Employer identification number 82-4862489

FORM 990, PAGE 1:

BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION, INC. ("BLMGNF") INCORPORATED IN 2017 IN DELAWARE. THE ORGANIZATION RECEIVED TAX-EXEMPT STATUS EFFECTIVE AUGUST 28, 2020. PRIOR TO OBTAINING ITS OWN TAX-EXEMPT STATUS, BLMGNF WAS A FISCALLY SPONSORED PROJECT OF THOUSAND CURRENTS, A 501(C)(3) PUBLICLY SUPPORTED CHARITABLE ORGANIZATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION IMAGINES A WORLD WHERE BLACK PEOPLE ACROSS THE DIASPORA THRIVE, EXPERIENCE JOY, AND ARE NOT DEFINED BY THEIR STRUGGLES. BY ACHIEVING LIBERATION, WE ENVISION A FUTURE THAT IS FULLY DIVESTED FROM POLICE, PRISONS, AND ALL PUNISHMENT PARADIGMS TO BE REPLACED WITH INVESTMENT INTO JUSTICE, JOY, AND CULTURE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ADVISORY COUNCIL; CREATE AND CURATE ARTISTIC PERFORMANCES (FILM THEATER, ETC.); AND RUN A FELLOWSHIP PROGRAM, WHERE WE WILL TELEVISION, SPONSOR ARTISTS ALIGNED WITH OUR MISSION.

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

POLICY - WE ARE INTERVENING ON EXISTING POLICIES AND NEW POLICIES TO BENEFIT BLACK PEOPLE BY REIMAGINING PUBLIC SAFETY, COMMUNITY CARE, AND HOW WE SPEND MONEY AS A SOCIETY. WE ARE SHAPING INTELLECTUAL DISCOURSE AND IMPACTING PUBLIC POLICY UNIQUELY FROM A BLACK AND PEOPLE OF COLOR

Name of the organization BLACK LIVES MATTER GLOBAL NETWORK **Employer identification number** 82-4862489 FOUNDATION, INC. PERSPECTIVE IN THE UNITED STATES AND THROUGHOUT THE DIASPORA. EXPENSES \$ 1,346,558. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. INVESTMENT - WE ARE INVESTING IN SOLUTIONS THAT ARE FOR US BY US AND ALLOW BLACK PEOPLE TO GAIN INDEPENDENCE FROM SYSTEMS THAT DON'T CENTER THE NEEDS OF BLACK PEOPLE, SO WE HAVE THE POWER TO DREAM BIG AND CREATE THE COMMUNITY WE WANT AND NEED TO FLOURISH, GROW, AND THRIVE. EXPENSES \$ 230,887. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. THINK TANK - WE ARE INVESTING IN RESEARCH ON BLACK LIFE AND CREATIVE SOLUTIONS THAT CAN BE USED TO INFLUENCE DEEPER INVESTMENTS AND POLICY MAKING. WE ARE LEADING PUBLIC EDUCATION CAMPAIGNS TO IMPROVE AND CHANGE THE MATERIAL CONDITIONS FOR ALL PEOPLE, THROUGH BILLBOARDS AND A DIGITAL VIDEO SERIES FOCUSING ON RACIAL INJUSTICE, POLICE BRUTALITY, CRIMINAL JUSTICE REFORM, BLACK IMMIGRATION, ECONOMIC INJUSTICE, LGBTQIA+ AND HUMAN RIGHTS, ENVIRONMENTAL INJUSTICE, ACCESS TO HEALTHCARE, ACCESS TO QUALITY EDUCATION, AND VOTING RIGHTS AND SUPPRESSION. THIS PROGRAM WILL INCLUDE NON-PARTISAN VOTER EDUCATION CAMPAIGNS. EXPENSES \$ 95,381. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 8A: PER DELAWARE LAW, THE BOARD CONSISTED OF ONE VOTING DIRECTOR. AS SUCH, NO BOARD MEETINGS WERE HELD DURING THE FISCAL YEAR ENDING JUNE 30, 2021. FORM 990, PART VI, SECTION A, LINE 8B: THERE WERE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization BLACK LIVES MATTER GLOBAL NETWORK **Employer identification number** 82-4862489 FOUNDATION, INC. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 REVIEW PROCESS INCLUDES PROVIDING A FULL COPY TO THE THREE CURRENT VOTING BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION USES ANNUAL STATEMENTS TO MONITOR THE POLICY AND COMMUNICATES THAT SIGNERS MUST READ THE POLICY AND COMPLY. THEY ALSO CONFIRM THEIR UNDERSTANDING THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MN,NH,NY,NC,ND,OR,PA,RI,SC,TN,VA,WV,WI,AL,HI NM, NJ, UT FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION COMPLIES WITH THE REQUIREMENTS TO MAKE CERTAIN DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PLANS TO MAKE ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART VI, SECTION B, LINE 10: BLMGNF WORKS WITH AND HAS MADE GRANTS TO SEVERAL BLACK LIVES MATTERS

ORGANIZATIONS. THESE ORGANIZATIONS ARE ALL STAND ALONE ENTITIES OR

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

BLACK LIVES MATTER GLOBAL NETWORK Name of the organization FOUNDATION, INC.

Employer identification number 82-4862489

	•				(f)		
Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-ye	ar assets Dire	s Direct controlling entity		
HOLD REAL ESTATE	DELAWARE		0. 5,9	23,811.BLMGNF			
anizations. Complete if the organization	າ answered "Yes" on Form 990), Part IV, line 34, b	pecause it had on	e or more related tax-e	exempt		
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		con	(g) 512(b)(13 trolled tity?	
			501(c)(3))		Yes	No	
						T	
	anizations. Complete if the organization (b)	HOLD REAL ESTATE DELAWARE anizations. Complete if the organization answered "Yes" on Form 990 (b) (c)	HOLD REAL ESTATE DELAWARE anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, by the state of the organization answered (c) (d) (d) (e) (e) (d) (e) (e) (figure 1) (figure 2) (figure 3) (figure 3	HOLD REAL ESTATE DELAWARE 0. 5,9 anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization and the complete of the organization and the complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had on the complete of the organization and the organization and the complete of the organization and th	HOLD REAL ESTATE DELAWARE 0. 5,923,811. BLMGNF anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related taxes (b) Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code Section Status (if section entity)	## ## ## ## ## ## ## ## ## ## ## ## ##	

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

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2020 FOUNDATION, INC.

82-4862489 Page 2

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

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

Name, address, and EIN

Primary activity

Approportionate

Code V-UBI

General or Per

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	amount in box	managing partner?	
		country)		sections 512-514)		docoto	Yes	No	K-1 (Form 1065)	Yes No	
]										
Identification of Related Ore	ganizations Tayable a	c a Corno	ration or Trust Co	mplete if the organizat	ion answered "Ves	s" on Form 990 P	art IV/ I	line 3/	hacause it had o	ne or m	ore related

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2020 FOUNDATION, INC.

82-4862489

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions		_				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)						
	Loans or loan guarantees by related organization(s)						
f	Dividends from related organization(s)				. 1f		
g	Sale of assets to related organization(s)				. 1g		
h	Purchase of assets from related organization(s)				1h		
	Exchange of assets with related organization(s)						
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
	Performance of services or membership or fundraising solicitations for related organ						
	Performance of services or membership or fundraising solicitations by related organ				1 -		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		
р	Reimbursement paid to related organization(s) for expenses				. 1p		
	Reimbursement paid by related organization(s) for expenses						
r	Other transfer of cash or property to related organization(s)				1r		
s							
2	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
		1		1			

BLACK LIVES MATTER GLOBAL NETWORK

Schedule R (Form 990) 2020 FOUNDATION, INC. 82-4862489 Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(H	h)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion alloca Yes	ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part Yes	ral or Per aging ner? OW	rcentage vnership
	-											
	1											
	-											
	_											
	1											
	-						-					
	-											
	-											
	1											
	-											

Schedule R (Form 990) 2020

BLACK LIVES MATTER GLOBAL NETWORK

82-4862489 Page 5 FOUNDATION, INC. Schedule R (Form 990) 2020 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. SCHEDULE R, PART I: THE IDENTIFYING INFORMATION OF THE DISREGARDED SINGLE MEMBER LLC ENTITY IS NOT BEING RELEASED HERE DUE TO SAFETY AND SECURITY CONCERNS AND THREATS TO BLMGNF'S LEADERSHIP, STAFF AND CREATORS. BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION PURCHASED PROPERTY TO SERVE RECIPIENTS OF THE BLACK JOY CREATORS FELLOWSHIP. THE ORGANIZATION REMAINS DEDICATED TO RADICAL BLACK PHILANTHROPY AND SUPPORT OF ARTISTS WHO CONTRIBUTE THEIR TALENTS TO RAISING AWARENESS FOR THE MOVEMENT. THE FELLOWSHIP PROVIDES RECORDING RESOURCES AND DEDICATED SPACE FOR BLACK CREATIVES TO LAUNCH CONTENT ONLINE AND IN REAL LIFE FOCUSED ON ABOLITION, HEALING JUSTICE, URBAN AGRICULTURE AND FOOD JUSTICE, POP CULTURE, AND ACTIVISM.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or BLACK LIVES MATTER GLOBAL NETWORK print FOUNDATION, INC. 82-4862489 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour C/O ELIAS LAW GRP, 10 G ST NE, NO. 600 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 20002 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application** Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 THE ORGANIZATION - C/O ELIAS LAW GRP, 10 G ST NE, NO. The books are in the care of ► 600 - WASHINGTON, DC 20002 Telephone No. ▶ 917-291-5676 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2021 ► X tax year beginning JUL 1, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions