Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

Ā	For the	2018 calendar year, or tax year beginning Nov 1 , 2018, and e	ndina C	ct 31	,20 19
В		applicable: C Name of organization GRASSROOTS INTERNATIONAL, INC.			yer identification number
ñ	Address			04-2	791159
\exists	Name ch		m/suite		one number
\Box	Initial ret		H FLOOR)524-1400
Η			(01)	7521 1100	
H		DOGEOU 10 00100 1500		G Gross r	eceipts \$ 8,868,307.
Η	Amende		180 10 450		subordinates? Yes No
ш	Applicati	on pending F Name and address of principal officer: CHUNG-WHA HONG, 179 BOYLSTON STREET, BOSTON, MA 02130	1		
	T				a list. (see instructions)
<u> </u>	Website			p exemption	
<u></u>		www.grassrootsonline.org rganization: Corporation Trust Association Other LYear of fo		· -	e of legal domicile: MA
	art I	Summary	ornation. 15	03 W Otale	or legal definitions. Fig.
	1	Briefly describe the organization's mission or most significant activities:	DOODS INTERNATIONAL MODES IN	חס שיוון מזשיםמשייםמים	CIAL MONDARDE TO CODATE A THEF AND CHEFAINABLE
ø.	1 '	WORLD BY ADVANCING THE HUMAN RIGHTS TO LAND, WATER ANI			
Governance					
Ē		BUILDING SOLIDARITY ACROSS ORGANIZATIONS AND MOVEMENTS,			
o ve	1	Check this box ► if the organization discontinued its operations or dispose	ed of more tha	. 3	16
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)			16
ş	1	Number of independent voting members of the governing body (Part VI, line		. 5	19
į	1 .	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		6	26
Activities &		Total number of volunteers (estimate if necessary)		. 7a	
٩		Total unrelated business revenue from Part VIII, column (C), line 12		. 7b	0.
	b	Net unrelated business taxable income from Form 990-T, line 38	Prior		Current Year
	8	Contributions and grants (Part VIII line 1h)	3,931.	6,501,806.	
ne	1	Contributions and grants (Part VIII, line 1h)		25,270.	51,157.
Revenue	1	Program service revenue (Part VIII, line 2g)			45,634.
æ	§ .		.	08,579. 5,985.	6,816.
	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) - 0 45	3,765.	6,605,413.
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		9,052.	3,105,174.
	I	Benefits paid to or for members (Part IX, column (A), line 4)	4,13	9,032.	3,103,174.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1 27	7,496.	1,549,726.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		8,600.	50,600.
)en	1	Total fundraising expenses (Part IX, column (A), line 25) ► 601,550	CHARLEST CONTRACTOR OF THE PARTY OF THE PART	0,000.	30,000.
Ä		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,201.	574,273.
	ı	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,349.	5,279,773.
	1	Revenue less expenses. Subtract line 18 from line 12		5,416.	1,325,640.
_ <u>v</u>		nevertue less expenses. Subtract line 10 from line 12	Beginning of C		End of Year
sets or alances	20	Total assets (Part X, line 16)	<u> </u>	3,619.	6,400,362.
Asse Bala	21	Total liabilities (Part X, line 26)		7,107.	1,012,119.
Net Ass Fund Ba	22	Net assets or fund balances. Subtract line 21 from line 20		6,512.	5,388,243.
	rt II	Signature Block	3,32	0,512.	3/300/2101
		ies of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to	the best of n	ny knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer			,
		\ Culd-		08/12/2	020
Sig	n i	Signature of officer		ate	
Hei		CHUNG-WHA HONG, EXECUTIVE DIRECTOR			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Charate F	PTIN
Pai		m/m-13	08/26/202	Check L	if P00365920
	parer				04-3068663
US	e Only				78)887-2220
May	the ID	Firm's address ► 15 MAIN STREET, TOPSFIELD, MA 01983 S discuss this return with the preparer shown above? (see instructions)	j Pn	one no. (9	X Yes No
via	, uie ii i	o discuss this return with the preparer shown above: (see instructions)		· · · ·	

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GRASSROOTS INTERNATIONAL WORKS IN PARTNERSHIP WITH SOCIAL MOVEMENTS
	TO CREATE A JUST AND SUSTAINABLE WORLD BY ADVANCING THE HUMAN RIGHTS
	TO LAND, WATER AND FOOD THROUGH GLOBAL GRANTMAKING, BUILDING SOLIDARITY
	ACROSS ORGANIZATIONS AND MOVEMENTS, AND ADVOCACY IN THE UNITED STATES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	, and proceedings and programme programme and processing and proce
4a	(Code:) (Expenses \$ 3,899,546. including grants of \$ 3,105,174.) (Revenue \$ 4,266,109.)
ıu	
	HUMANITARIAN/SOCIAL JUSTICE - GRASSROOTS INTERNATIONAL SUPPORTS HANDS-ON SOLUTIONS
	TO SOME OF THE MOST PRESSING CHALLENGES WE FACE: HUNGER, VIOLATIONS OF HUMAN RIGHTS,
	CLIMATE CHANGE AND ECONOMIC DISPARITY. THROUGH A COMBINATION OF STRATEGIC GRANTMAKING,
	ADVOCACY AND SUPPORT FOR LEARNING EXCHANGES, GRASSROOTS INTERNATIONAL SUPPORTS
	PROJECTS FOR DEMOCRATIC SOCIAL CHANGE; HUMAN RIGHTS TO LAND, WATER AND FOOD; AND
	ENVIRONMENTAL JUSTICE.
4b	(Code:) (Expenses \$ 249,476. including grants of \$ 0.) (Revenue \$ 0.)
	EDUCATION - SPONSORS EDUCATION PROGRAMS, EVENTS AND PUBLICATIONS RELATED TO
	OVERSEAS GRANTS PROGRAM DESIGNED TO INCREASE AWARENESS AND INVOLVEMENT IN THESE
	PROGRAMS BY NORTH AMERICANS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,149,022.

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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, 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, Part VI	11a	×	
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		×
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		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
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	×	
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	×	
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	×	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E\@@\@\@\@\elline{I} \@\@\@\@\elline{I} \@\@\@\elline{I} \@\@\@\elline{I} \@\@\@\elline{I} \@\@\elline{I} \@\@\elline{I} \@\elline{I} \@\elline{I} \elline{I} \@\elline{I} \elline{I}	21	×	

Part	Checklist of Required Schedules (continued)			
rait	Checklist of nequired 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		×
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		×
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		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b 24c		
d	to defease any tax-exempt bonds?	24d		
d 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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	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 1a 15		163	.40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		^
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	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			
C	Enter the amount of reserves on hand	4.4		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	excess parachute payment(s) during the year?	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
. •	If "Yes," complete Form 4720, Schedule O.	.5		
	· I			

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			×
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100		
13	Did the organization have a written whistleblower policy?	12c	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by	14		
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		×
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 st	mt.		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-		tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Indicate how you made these available. Check all that apply. Description of the public inspection. Indicate how you made these available. Check all that apply. Description of the public inspection. Indicate how you made these available. Check all that apply.	(000		. (0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re ORSON MOON, 179 BOYLSTON STREET, BOSTON, MA 02130-4520 (617)524-1400	cords	•	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2018)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees: and former such persons.

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

Officer this box if ficitive the organization in				(0	C)					
(A)	(B)	(do n	ot ch		ition	e than c	ne	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below dotted line)		Institutional trustee	a Officer		Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		Individual trustee or director	ee			ated				
(1) LETICIA ALCANTAR PRESIDENT AND CHAIR	1.00	×		×				0.	0.	0.
(2) AMELITA PASCUAL SPEAR DIRECTOR	1.00	×						0.	0.	0.
(3) WENDA TAI DIRECTOR	1.00	×						0.	0.	0.
(4) MEREDITH SMITH TREASURER	1.00	×		×				0.	0.	0.
(5) MIJO LEE SECRETARY	1.00	×		×				0.	0.	0.
(6) MARIA AGUIAR DIRECTOR	1.00	×						0.	0.	0.
(7) NIDAL AL-AZRAQ DIRECTOR	1.00	×						0.	0.	0.
(8) JANET AXELROD DIRECTOR	1.00	×						0.	0.	0.
(9) KALILA BARNETT DIRECTOR	1.00	×						0.	0.	0.
(10) SHAUN GROGAN-BROWN DIRECTOR	1.00	×						0.	0.	0.
(11) SAM JACOBS DIRECTOR	1.00	×						0.	0.	0.
(12)M. BRINTON LYKES DIRECTOR	1.00	×						0.	0.	0.
(13) KATHY MULVEY DIRECTOR	1.00	×						0.	0.	0.
(14) NINAJ RAOUL DIRECTOR	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (contir	nued)	:
				(0	•						
(A)	(B)	Position (do not check more that						(D)	(E)		(F)
Name and title	Average hours per					is both		Reportable	Reportable		mated ount of
	week (list any					or/trust		compensation from	compensation from related		ther
	hours for	Indi or d	Insti	Officer	Key employee	High	Former	the	organizations		ensation
	related organizations	/idu	tutio	ĕ	em	lest loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		m the nization
	below dotted	al tr	onal		ploy	con		(** 2, 1000 111100)			related
	line)	Individual trustee or director	Institutional trustee		ee	ıper				orgar	nizations
		Õ	stee			Highest compensated employee					
(45) D.T. T. G.	1 00					ď					
(15) DIALA SHAMAS DIRECTOR	1.00	×						0.	0.		0.
(16) SAM VINAL	1.00							0.	0.		<u></u>
DIRECTOR	1.00	×						0.	0.		0.
(17) CHUNG-WHA HONG	40.00							0.			<u> </u>
EXECUTIVE DIRECTOR	10.00				×			93,793.	0.		20,761.
(18)											
S.::2											
(19)											
(20)											
(21)											
(22)											
(00)											
(23)											
(24)											
(24)											
(25)											
1b Sub-total								93,793.	0.		20,761.
c Total from continuation sheets to Part	VII, Sectio	n A									
d Total (add lines 1b and 1c)								93,793.	0.		20,761.
2 Total number of individuals (including but	t not limited	I to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,00	0 of	
reportable compensation from the organi	ization ►										
											Yes No
3 Did the organization list any former of		-				-		, ,			
employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	vidu	ıal				3	×
4 For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	nsatio	n a	nd other comp	ensation from the	ne	
organization and related organizations											
individual										4	×
5 Did any person listed on line 1a receive of for services rendered to the organization											×
Section B. Independent Contractors	: 11 100, 0	ОПР	CIC (0011	icat	110 0 1	01 3	acii persori	· · · · · ·		
Complete this table for your five highest of the second seco	component	od inc	dono	and	ont	contr	acto	ore that receive	nd more than \$10)0 000 of	:
compensation from the organization. Rep											
(A)								(B)		(C)	
Name and business add	iress							Description of s	ervices	Compens	sation —————
2 Total number of independent contractor	ors (includin	na hi	ıt n	ot I	imit	ed to	th	inse listed abo	ove) who		
received more than \$100,000 of compens	•	_						וטטט ווטנטט מטנ	,, will		

Part VIII	Statement of Revenue
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		Check if Schedule O contains a re-	sponse or note t	o any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts ts	1a	Federated campaigns 1a	170.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G Am	С	Fundraising events 1c	25,098.				
ar /	d	Related organizations 1d					
s, C mil	е	Government grants (contributions) 1e					
ion r Si	f	All other contributions, gifts, grants,					
but the		and similar amounts not included above 1f	6,476,538.				
ntri d O	g	Noncash contributions included in lines 1a-1f: \$	245,134.				
Co	h	Total. Add lines 1a-1f	•	6,501,806.			
			Business Code				
Program Service Revenue	2a	PROGRAM SERVICE FEES	999999	51,157.	51,157.	0.	0.
Re	b						
vice	С						
Ser	d						
am	е						
ogra	f	All other program service revenue.					
Ā	g	Total. Add lines 2a-2f		51,157.			
	3	Investment income (including dividence)					
		and other similar amounts)		136,338.	0.	0.	136,338.
	4	Income from investment of tax-exempt by					
	5	Royalties					
		(i) Real	(ii) Personal	-			
	6a	Gross rents		_			
	b	Less: rental expenses		-			
	C	Rental income or (loss)					
	d	(7) 0 111	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 2,172,103		-			
	b	Less: cost or other basis	07.	-			
	D	and sales expenses . 2,262,894					
	С	Gain or (loss)90,791					
	d	Net gain or (loss)		-90,704.	87.	0.	-90,791.
4		3 (,					
nue	8a	Gross income from fundraising					
Ve		events (not including \$ 25,098.					
Other Revenu		of contributions reported on line 1c).					
her		See Part IV, line 18	6,712.				
ō)				
		Net income or (loss) from fundraising	events . ►	6,712.		0.	6,712.
	9a	Gross income from gaming activities. See Part IV, line 19					
	h		a	-			
		Net income or (loss) from gaming ac					
		Gross sales of inventory, less	uvilles				
		returns and allowances					
	b		0				
	C	Net income or (loss) from sales of in					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue		104.	104.	0.	0.
	е	Total. Add lines 11a–11d		104.			
	12	Total revenue. See instructions .	🕨	6,605,413.	51,348.	0.	52,259.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 1,548,617. 1,548,617. Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . 1,556,557. 1,556,557. Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 99,279. 59,567. 19,856. 19,856. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 1,085,568. 568,400. 252,660. 264,508. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 45,635. 24,187. 10,496. 10,952. Other employee benefits 119,260. 51,754. 9 225,018. 54,004. 10 Payroll taxes 94,226. 49,940. 21,672. 22,614. 11 Fees for services (non-employees): Management Legal 0. 1,435. 0. 1,435. Accounting 9,000. 0. 9,000. 0. Lobbying Professional fundraising services. See Part IV, line 17 50,600. 50,600. Investment management fees 30,795. f 0. 30,795. 0. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 13 91,556. 10,367. 65,456. 15,733. Office expenses 14 Information technology 15 Occupancy 59,187. 31,369. 13,613. 14,205. 16 116,114. 94,388. 18,625. 3,101. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 6,420. 3,402. 1,477. 1,541. 22 Depreciation, depletion, and amortization . 23 6,038. 3,200. 1,389. 1,449. Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PUBLIC RELATIONS/SP PROJECTS/CRISIS RESPONSE 25,443. 15,365. 324. 9,754. TELEPHONE 9,013. 4,777. 2,073. 2,163. c bank service charges 13,774. 0. 4,430. 9,344. FILMS AND PUBLICATIONS 485. 215. 270. 0. All other expenses 205,013. 59,411. 23,876. 121,726. Total functional expenses. Add lines 1 through 24e 25 5,279,773. 4,149,022. 529,201. 601,550. 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 following SOP 98-2 (ASC 958-720) if

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Part X Balance Sheet

	art X						
		Check if Schedule O contains a response of	r note	to any line in this Par	t X		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			52,318.	1	250,193.
	2	Savings and temporary cash investments			1,655,441.	2	3,189,538.
	3	Pledges and grants receivable, net			5,234.	3	1,500.
	4	Accounts receivable, net			1,941.	4	32,124.
	5	Loans and other receivables from current and trustees, key employees, and highest co					
		Complete Part II of Schedule L			5		
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd cont ntary e	ributing employers and mployees' beneficiary		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				16,735.	9	20,208.
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	73,530.			
	b	Less: accumulated depreciation	10b	38,919.	29,025.	10c	34,611.
	11	Investments—publicly traded securities			2,517,062.	11	2,867,237.
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line	11 .			13	
	14	Intangible assets		5,863.	14	4,951.	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	al line	34)	4,283,619.	16	6,400,362.
	17	Accounts payable and accrued expenses			135,607.	17	178,404.
	18	Grants payable			221,500.	18	833,715.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper	sated	employees, and			
iab		disqualified persons. Complete Part II of Schedu		⊢		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· –		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			357,107.	26	1,012,119.
ses		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an		ck here ► 🗵 and			
anc	27	Unrestricted net assets			1,496,927.	27	2,175,865.
Bal	28	Temporarily restricted net assets			2,429,585.	28	3,212,378.
ы	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or ed		_		31	
As	32	Retained earnings, endowment, accumulated in		_		32	
let	33	Total net assets or fund balances		_	3,926,512.	33	5,388,243.
_	34	Total liabilities and net assets/fund balances .		-	4,283,619.	34	6,400,362.

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	605,4	113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	279,7	773.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	325,6	540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,	926,5	512.
5	Net unrealized gains (losses) on investments	5		136,0	91.
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5,	388,2	243.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
_	Accounting weather describe the second state of the Fermi COO.			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," ex Schedule O.	olain	ın		
0-			0.0		×
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	olled (or		
	Separate basis Consolidated basis, or both.				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audite			^	
	separate basis, consolidated basis, or both:	a on	a		
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	oreial	nt 🗀		
C	of the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	piairi	""		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in		
Ju	the Single Audit Act and OMB Circular A-133?				×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		_		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3b	,	
	, , , , , , , , , , , , , , , , , , , ,		Fo	rm 990	(2018)

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

States Where Copy of Return is Required AZ CA CO CT
CO
CT
DC
FL
GA
ні
IL
KY
ME
MD
MA
MI
MN
NH
NJ
NM
NY
NC
ОН
OR .
PA
RI
TN
UT
VA
AW
WI

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization	ame of the organization Employer identification number							
GRASSROOTS INTERNATIONAL,					04-2791159			
Part I Reason for Public Cha				<u>.</u>		ons.		
The organization is not a private founda		,		-	•			
 1 A church, convention of church 2 A school described in section 								
3 A hospital or a cooperative ho								
4 A medical research organizati hospital's name, city, and state	on operated in co					(iii). Enter the		
5 An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in		
		mental unit described	in sectio	on 170(b)	(1)(Δ)(_V)			
7 X An organization that normally								
8 A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9 An agricultural research organ or university or a non-land-gra university:								
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full to its exempt full tincome and uni	nctions—subject to corelated business taxal	ertain exc ole incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 331/3% of its		
11 _ An organization organized and	•		-					
12 An organization organized and of one or more publicly supp	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
Check the box in lines 12a thro	•	• • • • •		•	•			
 Type I. A supporting organization supporting organization. 	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same					
c Type III functionally integ its supported organization						ally integrated with,		
d Type III non-functionally that is not functionally interequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an			
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from the	ne IRS that organizati	at it is a Type I, Type ion.	e II, Type III		
f Enter the number of supported	organizations .							
g Provide the following information		oorted organization(s).	<u> </u>					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 2,005,101. 2,289,071. 4,406,202. 7,686,305. 6,501,806. 22,888,485. 2 revenues levied the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 2,005,101. 2,289,071. 4,406,202. 7,686,305. 6,501,806. 22,888,485. Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5,237,104. Public support. Subtract line 5 from line 4 17,651,381. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total 2,005,101. 2,289,071. 4,406,202. 7,686,305. 6,501,806. 22,888,485. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 23,805. 40,631. 136,338. 28,683. 89,526. 318,983. Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 23,207,468. Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 76.06% Public support percentage from 2017 Schedule A, Part II, line 14 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	•						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C1:	line 6.)						
	on B. Total Support	(=) 0014	(b) 0015	(a) 0010	(4) 0017	(-) 0010	(6) Tatal
Calen 9	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Gross income from interest, dividends,						
iva	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2018 (line	, ,,,	•	, ,,,			%
16	Public support percentage from 2017 Sci					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (* *	-			%
18	Investment income percentage from 201						%
19a	33 ¹ / ₃ % support tests—2018. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2017. If the organization 18 is not more than 331/2% shock this						
20	line 18 is not more than 33½%, check this Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		
4 U	Filvate Ioungation. If the organization of	U HUL UHEUK A	DUX UIT III IE 14	. 13a. UL 13D. (JUSTON 11112 DOX	and set monn	CHOHS 🚩 🗆

Part IV **Supporting Organizations**

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

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	Fo		
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?	5a		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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 10b below.	10a		
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.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the approximation approach fourths benefit of any approximation at how there the approached	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
Ocotin	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	otion	<u>- </u>
ı a	The organization satisfied the Activities Test. Complete line 2 below.	เอเน	CHOIL	<i>u).</i>
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.			No
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? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		i .

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional	ly int	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)						
Sect	on D-Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish e	exempt purposes							
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.	·							
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	on E—Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018						
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014								
	From 2015								
d									
е	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D, line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а									
b									
c	Excess from 2016								
	Excess from 2017								
	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

GRASSROOTS INTERNATIONAL, INC.

Schedule of Contributors

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

2018

Employer identification number

04-2791159

Organization type (check one):								
Filers o	f:	Section:						
Form 99	00 or 990-EZ	区 501(c)(3) (enter number) organization					
		☐ 4947(a)(1) no	nexempt charitable trust not treated as a private foundation					
		☐ 527 political organization						
Form 99	00-PF	☐ 501(c)(3) exe	501(c)(3) exempt private foundation					
		☐ 4947(a)(1) no	onexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation						
	nly a section 501(c)(7)	-	eneral Rule or a Special Rule. nization can check boxes for both the General Rule and a Special Rule. See					
Genera	l Rule							
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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.							
	"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							

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

20**18**

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

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

• Se	ection 501(c)(4), (5), or (6) orga	inizations: Complete Part III.			
	of organization	·		Employer ider	ntification number
GRAS	SROOTS INTERNATION	NAL, INC.		04-27911	L59
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 of	organization.
1	definition of "political can		·		
2		y expenditures (see instructions) .			
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)		
Part	I-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1 2 3 4a b Part	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part Complete if the	excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file For	managers under m 4720 for this year section 501(c	section 4955 ▶ \$ ear?	Yes No
2	Enter the amount of the	filing organization's funds contributies	uted to other org	anizations for section	·
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
4 5	Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this year? ses and employer identification nur ents. For each organization listed, on ontributions received that were pro- fund or a political action committed	nber (EIN) of all seenter the amount property and directly	ection 527 political organi paid from the filing organi delivered to a separate p	zations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filling organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (el	ection u	nder
Α	Ch	neck >	5 5	s to an affiliated group (and list in Part IV each affil	liated group meml	oer's nam	e,
_	٠.		_	hare of excess lobbying expenditures).			
В	Cr	neck -		ed box A and "limited control" provisions apply.			
			-	ring Expenditures	(a) Filing	(b) Affi	
			· · · · · · · · · · · · · · · · · · ·	ans amounts paid or incurred.)	organization's totals	group	totals
1	la			oublic opinion (grass roots lobbying)	54.		
	b	Total lo	bbying expenditures to influence a	a legislative body (direct lobbying)	54.		
	С	Total lo	bbying expenditures (add lines 1a	and 1b)	108.		
	d	Other e	exempt purpose expenditures		5,279,665.		
	е	Total e	xempt purpose expenditures (add	lines 1c and 1d)	5,279,773.		
	f	Lobbyi	ng nontaxable amount. Enter tl	ne amount from the following table in both			
		column	IS.		413,989.		
		If the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not over	\$500,000	20% of the amount on line 1e.			
		Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
		Over \$1	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
		Over \$1	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
		Over \$1	7,000,000	\$1,000,000.			
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	103,497.		
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0-	0.		
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0	0.		
	j	If there	e is an amount other than zero	on either line 1h or line 1i, did the organization			
		reportir	ng section 4911 tax for this year?			× Yes	☐ No
			4-Yea	ar Averaging Period Under Section 501(h)			
		(Som	e organizations that made a sec	tion 501(h) election do not have to complete all	of the five colum	ns below	_

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a	Lobbying nontaxable amount	269,225.	367,194.	446,417.	413,989.	1,496,825.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					2,245,238.				
С	Total lobbying expenditures	28,200.	62,832.	1,036.	108.	92,176.				
d	Grassroots nontaxable amount	67,306.	91,799.	111,604.	103,497.	374,206.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					561,309.				
f	Grassroots lobbying expenditures	27,918.	61,969.	1,007.	54.	90,948.				

See the separate instructions for lines 2a through 2f.)

Page 3

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	1 5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	iption of the lobbying activity.	Yes	No	ıΑ	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
h i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				<u> </u>	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pai	rt II-A, li	ines 1	and
Pt I	-A Line 1: GRASSROOTS INTERNATIONAL, INC. 04-2791159					

Schedule C (Forn	990 or 990-EZ) 2018 Page	e 4
Part IV	Supplemental Information (continued)	_
	<u> </u>	—

SCHEDULE D (Form 990)

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

Internal Revenue Service

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number GRASSROOTS INTERNATIONAL, INC. 04-2791159 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

REV 11/12/18 PRO

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

Assets included in Form 990, Part X

public service, provide the following amounts relating to these items:

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page **2**

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures, c	or Oth	ner Similar Ass	ets (co	ntinı	ued)
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of the	follow	ing that are a sig	nificant	use	of its
а	Public exhibition		d	Loan	or exchange	progr	ams			
b	☐ Scholarly research		е	Other						
С	☐ Preservation for future generations	S								
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how tl	hey further th	e orga	anization's exemp	ot purpo	se ir	n Part
5	During the year, did the organization assets to be sold to raise funds rather								s [No
Part										
	Complete if the organization 990, Part X, line 21.								For	m
1a	Is the organization an agent, trustee included on Form 990, Part X?								s [No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		Am	ount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cus	todial	account liability?	☐ Ye	s	No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	kplanation	n has been pr	rovide	d on Part XIII .			
Par	V Endowment Funds.									
	Complete if the organization	answered "Yes"			Part IV, line	10.				
		(a) Current year	(b) Pri	or year	(c) Two years b	oack	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	1,170,738.	741	L,864.	691,8	64.	691,864.	7()6,8	364.
b	Contributions	50,000.	428	3,874.	50,0	00.	0.			0.
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	0.		0.		0.	0.		15,0	000.
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	1,220,738.	1,170	738.	741,8	64.	691,864.	69	1,8	364.
2	Provide the estimated percentage of the									
а	Board designated or quasi-endowme			, ,						
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.							
3a	Are there endowment funds not in th	e possession of th	ne organi:	zation tha	at are held ar	nd adr	ninistered for the			
	organization by:							[Yes	No
	(i) unrelated organizations							3a(i)		×
	(ii) related organizations							3a(ii)		×
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	l as requi	red on Sc	chedule R? .			3b		×
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds.					
Part	VI Land, Buildings, and Equip	oment.								
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, line	11a. S	See Form 990, F	art X, I	ine 1	10.
	Description of property	(a) Cost or ot (investm		` '	or other basis ther)		ccumulated preciation	(d) Book	(value	е
1a	Land		0.							0.
b	Buildings									
С	Leasehold improvements				46,331.		25,579.	2	10,7	752.
d	Equipment				27,199.		13,340.	1	.3,8	359.
е	Other									
Total.	Add lines 1a through 1e. (Column (d) r		90. Part)	(, column	(B), line 10c.)	•		4,6	511.

Schedule D (Form 990) 2018 Page 3 Investments - Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value

(1) (2) (3)(4) (5) (6) (7) (8)

Part X Other Liabilities.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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 t	axes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must e	qual Form 990, Part X, col. (B) line 25.) ▶	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018 Page 4

	XI Reconciliation of Revenue per Audited Financial Stateme		-	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	6,717,509.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	136,091.		
b	Donated services and use of facilities	2b	6,800.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	142,891.
3	Subtract line 2e from line 1			3	6,574,618.
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	30,795.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	30,795.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	6,605,413.
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses p	er Re	turn.
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	5,255,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,800.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	6,800.
3	Subtract line 2e from line 1			3	5,248,978.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,795.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	30,795.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	5,279,773.
		,		_	
Part 2	Supplemental Information.				
Part 2		d 4; P		; Part	V, line 4; Part X, line
Part 2 Provide 2; Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part Provide 2; Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part Provide 2; Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.
Part 2 Provide 2; Part Pt X	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	d 4; P to pro	ovide any additional in	o; Part nforma	V, line 4; Part X, line tion.

Schedule D (Fo	rm 990) 2018	Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

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

Employer identification number

Name of the organization GRASSROOTS INTERNATIONAL, INC. 04-2791159 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes □ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) Central America 0 GRANTS TO REGION 533,511. (2) Sub-Saharan Africa 0 0 GRANTS 475,840. (3) Sub-Saharan Africa 0 PROGRAM SERVICES SITE VISITS 5,484. (4) Europe 0 0 PROGRAM SERVICES PROGRAM TRAVEL 1,529. 0 (5) Europe 0 GRANTS TO REGION 72,900. (6) Middle East 0 0 GRANTS TO REGION 383,600. (7) Middle East 0 0 PROGRAM SERVICES PROGRAM TRAVEL 2,867. 0 (8) South Asia 0 GRANTS TO REGION 1,000. 0 (9) North America 0 GRANTS TO REGION 123,000. 0 (10) South America 0 GRANTS TO REGION 691,707. (11) South America 0 0 PROGRAM SERVICES SITE VISITS 21,364. (12)(13)(14)(15)(16)(17)Subtotal 0 0 2,312,802. Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

2,312,802.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America	WOMEN'S/LAND RIGHTS	53,500.	WIRE			
(2)			Central America	INDIGENOUS RIGHTS	52,500.	WIRE			
(3)			Central America	HUMAN RIGHTS EDUCA	30,000.	WIRE			
(4)			Central America	AGRARIAN REFORM	30,000.	WIRE			
(5)			Central America	ECO AG SUPPORT	55,071.	WIRE			
(6)			Central America	GOAT FARMING	87,500.	WIRE			
(7)			Central America	INDIGENOUS RIGHTS	118,440.	WIRE			
(8)			Central America	RURAL WOMEN & FARMER	51,500.	WIRE			
(9)			Central America	WOMEN'S RIGHTS	45,000.	WIRE			
(10)			Europe	RURAL MOVEMENTS	20,000.	WIRE			
11)			Europe	SEEDS, SOIL, CLIMATE	27,000.	WIRE			
(12)			Europe	HUMAN RIGHTS	25,900.	WIRE			
13)			Middle East	YOUTH EMPOWERMENT	30,000.	WIRE			
14)			Middle East	MENTAL HEALTH	45,000.	WIRE			
[15)			Middle East	ENVIRO ED	20,000.	WIRE			
(16)			See Statement		1,556,557.				

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018 Page **4**

Part IV Foreign Forms

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

Schedule F (Form 990) 2018 Page **5**

Part V Supplemental Information

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

Pt I Line 2: FINANCIAL ALLOCATIONS TO GRANTEES' PROJECTS ARE MONITORED THROUGH
PERIODIC FINANCIAL REPORTS AND SITE VISITS. EACH GRANTEE IS REQUIRED TO SUBMIT
A FINANCIAL REPORT ACCOUNTING FOR THE USE OF GRANT FUNDS, INCLUDING AN ITEMIZATION
OF EXPENSES, A LIST OF OTHER SOURCES OF FUNDING, AND OTHER RELEVANT ACCOUNTING
INFORMATION. GRASSROOTS INTERNATIONAL ALSO PERFORMS ANNUAL SITE VISITS TO GRANTEE
ORGANIZATIONS. DETAILED REPORTS COVERING THE IMPLEMENTATION OF PROJECTS, ANALYSIS
OF OUTCOMES, AND MEETING WITH REPRESENTATIVES OF GRANTEE ORGANIZATIONS AND BENEFICIARIES
ARE FILED BY STAFF OR CONTRACTORS.

GRASSROOTS INTERNATIONAL, INC. 04-2791159

Schedule F: Statement of Activities Outside U.S.

Part II: Grants and Other Assistance to Organizations or Entities Outside the U.S.

Continuation Statement

Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of noncash assistance	Description of noncash assistance	Method of valuation
Middle East	LAND&WATER RIGHTS	80,000.	WIRE			
Middle East	CIVIL SOCIETY SUPPOR	42,000.	WIRE			
Middle East	HUMAN RIGHTS	34,100.	WIRE			
Middle East	FARMER/FISHER RIGHTS	132,500.	WIRE			
North America	INDIGENOUS SUPPORT	40,000.	WIRE			
North America	INDIGENOUS DEFENSE	35,000.	WIRE			
North America	INDIGENOUS RIGHTS	25,000.	WIRE			
North America	INDIGENOUS RIGHTS	15,000.	WIRE			
South America	HUMAN RIGHTS	72,500.	WIRE			
South America	TRAINING CTR SUPPORT	72,000.	WIRE			
South America	TRAINING CTR SUPPORT	47,500.	WIRE			
South America	LAND/WATER RIGHTS	62,325.	WIRE			
South America	RURAL WOMEN RIGHTS	20,000.	WIRE			
South America	YOUTH TRAINING	22,500.	WIRE			
South America	HUMAN RIGHTS	25,000.	WIRE			
South America	WOMEN'S ORGANIZING	10,000.	WIRE			
South America	AGRARIAN REFORM	35,000.	WIRE			
South America	INDIGENOUS RIGHTS	10,000.	WIRE			
South America	RURAL MOVEMENTS	21,700.	WIRE			
South America	RURAL MOVEMENTS	20,000.	WIRE			
South America	ECO AGRICULTURE	85,000.	WIRE			
South America	BIODIVERSITY	22,500.	WIRE			
South America	WOMEN FARMERS	7,500.	WIRE			
South America	RURAL MOVEMENTS	40,932.	WIRE			
South America	WOMEN'S RIGHTS	112,500.	WIRE			
Sub-Saharan Africa	ECO AGRICULTURE	16,000.	WIRE			
Sub-Saharan Africa	ECO AGRICULTURE	8,000.	WIRE			
Sub-Saharan Africa	ECO AGRICULTURE	18,000.	WIRE			
Sub-Saharan Africa	ECO AGRICULTURE	8,000.	WIRE			
Sub-Saharan Africa	ECO AGRICULTURE	10,000.	WIRE			
Sub-Saharan Africa	LAND GOVERNANCE	15,000.	WIRE			
Sub-Saharan Africa	FOOD SYSTEMS	96,500.	WIRE			
Sub-Saharan Africa	LAND TENURE, SEEDS	27,500.	WIRE			

GRASSROOTS INTERNATIONAL, INC. 04-2791159

Schedule F: Statement of Activities Outside U.S.

Part II: Grants and Other Assistance to Organizations or Entities Outside the U.S.

Continuation Statement

Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of noncash assistance	Description of noncash assistance	Method of valuation
Sub-Saharan Africa	WOMEN'S RIGHTS	161,000.	WIRE			
Sub-Saharan Africa	CLIMATE JUSTICE	15,000.	WIRE			
Sub-Saharan Africa	RIGHTS TO LAND, WATER	30,000.	WIRE			
Sub-Saharan Africa	ECO AGRICULTURE	8,000.	WIRE			
Sub-Saharan Africa	ECO AGRICULTURE	8,000.	WIRE			
Sub-Saharan Africa	INTL EDU EXCHANGE	45,000.	WIRE			
		1,556,557.		0.		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number GRASSROOTS INTERNATIONAL, INC. 04-2791159 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations ☐ Solicitation of government grants Phone solicitations X Special fundraising events X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ▼ Yes □ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) organization custody or control of contributions? fundraiser listed in or entity (fundraiser) from activity col. (i) Yes No DAVINCI DIRECT × 164,572. 50,600. 113,972. DIR MAIL CONSULT 2 3 4 5 6 7 8 9 10 164,572. 50,600. 113,972. **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AZ CA CO CT DC FL GA HI IL KY ME MD MA MI MN MO NH NJ NM NY NC OH OR PA RI TN UT VA WA WI

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

				(a) Event #1 ANNIVERSARY GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross rece	ipts	31,810.			31,810.			
Œ	2	Less: Cont	ributions	25,098.			25,098.			
	3		me (line 1 minus	6,712.			6,712.			
	4	Cash prize	s							
	5	Noncash p	rizes							
sesu	6	Rent/facilit	y costs							
Direct Expenses	7	7 Food and b	peverages							
Direc	8	B Entertainm	ent							
	9	Other direc	et expenses .							
Pa	10 11 rt l	Net income Gaming	e summary. Subtra	dd lines 4 through 9 in co act line 10 from line 3, c le organization answe Z. line 6a.	olumn (d)		6,712. or reported more than			
Revenue				(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1	Gross reve	nue							
ses	2	2 Cash prize	s							
=xpen	3	Noncash p	rizes							
Direct Expenses	4	Rent/facilit	y costs							
	5	Other direc	t expenses .							
	6	Volunteer l	abor	☐ Yes % ☐ No	☐ Yes %☐ No	☐ Yes % ☐ No				
	7	7 Direct expe	ense summary. Ac	dd lines 2 through 5 in co	olumn (d)					
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
	а	Is the organiza	tion licensed to co		s in each of these state	s?	🗌 Yes 🗌 No			
10		Were any of the	e organization's g	=	l, suspended, or termin	ated during the tax year	? .			

11	Does the organization conduct gaming activities with nonmembers?	Yes Yes ■	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1	
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	I	
	revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	•	
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	onal intor	mation.
	See instructions.		
	e 2b col(v): IN ADDITION TO FEES FOR PROFESSIONAL FUNDRAISING SERVICES, DAY	/INCI	
	ECT BILLED GRASSROOTS INTERNATIONAL THE NET AMOUNT OF \$95,322 FOR PRINTED		
	ERIALS, MAILHOUSE SERVICES, AND POSTAGE, FOR THE YEAR ENDED OCTOBER 31, 201		
	ASSROOTS INTERNATIONAL IDENTIFIES EXPENSES RELATED TO DIRECT MAIL FUNDRAIS		
OIN '	THE BASIS OF ITEMIZED INVOICES AND DOCUMENTATION PROVIDED BY DAVINCI DIRECT	Ľ.	

Page 3

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRASSROOTS INTERNATIONAL, INC.

Part I General Information on Grants and Assistance

Employer identification number

04-2791159

1 Does the organization maintage			unt of the grants or	assistance, the g	rantees' eligibility	for the grants or assistan	
the selection criteria used to							🗵 Yes 🗌 No
2 Describe in Part IV the organ							
Part II Grants and Other As Part IV, line 21, for ar							wered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGITARTE							
678 MASS AVENUE CAMBRIDGE MA 02139	04-3420465	501C3	10,000.	0.	0	0	ARTS
(2) CAMPAMENTO CONTRA CENIZAS EN PENUELAS							
HC 3 BOX 15516 RQ PENUELAS	66-0900541	N/A	25,000.	0.	0	0	CAMPAIGN
(3) COLECTIVO EL ANCON DE LOIZA							
401 AVE AMERICO MIRANDA RQ SAN JUAN	00-0000000	N/A	25,000.	0.	0	0	YOUTH
(4) COLECTIVO ILE							
LUIS MUNOZ MARIAN 20 RQ CAGUAS	66-0719922	N/A	10,000.	0.	0	0	RACISM
(5) COMEDORES SOCIALES DE PUERTO RICO							
PO BOX 3181 RQ CAGUAS	66-0912044	501C3	42,150.	0.	0	0	HUNGER
(6) COORDINADORA PAZ PARA LAS MUJERES							
451 CALLE DE DIEGO RQ RIO PIEDRAS	66-0550935	501C3	52,000.	0.	0	0	FEMINIST
(7) EMERGE PUERTO RICO							
HC-01 BOX 17068 RQ HUMACAO	66-0915173	N/A	10,000.	0.	0	0	CLIMATE
(8) HASER, INC.							
PO BOX 649 RQ SAINT JUST	66-0861655	501C3	35,200.	0.	0	0	ENVIRONMENT
(9) INICIATIVA DE ECODESAROLLO DE BAHIA DE JOBOS							
ANTIGUA TIENDA CARIBE RQ SALINAS	00-0000000	N/A	25,000.	0.	0	0	EDUCATION
(10) INSTITUTO PARA LA INVESTIGACION Y ACCION EN AGROCOLOGIA							
AVE LA CUMBRE PMB 101 RQ SAN JUAN	66-0910974	N/A	25,000.	0.	0	0	ECO AG
(11) INSTITUTE FOR SOCIO-ECOLOGICAL RESEARCH							
PO BOX 3151 RQ LAJAS	66-0795286	501C3	44,000.	0.	0	0	RURAL RECOVERY
(12) See Statement							
			510,266.	0.			
2 Enter total number of section	() ()	J		ine 1 table			. • 14
3 Enter total number of other of	organizations liste	d in the line 1 table					. ▶ 8

Schedule I (Form 990) (2018)

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
V	Supplemental Information. Pro	vide the information re	auirod in Dort I li	no 0: Dort III. oolumi	n (b): and any other addition	anal information

GRASSROOTS INTERNATIONAL, INC. 04-2791159

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments Continuation Statement

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
LA MARANA	660838654	501C3	10,000.	0.	0	0	RECOVERY
551 CALLE TRIGO, SAN JUAN, RQ							
PO BOX 361767, SAN JUAN, RQ	000000000	N/A	40,000.	0.	0	0	FOOD SOVEREIGNTY
PROSAC-D 107 CALLE DE LA CRUZ APTO 106, SAN JUAN, RQ	660889514	N/A	41,000.	0.	0	0	ECO AG
CENTER FOR THE STUDY OF THE AMERICAS 2156 JEFFERSON AVENUE, BERKELEY, CA 94703	952672760	501C3	15,000.	0.	0	0	FARMERS
GRASSROOTS GLOBAL JUSTICE PO BOX 610663, MIAMI, FL 33261	264633127	501C3	140,722.	0.	0	0	GENL SUPPORT
INDIGENOUS EDUCATIONAL NETWORK OF TURTLE ISLAND	383653476	501C3	193,044.	0.	0	0	GENL SUPPORT
PO BOX 485, BEMIDJI, MN 56619							
LOUISIANA RISE 916 E BUTLER STREET, RAYNE, LA 70578	821555123	501C3	25,000.	0.	0	0	GENL SUPPORT
MOVEMENT STRATEGY CENTER 436 14TH STREET, OAKLAND, CA 94612	201037643	501C3	9,500.	0.	0	0	ENV JUSTICE
NATIONAL FAMILY FARM COALITION 110 MARYLAND AVE NE, WASHINGTON, DC 20002	382652620	501C3	16,000.	0.	0	0	GENL SUPPORT
NEW VENTURE FUND 1201 CONNECTICUT AVE NW, WASHINGTON, DC 20036	205806345	501C3	10,000.	0.	0	0	ECO AG
TIDES CENTER PO BOX 29907, SAN FRANCISCO, CA 94129	943213100	501C3	10,000.	0.	0	0	PALESTINE
	•	•	510,266.	0.			•

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 the latest information.

GRASSROOTS INTERNATIONAL, INC.

Employer identification number 04-2791159

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	×	2339	245,134.	FAIR VAL	UE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► (
28 29	Other ► () Number of Forms 8283 received	by the or	ranization during the tax y	year for contributions for				
29	which the organization completed	Form 8283	B Part IV Donee Acknowle	daement	29			
	Willow the organization completed		,, raitiv, Bonoo nomovio	agomont i i i i i	29		Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	arty reported in Part I lines	a 1 through			-110
ooa	28, that it must hold for at least t							
	to be used for exempt purposes					30a		×
b	If "Yes," describe the arrangement		51			554		
31	Does the organization have a		stance policy that require	es the review of any no	onstandard			
	contributions?	• .		•		31	×	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or se	ell noncash			
-			•			32a	×	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	s checked,			

Schedule M (Form 990) 2018 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II 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. Pt I Line 32b: GRASSROOTS USES A LICENSED INVESTMENT BROKER TO SELL ALL STOCK RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

GRASSROOTS INTERNATIONAL, INC.	04-2791159
Pt VI, Line 11b: THE TREASURER ENSURES TIMELY FILING OF PERIOD	IC INFORMATIONAL
RETURNS, INCLUDING THE IRS FORM 990. THE FINANCE COMMITTEE SHAI	LL APPROVE THE
FEDERAL FORM 990, MASSACHUSETTS FORM PC AND THE AUDITED FINANCE	IAL STATEMENTS
BEFORE ANY FILING IS COMPLETED. A COPY OF THE COMPLETED FORM 99	90 IS PROVIDED
TO ALL BOARD MEBERS BEFORE IT IS FILED.	
Pt VI, Line 12c: THE EXECUTIVE DIRECTOR OR THE EXECUTIVE COMMIT	TTEE SHALL EVALUATE
ON A CASE-BY-CASE BASIS ANY FAILURE TO REPORT IN A TIMELY MANNI	ER A REAL OR POTENTIAL
CONFLICT OF INTEREST, AND SHALL ACT IN CONSIDERATION OF THE SEE	RIOUSNESS AND CONTEXT
OF THE FAILURE TO REPORT. THE TREASURER SHALL ENSURE THAT OFFIC	CERS, DIRECTORS,
EMPLOYEES, CONTRACTORS AND VOLUNTEERS ATTEST ANNUALLY THAT THEY	Y HAVE READ, UNDERSTOOD
AND COMPLIED WITH THIS POLICY.	
Pt VI, Line 15a: THE COMMITTEE IS FURTHER AUTHORIZED TO PURCHAS	SE REFERENCE MATERIALS,
OR TO RETAIN CONSULTANTS OR COMPENSATION EXPERTS AT THE EXPENSE	E OF THE ORGANIZATION,
WITHIN PARAMETERS SET BY THE BOARD. THE PERSONNEL COMMITTEE SE	HALL OBTAIN COMPARABILITY
DATA, CONSISTING OF RELIABLE INFORMAION ABOUT COMPENSATION FOR	FUNCTIONALLY EQUIVALENT
POSITIONS AT ORGANIZAIONS COMPARABLE TO GRASSROOTS INTERNATIONAL	AL. THE PERSONNEL
COMMITTEE PROVIDES THE WRITTEN COMPENSATION PACKAGE, A RECORD (OF THOSE PARTICIPATING
IN THE DELIBERATION, A RECORD OF ANY CONFLICTS OF INTEREST, A F	RECORD OF MATERIALS
OR OUTSIDE CONSULTANTS USED, REFERENCE TO COMPARABILITY DATA, A	AND RATIONALE FOR
THEIR RECOMMENDATION TO THE BOARD.	
Pt VI, Line 19: THE ORGANIZATION MAKES AVAILABLE ITS ORGANIZATION	IONAL DOCUMENTS
ON ITS OWN WEBSITE, WEBSITES OF OTHERS AND UPON WRITTEN REQUEST	T TO THE ORGANIZATION.
Pt VI, Line 8a: THE SECRETARY OF THE BOARD DOCUMENTS THE PERIOR	DIC MEETINGS OF
THE BOARD OF DIRECTORS, EXECUTIVE COMMITTEE, AND SUBCOMMITTEES	OF THE BOARD.
MINUTES OF PRIOR MEETINGS ARE DISTRIBUTED AND APPROVED BY MEM	BERS AT EACH MEETING.

-	Employer identification number
GRASSROOTS INTERNATIONAL, INC.	04-2791159
Pt VI, Line 15b: THE PERSONNEL COMMITTEE IS AUTHORIZED TO MAKE RECOM	MENDATIONS
TO THE BOARD REGARDING MANAGEMENT COMPENSATION. (SEE RESPONSE TO LI	INE 15A)
Pt VI, Section C, Line 17:	
State: CA	
State: CO	
State: CT	
State: DC	
State: FL	
State: GA	
State: HI	
State: IL	
State: KY	
State: ME	
State: MD	
State: MA	
State: MI	
State: MN	
State: NH	
State: NJ	
State: NM	
State: NY	
State: NC	
State: OH	
State: OR	
State: PA	
State: RI	
State: TN	

Name of the organization	Employer identification number
GRASSROOTS INTERNATIONAL, INC.	04-2791159
State: UT	
State: 01	
State: VA	
State: WA	
State: WI	
Pt IX, Line 24e:	
Description: CONSULTANTS AND CONTRACTED SERVICES	
Description: Comboniants and Contracted Bervices	
Total: \$92,359	
Program services: \$53,908	
Management and managed, \$10,051	
Management and general: \$19,951	
Fundraising: \$18,500	
Description: DIRECT MAIL	
Total: \$10,938	
Program services: \$0	
Management and general: \$0	
Fundraising: \$10,938	
Description: PRINTING, POSTAGE AND DELIVERY	
Total: \$101,716	
Program services: \$5,503	
Management and general: \$3,925	
Fundraising: \$92,288	