Form <b>990</b>
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### PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

<u>A</u>	or the	and e 2023 calendar year, or tax year beginning and e	enaing					
B	Check if	C Name of organization		D Employer identifie	cation number			
a	applicabl							
	Addre	e   Solla Grouna						
	Name Chang		36-3578158					
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number	r				
	Final return	3521 Century Ave N	651-308-	2570				
	termin	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$ 4,762,723					
	Amen	White Bear Lake, MN 55110	H(a) Is this a group re	eturn				
	Applic tion	F Name and address of principal officer: IIISIIA CullulIIIS Rau	fman	for subordinates	? Yes X No			
	pendi	<sup>19</sup> same as C above		<b>H(b)</b> Are all subordinates in				
11	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 🚺 527		list. See instructions			
٦١	Websi <sup>.</sup>	te: www.solidgroundmn.org		H(c) Group exemptio	n number			
KF	orm of	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: MN			
	art I	Summary			¥			
	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{The}}$ $ extsf{m}$	nissio	n of Solid (	Ground is			
Activities & Governance		to prevent and end homelessness for famil:	ies wi	th children	in the			
nar	2	Check this box if the organization discontinued its operations or dispose						
ver	3			3	14			
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1b)		14				
ა ა	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		38				
itie	6	Total number of volunteers (estimate if necessary)			0			
Ę	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ř	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.				
		······································		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		2,600,365.	3,849,414.			
nue	9	Program service revenue (Part VIII, line 2g)		602,749.	692,882.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,900.	183,227.			
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,273.	-51,271.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,243,287.	4,674,252.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,368,992.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,716,753.	1,839,756.			
see	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 309, 17	79.					
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,517,575.	1,160,171.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,234,328.	4,368,919.			
	19	Revenue less expenses. Subtract line 18 from line 12		8,959.	305,333.			
or	_			ginning of Current Year	End of Year			
ets (	20	Total assets (Part X, line 16)		8,192,790.	8,425,531.			
Ass	21	Total liabilities (Part X, line 26)		2,858,609.	2,740,292.			
Net Assets (	22	Net assets or fund balances. Subtract line 21 from line 20		5,334,181.	5,685,239.			
Pa	art II	Signature Block	·····	-,,	2,200,200,			
		Ities of parium. I declare that I have examined this return including accompanying schedules	and stateme	nte and to the best of my	knowledge and belief it is			

Under my knowledge and belief, it is mined this return, including accompanying schedule true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date					
Here	Lynnette Becker, Board Ch	air								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid	Steven D. Anseth, CPA	Steven D.	Anseth, (	CP 07/30	/24 self-employed	P00552219				
Preparer	Firm's name Abdo LLP				Firm's EIN 41-	1397419				
Use Only	Firm's address 5201 Eden Ave, St	e 250								
	Edina, MN 55436				Phone no. $952$ .	835.9090				
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

See Schedule O for Organization Mission Statement Continuation

OMB No. 1545-0047

**Open to Public** 

. Inspection

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Par	rt III Statement of Program Service Accomplishments		6
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	c .	
	The mission of Solid Ground is to prevent and end homeless		
	families with children in the communities we serve through	nousing,	
	resources and opportunity.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	XYes	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 mea	asured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	he total expenses, an	d
	revenue, if any, for each program service reported.		
4a		692,8	<b>382.</b> )
	Prevention Assistance for unstably housed families expande significantly in 2023. Solid Ground's Prevention team pro		
	assistance with unpaid rent and utilities to help families		
	eviction, as well as security deposits and first month's r		
	families to access more affordable housing. Prevention As		
	served 206 families with children in 2023.		
	1 206 E42		
4b	(Code:)(Expenses \$1,306,542. including grants of \$15,354. ) (Revenue \$ East Metro Place I and East Metro Place II provide 34 unit		)
	transitional and permanent supportive housing in White Bea		
	families experiencing homelessness. Permanent units are d		for
	families with disabilities and/or histories of long-term h		
	Parents receive a variety of services, including budgeting		
	training, employment assistance, mental/chemical health su		
	parenting skills. Children receive assistance with school		
	learning enrollment, after-school tutoring, summer camp an	.d	
	recreational activities. East Metro Place housing 156 adu	lts and	
	children in 2023.		
4c	(Code: )(Expenses \$ 583,946. including grants of \$ 169,157.) (Revenue \$		<u> </u>
40	HomeAgain and HomeSafe provide scattered-site, time-limite	d housing f	for
	families experiencing homelessness in Washington and Ramse		
	Solid Ground partners with landlords in the community to p	rovide	
	housing and helps with security deposits and rental assist		
	directly to landlords to make the housing more affordable.		
	receive in-home services and monthly rent assistance for 6		•
	while they stabilize and work to increase their income. T		1n
	and HomeSafe programs served 59 adults and children in 202	3 WITH	
	housing and housing search services.		
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ 938,915 · including grants of \$ 180,053 · ) (Revenue \$	)	
4e	Total program service expenses 3,867,860.		
		Form <b>9</b> 9	<b>90</b> (2023)
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 Form 990 (2023)
 Solid Ground

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10		9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<i>''</i>	<u> </u>	<u> </u>
10		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II		- 22	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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	000	
332003	12-21-23	Form	390	(2023)

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 Form 990 (2023)
 Solid Ground

 Part IV
 Checklist of Required Schedules (continued)

			Yes	NO	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
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		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?				
	"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		Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N. Part II	32		х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200			
	If "Yes," complete Schedule R, Part V, line 2	36		х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
00	Note: All Form 990 filers are required to complete Schedule O	38	х		
Par		50			
	Check if Schedule O contains a response or note to any line in this Part V				
	· · · · · · · · · · · · · · · · · · ·		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 160				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
~ ~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
Ŭ	(gambling) winnings to prize winners?	1c	х		
332004	12-21-23			(2023)	
			,	()	

5 2023.04010 SOLID GROUND

Form	990 (2023) Solid Ground	36-357	/8158	P	age <b>5</b>		
Par							
				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 3	8				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	. 2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		Х		
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				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х		
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 Ac	ccounts (FBAR).	-				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	. 5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?		6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the service of the service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and partly as a contribution and partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contri	vices provided to the pavo	? <b>7</b> a		Х		
	······································						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa						
	to file Form 8282?	•	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file For				Х		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				Х		
8							
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the energy avantation make any tayable distributions under section 10662		9a				
b			0				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	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					
	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				
	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						
	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
14a			. 14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	. 16		Х		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		. 17				
	If "Yes," complete Form 6069.						
332005	12-21-23		Form	1 <b>990</b>	(2023)		

332005 12-21-23

6 2023.04010 SOLID GROUND

_	1990 (2023) Solid Ground rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	36-357		P	age
га			a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				
	Check if Schedule O contains a response or note to any line in this Part VI				Σ
Sec	tion A. Governing Body and Management				Γ.
4.0	Enter the number of veting members of the governing body of the and of the tax year	1a 1	1	Yes	N
Ia	Enter the number of voting members of the governing body at the end of the tax year	1a 1	픡		
	If there are material differences in voting rights among members of the governing body, or if the governing				
<b>L</b>	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b 1	4		
-	Enter the number of voting members included on line 1a, above, who are independent		픡		
2		-	2		2
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the		<b>_</b>		-
3	of officers, directors, trustees, or key employees to a management company or other person?	•	3		2
	Did the organization make any significant changes to its governing documents since the prior Form 99				
4	Did the organization become aware during the year of a significant diversion of the organization's asse		5		
5					2
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app		6		1
7a					١,
	more members of the governing body?		7a		X
Ø	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				X
0	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		0.	x	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?		8a	X	-
b			8b	~	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac		9		2
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	~ / \	9		-
	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	(enue Code.)		Yes	N
10-	Did the organization have local chapters, branches, or affiliates?		10a	Tes	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		104		╞╴
D		• • •	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	before ming the form:	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_e$		120		
C			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approval		14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
~	The organization's CEO, Executive Director, or top management official		15a	х	
			15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		150		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont with a			
104			16a		2
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
			164		
200	exempt status with respect to such arrangements?		16b		
17 40	List the states with which a copy of this Form 990 is required to be filed <u>MN</u>	d 000 T (agetian E01(a))		ovoilo	bla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-1 (section 501(c)(3	i)s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Another's website         X         Upon request         Other (explain)				
40		on Schedule O)	a d Gia a a	-:-I	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	iffict of interest policy, ar	nd finan	ciai	
~	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and records			
	Diamond Hunter - 651-308-2570				
	3521 Century Ave N, White Bear Lake, MN 55110		-	000	100
32000	5 12-21-23 7		Forn	1 <b>990</b>	(20
				20	01
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Form 990 (2	2023) Solid Ground	36-3578158	Page <b>7</b>				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
<ul> <li>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.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>							

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than box, unless person is bot		s both	an	compensation	compensation	amount of	
	week		officer and a director/trustee)		from	from related	other			
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	In stit utio nal tru stee	er	Key employee	est cc loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) Trisha Cummins Kauffman	1.00									
Executive Director				Х				131,262.	0.	9,009.
(2) Lynnette Becker	0.00									
Board Chair		Х		х				0.	0.	0.
(3) Renae Oswald-Anderson	0.00									
Vice Chair		х		X				0.	0.	0.
(4) Mark Houge	0.00									
Treasurer		Х		X				0.	0.	0.
(5) Alice Roberts-Davis	0.00									
Secretary		Х		X				0.	0.	0.
(6) Sarah Meek	0.00								0	
Past Chair		X						0.	0.	0.
(7) Carrie Cunnington	0.00								0	
Board Member	0.00	X						0.	0.	0.
(8) Briana Joyner	0.00								0	
Board Member	0.00	X						0.	0.	0.
(9) Ify Onyiah	0.00	x						0.	0.	0.
Board Member (10) Cece Owens	0.00	~						0.	0.	<u> </u>
Board Member	0.00	x						0.	0.	0.
(11) Chris Otto	0.00							0.	0.	0.
Board Member	0.00	х						0.	0.	0.
(12) Mithra Irani Ramaley	0.00									<b>U</b>
Board Member		x						0.	0.	0.
(13) Darbie Tamsett	0.00									
Board Member		x						0.	0.	0.
(14) John Tedesco	0.00									
Board Member		х						0.	0.	0.
(15) Janeen Vogelaar	0.00									
Board Member		Х						0.	Ο.	0.
(16) Shannon Arend-Swanson	0.00									
Board Member- term ended 2023		Х						0.	0.	0.
(17) Michael Byrd	0.00									
Board Member- term ended 2023		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	<u> </u>	_
(A) (B) (C) Name and title Average hours per week officer and a director/trustee)							(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	( <b>F)</b> Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
												—
												_
											-	
	Subtotal Total from continuation sheets to Part VII								131,262.	0	• 9,009 • 0	
	Total (add lines 1b and 1c) Total number of individuals (including but no		<u></u>						131,262.		. 9,009	- -
	compensation from the organization										Yes No	<u> </u>
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual								-	3 X	_
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual		. 4 X	
	rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>	-				-			-		. 5 X	. <u> </u>
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							· ·	sation from	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	<b>(C)</b> Compensation	
												—
												_
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos (		ted	above) who received mo	ore than	Form <b>990</b> (2023	3)

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a	t VIII								-
		Check if Schedule O o	conta	<u>ains a response</u>	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ş	1 a	Federated campaigns		1a	140,800.				
and Other Similar Amounts		Membership dues							
ŭ	с	Fundraising events		1c	297,543.				
ar /	d	Related organizations		1d					
m	е	Government grants (contr	ibutio	ons) <b>1e 1</b>	719,882.				
ŝ	f	All other contributions, gifts,	grant						
the		similar amounts not included	abov	e <b>1f 1</b>	691,189.				
0 P	g	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$	160,618.				
an	h	Total. Add lines 1a-1f				3,849,414.			
					Business Code				
		Rental revenu			900099	667,155.	667,155.		
e	b	<u>Program servi</u>	ce	5	900099	25,727.	25,727.		
Revenue	c								
Be/	d								
]	e		×0						
	t	All other program service				692,882.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (include				092,002.			
	3					183,227.			183,22
	4	other similar amounts)			proceeds	105,227.			105,22
	<del>-</del> 5	Royalties							
	J			(i) Real	(ii) Personal				
	6 a	Gross rents	6a	()					
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)	)		•				
		Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
2		and sales expenses	7b						
	с	Gain or (loss)	7c						
	d	Net gain or (loss)		·····					
	8 a	Gross income from fundraisi							
5		including \$ 297							
		contributions reported on			27 000				
		Part IV, line 18							
		Less: direct expenses			88,471.	E1 071			E1 07
		Net income or (loss) from				-51,271.			-51,27
	9 а	Gross income from gamin							
	L.	Part IV, line 19							
		Less: direct expenses							
		Gross sales of inventory, I							
	10 a	and allowances			a				
	h	Less: cost of goods sold							
		Net income or (loss) from							
╈					Business Code				
	11 a								
nue	b								
Revenue	c								
Ē	d	All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				4,674,252.	692,882.	0.	131,95

Form 990 (2023) Solid Ground
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 262 202	1 9 6 9 9 9 9		
	individuals. See Part IV, line 22	1,368,992.	1,368,992.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	140 271	111 022	0 460	10 770
•	trustees, and key employees	140,271.	111,033.	9,460.	19,778.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	1,452,734.	1,151,919.	98,649.	202,166.
7 8	Other salaries and wages Pension plan accruals and contributions (include	1, IJ4, /J4.	±,±J±,3±3•	50,043.	202,100.
0	section 401(k) and 403(b) employer contributions)	14,733.	11,368.	894.	2 471
9	Other employee benefits	114,478.	88,333.	6,946.	<u>2,471.</u> 19,199.
9 10	Payroll taxes	117,540.	94,479.	6,533.	16,528.
11	Fees for services (nonemployees):		J 1 1 2 , J •		10,0201
	Management	29,804.	21,639.	5,021.	3.144.
	Legal	8,548.	6,206.	1,440.	<u> </u>
	Accounting		·	,	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	242,640.	176,168.	40,879.	25,593.
12	Advertising and promotion				
13	Office expenses	17,677.	13,200.	811.	3,666.
14	Information technology				
15	Royalties	400.000	101.055	1 - 10	
16	Occupancy	409,899.	404,866.	1,548.	3,485.
17	Travel	11,459.	7,842.	3,032.	585.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,222.	10 111		
20	Interest	10,222.	18,222.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	158,221.	144,801.	13,420.	
22 22		68,623.	63,937.	1,504.	3,182.
23 24	Insurance Other expenses. Itemize expenses not covered	00,023.	03,557.	1,501.	5,102.
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) Donated household suppl	110,023.	110,023.		
b	Bad debt	27,062.	27,062.		
c	Staff and board develop	15,364.	13,284.	777.	1,303.
d	Equipment rental	13,149.	11,707.	480.	962.
	All other expenses	29,480.	22,779.	486.	6,215.
25	Total functional expenses. Add lines 1 through 24e	4,368,919.	3,867,860.	191,880.	309,179.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm <b>990</b> (2022)

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### Form 990 (2023) Part X Balance Sheet Solid Ground

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	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	678,049
2	Savings and temporary cash investments	728,776.	2	79,918
3	Pledges and grants receivable, net	482,201.	3	813,603
4	Accounts receivable, net	12,915.	4	33,944
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
v. 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
8   9	Prepaid expenses and deferred charges	135,170.	9	122,881
10a	Land, buildings, and equipment: cost or other			
b	basis. Complete Part VI of Schedule D10a5,903,855.Less: accumulated depreciation10b2,392,493.	3,389,837.	10c	3,511,362
11	Investments - publicly traded securities	3,386,349.	11	3,511,362 3,172,008
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	57,542.	15	13,766
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,192,790.	16	8,425,531
17	Accounts payable and accrued expenses	199,784.	17	499,177
18	Grants payable	113,999.	18	76,000
19	Deferred revenue	- /	19	2,431
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
00	Loans and other 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		22	
	Secured mortgages and notes payable to unrelated third parties	1,783,155.	23	2,108,645
24	Unsecured notes and loans payable to unrelated third parties	_,,	24	_,,
25	Other liabilities (including federal income tax, payables to related third			
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	761,671.	25	54,039
26	Total liabilities. Add lines 17 through 25	2,858,609.	26	2,740,292
	Organizations that follow FASB ASC 958, check here X	2,000,0001	20	
SS	and complete lines 27, 28, 32, and 33.			
		4,178,797.	27	4,097,758
		1,155,384.	28	1,587,481
	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	1,133,304.	20	1,507,101
<u>-</u>	· · _			
	and complete lines 29 through 33.		20	
29 Si 20	Capital stock or trust principal, or current funds		29	
8 30 8 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances 82 Balances 82 L 82 Balances 82 L 82 Balances	Retained earnings, endowment, accumulated income, or other funds	E 22/ 101	31	5 605 330
	Total net assets or fund balances	5,334,181.	32	5,685,239
33	Total liabilities and net assets/fund balances	8,192,790.	33	8,425,531 Form <b>990</b> (20)

Form 990 (2023)

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	1990 (2023) Solid Ground	<u> 36-35</u>	578158	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,674		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,368		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>33.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,334		
5	Net unrealized gains (losses) on investments	5	4	5,7	25.
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	5,68	5,2	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	· · · · · · · · · · · · · · · · · · ·		2b	Х	<u> </u>
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2023
Open to Public

Name of the o	rganization
---------------	-------------

Nam	e of t	he organization						Employer	identification numbe	r
		Soli	d Ground					3	6-3578158	
Par	tΙ	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	s.		
The c	organ	zation is not a private found								_
1		A church, convention of ch					1)(A)(i)			
, i							•,,,,,,,,			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C			0			0 1		
8		A community trust describe		(1)(A)(vi) (Complete Par	• II )					
9		An agricultural research org				n coniu	inction with a	land-grant	college	
5										
		or university or a non-land-g	frant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
[		university:								
10		An organization that norma								
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	ety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section &	509(a)(2).	See section	509(a)(3). (	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	-		• • • •	-				
		organization. You must o							.ppo9	
b		<b>Type II.</b> A supporting org			ion with its	e cupporto	d organizatio	a(c) by bay	vina	
b			-				-		-	
		control or management o			ame perso	ns that co	ntroi or manag	je trie supp	Joned	
	_	organization(s). You mus								
С		Type III functionally inte						ly integrate	ed with,	
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		<b>Type III non-functionally</b>	integrated. A supp	oorting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	r the number of supported o	organizations							
		vide the following informatior	•							_
	(	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other	_
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions	;)
Total										
										-

### Schedule A (Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1621483.	3334332.	2256654.	2600365.	3849414.	13662248.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1621483.	3334332.	2256654.	2600365.	3849414.	13662248.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1305700.
6	Public support. Subtract line 5 from line 4.						12356548.
	tion B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1621483.	3334332.	2256654.	2600365.	3849414.	13662248.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	76,766.	96,045.	135,306.	594,922.	183,227.	1086266.
9	Net income from unrelated business	_			-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						14748514.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	692,882.
	First 5 years. If the Form 990 is for the						
	organization, check this box and <b>sto</b>	-		-			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	83.78 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	82.61 %
	33 1/3% support test - 2023. If the o					ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-		• • • •	-	7a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
<u>1</u> 8	Private foundation. If the organization		-				s
			<i>t</i>				(Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (I	Form 990	) 202;
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		-	-	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	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.)						
Sec	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Public	ic Support Per	rcentage			· · · · ·	
15	Public support percentage for 2023 (	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colu	mn (f), divided by l	line 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did i				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box as						
b	33 1/3% support tests - 2022. If the						'3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
33202	23 12-21-23					Sche	dule A (Form 990) 2023

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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## Schedule A (Form 990) 2023

Schedule A				Ground
Part IV	Suppor	ting Org	ganizations <sub>(co</sub>	ontinued)

2

1

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> 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,	

Part vi how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations
---

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If* "*No*," *describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)* 

Section D.	All Type II	I Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	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			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	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		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	] The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental e	entity (see instruction <u>s).</u>
-----	---	-------------------------	--------------------------------	------------------------------------

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No
Yes No
Yes
No

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Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

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instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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 Pre-2023	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

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Schedule A (Form 990) 2023

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Administrative expenses paid to accomplish exempt purposes of supported organizations

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Schedule A (Form 990) 2023

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.

4 Amounts paid to acquire exempt-use assets

Section D - Distributions

3

7

1

2

3 4

5 6

7

Current Year

Schedule A	(Form 990) 2023	Solid	Ground		36-3578158 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	o, 4c, 5a, 6, 9a, 9b, 9c, 11a, ; Part IV, Section E, lines 1c,	ired by Part II, line 10; Part II, line 17a o 11b, and 11c; Part IV, Section B, lines , 2a, 2b, 3a, and 3b; Part V, line 1; Part S. Also complete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
					Calcula A /Faura 000) 0000
332028 12-21-2	3		21		Schedule A (Form 990) 2023

## Identification of Excess Contributions Included on Part II, Line 5

## 2023

## \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
BUTLER FAMILY FOUNDATION	302,000.	7,030.
DAY ONE FAMLIES	1,252,580.	957,610.
HUGH J ANDERSON FOUNDATION	626,000.	331,030.
MANITOU FUND	305,000.	10,030.
Total Excess Contributions to Schedule A. Part II. Line 5		1,305,700.

### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

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

# 2023

Employer identification number

36-3578158

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

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

### **General Rule**

Schedule B

Department of the Treasury

Organization type (check one)

Internal Revenue Service Name of the organization

(Form 990)

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

### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

	3 (Form 990) (2023)			Page <b>2</b>		
Name of o	rganization		Emplo	yer identification number		
<u>Solid</u>	Ground		36	-3578158		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions		(d) Type of contribution		
1		\$380,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution		
2		\$145,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions				(d) Type of contribution
3		\$142,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution		
4		\$100,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution		
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution		
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		Page <b>3</b>
Name of o	rganization		Employer identification number
<u>Solid</u>	Ground		36-3578158
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

323453 12-26-23

Schedule B (Form 990) (2023)

Name of o	rganization			Employer identification number	
Solid	Ground			36-3578158	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/ For organizations	hat total more than \$1,000 for the year	
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held	
-		e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No			I		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
-	Transferee's name, address, a		nelationship of the		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee	
323454 12-26	3-23			Schedule B (Form 990) (2023	

26 2023.04010 SOLID GROUND

SCHEDULE D
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Department of the Treasury

Internal Revenue Service Name of the organization

## **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.

OMB No. 1545-0047 **Open to Public** Inspection

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

Employer identification number

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	Solid Ground			36-3578158
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	•	(a) Donor advised	t funds	(b) Funds and other accounts
4	Total number at and of year	(-)		
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	<sup>r</sup> donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat		Preservation of a hist	orically important land area
	Protection of natural habitat			tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	tion in the form of a co	onservation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
b		ucture included on line 2a		20 2c
C	Number of conservation easements on a certified historic structure and the second structure and second and second and second and second and			
d	Number of conservation easements included on line 2c acqui			
•	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)(	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its reve	nue statement and bal	lance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 956			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or		
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
~		ourse, or other similar of		
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB A			*
	Revenue included on Form 990, Part VIII, line 1			•
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023
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Sche	dule D (Form 990) 2023 Solid G						36-35	7815	8 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (	Other	<sup>·</sup> Simila	r Assets	contil	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that n	nake się	gnificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program	ı					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	f art, historical treas	sures, or other	similar	assets		-		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatior	n answered "Ye	es" on F	<sup>-</sup> orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par									
<b>1</b> a	Is the organization an agent, trustee, custodia							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:					<b>A</b>		
								Amoun	τ	
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f Or	Ending balance									
	Did the organization include an amount on Fo					ty?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if					<u></u> ו				_
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Fou	r vears	hack
1a	Beginning of year balance	530,363.	567,070.				39,345.	(0) + 00	, ,	431.
h	Contributions		20,000.	· · · · ·			,			648.
с С	Net investment earnings, gains, and losses	43,379.	-51,774.		126.		40,555.			961.
d	Grants or scholarships		,							648.
	Other expenditures for facilities								,	
· ·	and programs									
f	Administrative expenses	4,585.	4,933.	6,	238.		5,718.		6,	047.
g	End of year balance	569,157.	530,363.		070.	4	74,182.		,	345.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)							
а	Board designated or quasi-endowment	1 0 0	%	,						
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses		ion that are held ar	nd administered	d for the	е				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		/ment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, F	Part X, I	line 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)	• •	ccumulate preciation	ed	( <b>d)</b> Boo	k valu	e
1a	Land		57	7,500.				57	7,5	00.
	Buildings			8,215.	1,6	532,9	69.	2,31		
	Leasehold improvements			8,628.		62,4			6,2	
	Equipment		81	7,576.		594,78		22	2,7	89.
	Other		21	1,936.	1	LO2,32	23.		9,6	
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	, line 10c, column	(B))				3,51	1,3	62.
							Cabadula	D (F		0000

Schedule D (Form 990) 2023

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Part VII	Investments -	Other Secu	rities
Schedule D	) (Form 990) 2023	Solid	Ground

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-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, line 12, col. (B))		

### Part VIII Investments - Program Related.

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

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

#### 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, line 15, col. (B))	
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) Operating lease liability	13,851.
(3) Tenant security deposits	40,188.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	54,039.

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

Schedule D (Form 990) 2023

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Sche	edule D (Form 990) 2023 Solid Ground				3578158	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	4,742,	<u>,153.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	45,725.			
b	Donated services and use of facilities	2b	22,176.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	67,	,901.
3	Subtract line 2e from line 1			3	4,674,	,252.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,674,	.252.
			_			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	1	n	
Pa 1	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur		
	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	1	n	
1	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With 	Expenses per F	1	n	
1 2	TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a	Expenses per F	1	n	
1 2	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Expenses per F	1	n	
1 2 a b c	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n 4,391,	.095.
1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	Expenses per F	1 2e	n 4,391,	.095.
1 2 a b c	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n 4,391,	.095.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	Expenses per F	1 2e	n 4,391,	.095.
1 2 b c d 3	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n 4,391,	.095.
1 2 3 4 2 3 4	TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e	n 4,391,	.095.
1 2 3 4 2 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d	22,176.	1 2e 3 4c	n 4,391, 22, 4,368,	
1 2 a b c d e 3 4 a b c 5	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	22,176.	1 2e 3	n 4,391,	

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

### Part V, line 4:

### Grant back to the Organization donated contributions.

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Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public								
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization	Solid G	round					Employerid	entification number		
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 1				
required to	complete this part	t.								
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>	tions email solicitations tations licitations	f Solicitat g Special	tion of tion of fundra	non-g gover iising (	overnment grants nment grants events					
key employees list	ed in Form 990, Pa	or oral agreement with any individual art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Ye			
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursua organization.	ant to	agreer	ments under which th	ie fur	ndraiser is to b	e		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total			I	1						
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from r	egistration		
°										

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Solid Ground

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2 Spring	(c) Other events None	(d) Total events
			Fall Gala	Breakfast		(add col. (a) through
			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
Hevenue	1	Gross receipts	140,936.	193,807.		334,743
	2	Less: Contributions	103,736.	193,807.		297,543
	3	Gross income (line 1 minus line 2)	37,200.	,		37,200
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs		2,832.		2,832
Direct Expenses	7	Food and beverages	15,824.	4,544.		20,368
<u>ב</u>	8	Entertainment	5,039.			6,915
		Other direct expenses		26,294.		58,356
		Direct expense summary. Add lines 4 throug	( )			88,471
	<u>11</u> rt			n 990, Part IV, line 19, or r		-51,271
a			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Ĕ١						
нечеп	1	Gross revenue				
		Gross revenue				
	2					
Direct Expenses Hevenue	2 3	Cash prizes				
	2 3 4	Cash prizes				
╎	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs			└── Yes % └── No	

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Sch	edule G (Form 990) 2023	Solid	Ground	36-3	5781	58 Page 3
11	Does the organization conduct ga	ming activitie	es with nonmembers?		Ye	es 🗌 No
12	Is the organization a grantor, bene	eficiary or trus	stee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?				Ye	es 🗌 No
	Indicate the percentage of gaming			1		
					13a	%
					13b	%
14	Enter the name and address of the	e person who	prepares the organization's gaming/special events books and recor	ds:		
	Name					
	Address					
15a	Does the organization have a con	tract with a th	nird party from whom the organization receives gaming revenue? $\dots$		Ye	es 🗌 No
b	If "Yes," enter the amount of gam	ing revenue r	eceived by the organization \$ and the an	nount		
	of gaming revenue retained by the	e third party	\$			
с	If "Yes," enter name and address	of the third p	arty:			
	Name					
	Address					
40						
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
			una la dese un deut constantes			
	Director/officer		vee Independent contractor			
17	Mandatory distributions:					
	•	state law to	make charitable distributions from the gaming proceeds to			
					<b>Y</b>	es 🗌 No
b			er state law to be distributed to other exempt organizations or spent			
_	organization's own exempt activit					
Pa			ovide the explanations required by Part I, line 2b, columns (iii) and (v)	); and Part	III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable.	Also provide any additional information. See instructions.			
3320	33 09-13-23		22	Schedu	le G (Fo	rm 990) 2023

	Schedule G (Form 990)

332084 04-01-23

11540730 759492 300106

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations,		0	MB No. 1	545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									23
Department of the Treasury		Comp		Attach to Forn						Public
								Inspe	ction	
Name of the organizat		-						Employer ident	ificatio	on number
Part I General Ir	Solid Gro							36	-35	78158
•••••••••••••••••••••••••••••••••••••••	zation maintain records t		amount of the grants	or assistance, the	graptoos' oligibility	for the grapts or assis	tance and the select	ion		
	award the grants or assis								Yes	No
	IV the organization's pro									
	d Other Assistance to					anization answered "Y	es" on Form 990, Par	t IV, line 21, for a	ny	
	hat received more than §				1	(f) Method of	1	1		
.,	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpo or as	ose of g sistanc	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2023

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

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Jtilities, personal care, and furnishing					
assistance	297	291,555.	0.		
Rental assistance	430	1,077,437.	٥.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

36-3578158

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

### Solid Ground

Pa	rt I	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	•
					Form 990, Part VIII, line 1g	noncash contribu	lion an	Tourns	2
1	Art -	Works of art							
2		Historical treasures							
3		Fractional interests							
4		and publications							
5		ning and household goods							
6		and other vehicles							
7		s and planes							
8		ectual property							
9		rities - Publicly traded							
10		rities - Closely held stock							
11		irities - Partnership, LLC, or							
		interests							
12	Secu	rities - Miscellaneous							
13		ified conservation contribution -							
	Histo	ric structures							
14	Qual	ified conservation contribution - Other							
15		estate - Residential							
16	Real	estate - Commercial							
17		estate - Other							
18		ctibles							
19		l inventory							
20		s and medical supplies							
21		dermy							
22		prical artifacts							
23		ntific specimens							
24		eological artifacts							
25	Othe	1 1 1 1	X	274	110,023.	FMV			
26	Othe	r ( <b>Event supplies</b> )	X	2	50,595.	FMV			
27	Othe	r ()							
28	Othe	r ( )							
29	Num	ber of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for w	hich the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it								
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for								
	exen	npt purposes for the entire holding period?	?				30a		X
b		es," describe the arrangement in Part II.							
31	Does	the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	tions?	31	X	
32a	Does	the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2023

32a

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Х

b If "Yes," describe in Part II.

Schedule M (	(Form 990)	2023	Solid	Ground
	0000	2020	DOTTO	0104114

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023

SCHEDULE O (Form 990)



Solid Ground

Form 990, Part I, Line 1, Description of Organization Mission:

communities we serve through housing, resources and opportunity.

Form 990, Part III, Line 2, New Program Services:

Welcome Home Washington launched in late 2023 to provide

scattered-site, permanent supportive housing for chronically homeless

families headed by an adult with a disability. Familes will receive

income-based rental assistance and in-home supportive services designed

to help them improve their health and achieve housing stability. Once

fully operational, WHW is expected to serve 52 adults and children in

16 families.

Form 990, Part III, Line 4d, Other Program Services: Homework Starts with Home (HSWH) provides prevention assistance and rehousing services to help prevent and end homelessness for families with pre-K-12 grade students in suburban Ramsey and Washington County school districts. Families receive financial assistance to make housing more affordable and services to help them achieve stability and work toward independent housing. Children receive academic and other support to help them achieve school success. HSWH provided 310 adults and children with scattered-site rehousing, prevention assistance and housing stabilization services in 2023.

HomeFront provides 10 units of permanent supportive housing for

military veterans and their families who have experienced long-term

 homelessness. Residents receive income-based rental assistance and

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

 LHA
 332211 11-14-23

39 2023.04010 SOLID GROUND

Schedule O (Form 990) 2023	Page <b>2</b>					
Name of the organization Solid Ground	Employer identification number 36-3578158					
in-home supportive services designed to help them achieve housing						
stability, improve their health and increase their income.	HomeFront					
housed 34 adults and children in 2023.						

Welcome Home Washington launched in late 2023 to provide

scattered-site, permanent supportive housing for chronically homeless

families headed by an adult with a disability. Familes will receive

income-based rental assistance and in-home supportive services designed

to help them improve their health and achieve housing stability. Once

fully operational, WHW is expected to serve 52 adults and children in

16 families.

Expenses \$ 938,915. including grants of \$ 180,053. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Form 990 will be reviewed by the finance committee and then will be posted

on the board's secure website for one week prior to filing to allow for

time for questions and comments. The board treasurer will sign form 990

following the comment period.

Form 990, Part VI, Section B, Line 12c:

SG requires board members to annually list any conflicts or certify that

there are none. In doing so, the board member agrees to notify the

organization of any changes.

Form 990, Part VI, Section B, Line 15:

SG's governance committee is charged with ensuring that annual review of

the executive director takes place. A review committee comprised of board

members surveys key stakeholders and sets compensation based on the salary
322212 11-14-23
Schedule O (Form 990) 2023
40

2023.04010 SOLID GROUND

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization Solid Ground	Employer identification number 36-3578158
	50 5570150

report published by the Minnesota council on nonprofits and available

compensation figures for directors of other statewide lawyer assistance

programs.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial

statements are available to the public upon written request.

Form 990, Part XII, Line 2c:

Welcome Home Washington launched in late 2023 to provide

scattered-site, permanent supportive housing for chronically homeless

families headed by an adult with a disability. Familes will receive

income-based rental assistance and in-home supportive services designed

to help them improve their health and achieve housing stability. Once

fully operational, WHW is expected to serve 52 adults and children in

16 families.

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(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

must use	Form 7004 to request an extension of time to me incom	e lax relun	15.				
Part I - Id	lentification						
Type or Print				Taxpayer	Taxpayer identification number (TIN)		
	Solid Ground		36-3578158				
File by the due date for	by the						
filing your	3521 Century Ave N						
return. See instructions.	City, town or post office, state, and ZIP code. For a for	preign addi	ress, see instructions.				
	White Bear Lake, MN 55110	longin addi					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Applicati		Return Application Is For				Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990		04	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	-T (trust other than above)	06	Form 5330 (individual)			13	
	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08					
● If this a Pla	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name n Number						
	n Year Ending (MM/DD/YYYY)						
	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)				
	poks are in the care of Diamond Hunter	124110113 (3					
		N - W	Nite Bear Lake, MN	5511	0		
Teleph	None No. 651-308-2570		Fax No				
	organization does not have an office or place of business	in the Uni					
	is for a Group Return, enter the organization's four-digit (					check this	
box							
	quest an automatic 6-month extension of time until No						
	organization named above. The extension is for the orga				1 5		
	calendar year 20 23 or						
	tax year beginning	, 20	, and ending		. ,2	0	
					,		
2 If th	If the tax year entered in line 1 is for less than 12 months, check reason:						
	Change in accounting period						
	his application is for Forms 990-PF, 990-T, 4720, or 6069	20	¢	0.			
	nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	<u>3a</u>	\$				
		3b	\$	0.			
	mated tax payments made. Include any prior year overp ance due. Subtract line 3b from line 3a. Include your pa			30	Ψ		
	ng EFTPS (Electronic Federal Tax Payment System). See			Зc	\$	0.	
usii	ig Li ii o (Electronic receial Tax Payment System). See	ะ แาอนนับเไป	110.	1 30	μ Ψ	<u> </u>	

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