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### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**Open to Public** 

Inspection

21

20

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

Department of the Treasury Internal Revenue Service 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.

31 , 20 22 A For the 2021 calendar year, or tax year beginning Nov 2021, and ending Oct D Employer identification number в Check if applicable: C Name of organization GRASSROOTS INTERNATIONAL, INC. Address change Doing business as 04-2791159 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (617)524 - 1400179 BOYLSTON STREET 4TH FLOOR Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated BOSTON, MA 02130-4520 G Gross receipts \$24,410,274. Amended return H(a) Is this a group return for subordinates? Yes X No F Name and address of principal officer: Application pending CHUNG-WHA HONG, 179 BOYLSTON STREET, BOSTON, MA 02130-4520 H(b) Are all subordinates included? Yes No Tax-exempt status: × 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions. ) < (insert no.) J Website: ► www.grassrootsonline.org H(c) Group exemption number > Form of organization: X Corporation Trust Association L Year of formation 1983 M State of legal domicile: MA K Other > Part I Summarv 1 Briefly describe the organization's mission or most significant activities: GASSADIS INTERENTIONE WARS IN PARTNERSEP WITH SOCIAL WARKING TO GEARS A JUST AND SUSPLINELE Activities & Governance 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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . 3 13 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 5 28 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . . . 6 6 26 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. h Prior Year **Current Year** 12,212,242 8 Contributions and grants (Part VIII, line 1h) . . . . . 23,555,066. Revenue 9 Program service revenue (Part VIII, line 2g) 41,000. 89,750. . . . . . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 170,734. 260,877. 3,272 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 3,865. Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 12,517,391 23,819,415. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . 5,888,181 9,142,931. Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2.170.642 2,347,566. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . 44,300. 35,750 820,516. Total fundraising expenses (Part IX, column (D), line 25) b 17 641,304. Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 666,630. . . . . . 8,769,753. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 12,167,551. 19 Revenue less expenses. Subtract line 18 from line 12 3,747,638. 11,651,864. Assets or Balances **Beginning of Current Year** End of Year 20 3,759,969 24,174,336. Total assets (Part X, line 16) 2,015,245. 21 Total liabilities (Part X, line 26) . 1,612,908. Fund 22 Net assets or fund balances. Subtract line 21 from line 20 11,744,724. 22,561,428.

Part II Signature Block

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

	Cutter		06/02/2023				
Sign	Signature of officer		Da	ate			
Here	CHUNG-WHA HONG, EXECUT	IVE DIRECTOR					
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check [] if	PTIN		
Preparer	Timothy F. Hagan, CPA		06/02/202	3 self-employed	P00365920		
Use Only		Firr	n's EIN ► 04-3	3068663			
Use only	Firm's address ► 15 MAIN STREET	Pho	one no. (978)	887-2220			
May the IRS	6 discuss this return with the preparer	shown above? See instructions .			X Yes No		
in the second second					000		

For Paperwork Reduction Act Notice, see the separate instructions. BAA

orm 99	90 (2021) Page 2
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 SUSTAINABL
	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
	BUILDING SULIDARIII ACROSS ORGANIZATIONS AND MOVEMENTS, AND ADVOCACT 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 to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,168,597. including grants of \$9,142,931. ) (Revenue \$ _23,819,415. )
	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.
	ENVIRONMENTAL UOSTICE.
4b	(Code:) (Expenses \$409,825. 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.
	PROGRAMS BY NORTH AMERICANS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-0	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 10,578,422.

Form 99	0 (2021)		F	Page 3
Part	V 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? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," 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 Rev. Proc. 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	×	
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	×	
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b		

Form 99	00 (2021)		F	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
<b>2</b> 5a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
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? <i>If "Yes," complete Schedule R, Part I</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? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part		_ 00		
		· ·	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 21			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	×	

Form 99				Page <b>5</b>
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 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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?	5a 5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
eu	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	- vu		
	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			
е	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	•		
a	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 h	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b Section 501(c)(12) organizations.</b> Enter:			
ii a	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	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 on Schedule O.	14b		L
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		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
4-	If "Yes," complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	4-		
		17		
	If "Yes," complete Form 6069.			

Form 990 (2021)
Part VI Governance, Management, and Disclosure. For each "Yes" r

Secti	on A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	-	16	10			
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business	<b>1b</b>	13			
2	any other officer, director, trustee, or key employee?		-	2		×
3	Did the organization delegate control over management duties customarily performed by or			-		
	supervision of officers, directors, trustees, or key employees to a management company or o			3		×
4	Did the organization make any significant changes to its governing documents since the prior For	m 99	) was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's a	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 one or more members of the governing body?			_		
b	Are any governance decisions of the organization reserved to (or subject to approva			7a		×
5	stockholders, or persons other than the governing body?			7b		×
8	Did the organization contemporaneously document the meetings held or written actions ur					
	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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule		reached at			
<b>Conti</b>	on <b>B. Policies</b> (This Section B requests information about policies not required by th			9		×
Secu	on b. Policies (This Section B requests information about policies not required by th	em	ennai neven		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	×
b	If "Yes," did the organization have written policies and procedures governing the activities of		h chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exem			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore fili	ng the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990	).				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv			12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe on Schedule O how this was done.			10-		
10				12c 13	× ×	
13 14	Did the organization have a written whistleblower policy?			14	×	
15	Did the process for determining compensation of the following persons include a review a			17	~	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	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 on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?			16-		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			16a		×
	participation in joint venture arrangements under applicable federal tax law, and take steps					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					·
17	List the states with which a copy of this Form 990 is required to be filed ► See Part VI,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicabl (3)s only) available for public inspection. Indicate how you made these available. Check all that			Г (sec	tion 5	501(c)

- X Own website X Another's website X Upon request Other (explain on Schedule O)
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ORSON MOON, 179 BOYLSTON STREET, BOSTON, MA 02130-4520 (617)524-1400

#### 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 the instructions for definition of "key employee."

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

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

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

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

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

		(C)								
(A)	(B)	Position		(D)	(E)	(F)				
Name and title	Average				Reportable	Reportable	Estimated amount			
	hours per week	office			compensation from the	compensation from related	of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MARIA AGUIAR	1.00									
PRESIDENT AND CHAIR		×		×				0.	0.	0.
(2) KALILA BARNETT	1.00									
TREASURER		×		×				0.	0.	0.
(3) HENDRIX BERRY DIRECTOR	1.00	×						0.	0.	0.
(4) GRACE GOLDTOOTH	1.00									
DIRECTOR		×						0.	0.	0.
(5) SHAUN GROGAN-BROWN DIRECTOR	1.00	×						0.	0.	0.
(6) SAM JACOBS	1.00									
DIRECTOR		×						0.	0.	0.
(7) JERROD MACFARLANE	1.00									
DIRECTOR		×						0.	0.	0.
(8) KATHY MULVEY DIRECTOR	1.00	×						0.	0.	0.
(9) DENISE PERRY DIRECTOR	1.00	×						0.	0.	0.
(10) NINAJ RAOUL	1.00									
DIRECTOR		×						0.	0.	0.
(11) JESENIA A. SANTANA SECRETARY	1.00	×		×				0.	0.	0.
(12) DIALA SHAMAS	1.00									
DIRECTOR		×						0.	0.	0.
(13) SAM VINAL	1.00									
DIRECTOR		×						0.	0.	0.
(14) CHUNG-WHA HONG	40.00									
EXECUTIVE DIRECTOR				×				112,151.	0.	16,465.

Part VII Section A. Officers, Directors,	Trustees,	Key I	Emj	ploy	yee	s, an	d⊦	lighest Compe	ensated Emplo	yees (cont	inued)
<b>(A)</b> Name and title	Average box, unless person is both hours officer and a director/trust						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated an of other	r	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensa from the organizatior related organi	e n and
(15) ORSON MOON	40.00										
DIR OF ADMIN & FIN						×		101,557.	0.	26,	280.
(16) CAROL SCHACHET	40.00					×		100 000		_	0.7.0
DIR OF PLNG & SP IN								106,663.	0.	5,	972.
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal	L		L	L	L		•	320,371.	0.	48	717.
c Total from continuation sheets to Part		n A		:				520,5,11		10,	
d Total (add lines 1b and 1c)						. 1		320,371.	0.	48,	717.
<ul> <li>2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3</li> </ul>											
						5				Yes	No
3 Did the organization list any former	officer, dire	ector.	tru	stee	e, k	kev er	npl	ovee, or highes	st compensated		

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		

### for services rendered to the organization? *If "Yes," complete Schedule J for such person* Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who	

X

X

×

5

Part VIII Statement of Revenue

Par	t VIII	Statement of Rev Check if Schedule			espor	ise or note to a	ny line in this Pa	art VIII		
			0.00				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaig	ns .		1a	99.				
ran oun	b	Membership dues			1b					
¶ G	С	Fundraising events			1c		-			
iifts ar ⊿	d	Related organizatio			1d		-			
ni, G	e	Government grants			1e		-			
ŝ	T	All other contribution and similar amounts no								
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributio			11	23,554,967.	-			
d O I	9	lines 1a–1f.			10	\$ 552,030.				
aŭ	h	Total. Add lines 1a-					23,555,066.			
						Business Code				
e Ce	2a	PROGRAM SERVI	CE E	FEES		999999	89,750.	89,750.	0.	0.
Program Service Revenue	b									
jram Ser Revenue	С									
ran lev	d									
Бо,	е									
ā	f	All other program se				L	00 750			
	9 3	Total. Add lines 2a- Investment income					89,750.			
	Ŭ	other similar amoun	•	•			167,452.	0.	0.	167,452.
	4	Income from investr	-				107,152.	0.		107,152.
	5	Royalties				•				
		,		(i) Rea		(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)								
	d	Net rental income o	or (los	1		►				
	7a	Gross amount from		(i) Securi	ties	(ii) Other	-			
		sales of assets other than inventory	7a	E 0 4	1 / 1					
đ	b	Less: cost or other basis	1a	594,2	141.		-			
evenue	-	and sales expenses .	7b	590,8	359.					
eve	с	Gain or (loss) .	7c		282.					
Ĕ		Net gain or (loss)		· · ·		🕨	3,282.	0.	0.	3,282.
Other R	8a	Gross income fro	m fu	Indraising						
Ò		events (not including								
		of contributions re								
		1c). See Part IV, line			8a		-			
	b	Less: direct expens			8b					
	с 9а	Net income or (loss Gross income f			ig eve	ents 🕨				
	0u	activities. See Part			9a					
	b	Less: direct expens			9b		-			
		Net income or (loss			ctivitie	es 🕨				
	10a	Gross sales of in	nvent	• •						
		returns and allowan	ices		10a		_			
	b	Less: cost of goods			10b					
	C	Net income or (loss	) from	n sales of ir	vento	1				
snu						Business Code				
neo	11a									
scellaneo Revenue	b c									
Miscellaneous Revenue	d	All other revenue					3,865.	3,865.	0.	0.
ž	e	Total. Add lines 11a					3,865.	3,005.	5.	
	12	Total revenue. See					23,819,415.	93,615.	0.	170,734.

	90 (2021) t IX Statement of Functional Expenses				Page <b>10</b>
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	2,792,531.	2,792,531.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,350,400.	6,350,400.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	335,607.	159,472.	118,510.	57,625.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7 8	Other salaries and wages	1,455,394.	804,086.	302,375.	348,933.
	section 401(k) and 403(b) employer contributions)	70,090.	37,709.	16,471.	15,910.
9	Other employee benefits	338,577.	182,154.	79,566.	76,857.
10 11	Payroll taxes	147,898.	79,569.	34,756.	33,573.
a	Management				
b		3,067.	0.	3,067.	0.
c		19,100.	0.	19,100.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	35,750.			35,750.
f g	Investment management feesOther. (If line 11g amount exceeds 10% of line 25, column(A), amount, list line 11g expenses on Schedule O.)	28,883.	0.	28,883.	0.
12	Advertising and promotion				
13	Office expenses	128,187.	16,706.	39,030.	72,451.
14	Information technology				
15	Royalties				
16	Occupancy	70,249.	37,793.	16,509.	15,947.
17 18	Travel	63,279.	33,765.	13,938.	15,576.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates	15,079.	8,112.	3,544.	3,423.
22		6,014.	3,236.	1,413.	1,365.
24	Other expenses. Itemize expenses not covered	0,011.	5,250.	1,115.	1,505.
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PUBLIC RELATIONS/SP PROJECTS/CRISIS RESPONSE	20,559.	966.	0.	19,593.
b	TELEPHONE	10,545.	5,673.	2,478.	2,394.
с	BANK SERVICE CHARGES	14,938.	0.	6,762.	8,176.
d	FILMS AND PUBLICATIONS	531.	0.	531.	0.
е	All other expenses	260,873.	66,250.	81,680.	112,943.
25	Total functional expenses. Add lines 1 through 24e	12,167,551.	10,578,422.	768,613.	820,516.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)				
	10110W111y SUF 30-2 (ASU 300-120)				<b>C</b> arrier <b>000</b> (0001)

Form 990 (2021)

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX		_
		Check if Schedule O contains a response or note to any line in this Par	tX		
			<b>(A)</b> Beginning of year		∟
	1	Cash-non-interest-bearing	262,138.	1	145,446.
	2	Savings and temporary cash investments	8,082,678.	2	18,963,277.
	3	Pledges and grants receivable, net	314,485.	3	676,142.
	4	Accounts receivable, net	101,979.	4	7,952.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	·		·
	6	Loans and other receivables from other disgualified persons (as defined		5	
	0	under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .		6	
its	7	Notes and loans receivable, net	10.	7	7,000.
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges	14,719.	9	27,057.
1	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D <b>10a</b> 114,864.			
	b	Less: accumulated depreciation <b>10b</b> 66,033.	36,679.	10c	48,831.
1	11	Investments-publicly traded securities	4,940,463.	11	4,192,450.
1	12	Investments-other securities. See Part IV, line 11		12	
1	13	Investments-program-related. See Part IV, line 11		13	
1	14	Intangible assets	6,818.	14	5,517.
1	15	Other assets. See Part IV, line 11		15	100,664.
1	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,759,969.	16	24,174,336.
1	17	Accounts payable and accrued expenses	273,316.	17	228,024.
	18	Grants payable	1,730,929.	18	1,284,220.
1	19	Deferred revenue	11,000.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0.	25	100,664.
	26	Total liabilities. Add lines 17 through 25	2,015,245.	26	1,612,908.
nces		Organizations that follow FASB ASC 958, check here ► x and complete lines 27, 28, 32, and 33.			
2   ala	27	Net assets without donor restrictions	4,346,422.	27	21,866,198.
	28	Net assets with donor restrictions	7,398,302.	28	695,230.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
2 2	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
it A	32	Total net assets or fund balances	11,744,724.	32	22,561,428.
ž į	33	Total liabilities and net assets/fund balances	13,759,969.	33	24,174,336.

REV 07/25/22 PRO

Form **990** (2021)

0111 95	00 (2021)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	3,83	19,4	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	2,10	57 <b>,</b> 5	51
3	Revenue less expenses. Subtract line 2 from line 1	3	1:	1,6	51,8	64
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1:	1,74	14,7	24
5	Net unrealized gains (losses) on investments	5		-83	35,1	60
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	22	2,50	51,4	28
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n 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 ow					
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	•	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	explain	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
	Single Audit Act and OMB Circular A-133?			3a		×
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	derao				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b		
	REV 07/25/22 PRO		I	Form	1 <b>990</b>	(202

**Continuation Statement** 

# 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)

States Where Copy of Return is Required						
AZ						
CA						
СО						
СТ						
DC						
FL						
GA						
ні						
IL						
КҮ						
ME						
MD						
МА						
MI						
MN						
NH						
NJ						
NM						
NY						
NC						
ОН						
OR						
РА						
RI						
TN						
UT						
VA						
WA						
WI						
AZ						

SCHEDULE	Α
(Earma 000)	

# **Public Charity Status and Public Support**

OMB No. 1545-0047

(FU	 ອອບງ	

Name	of	the	organization
------	----	-----	--------------

(Form 990)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexe	2021							
Department of the Treas Internal Revenue Service		<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>							
Name of the organization	tion	Employer identificat	ion number						
GRASSROOTS	NTERNATIONAL, INC.	04-2791159							
Part I Rea	son for Public Charity Status. (All organizations must complete this p	part.) See instruc	tions.						
The organization	s not a private foundation because it is: (For lines 1 through 12, check only or	ne box.)							
1 🗌 A church	, convention of churches, or association of churches described in section 17	'0(b)(1)(A)(i).							
2 🗌 A schoo	described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3 🗌 A hospit	al or a cooperative hospital service organization described in <b>section 170(b)</b> (	1)(A)(iii).							
	4 A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:								
	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 🗌 A federa	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								

- A federal, state, or local government or governmental ur 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
  - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
  - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . .

Provide the following information about the supported organization(s).

<b>e</b> 5		0 ()				
(i) Name of supported organization	(ii) EIN			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						

(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) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . . 7,686,305. 6,501,806. 10,819,143. 12,212,242. 23,555,066. 60,774,562. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. 4 7,686,305.6,501,806.10,819,143.12,212,242.23,555,066.60,774,562. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 5,575,973. Public support. Subtract line 5 from line 4 6 55,198,589. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7,686,305. 6,501,806. 10,819,143. 12,212,242. 23,555,066. 60,774,562. 7 Amounts from line 4 . . . . . . Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 89,526. 136,338. 112,443. 120,135. 167,452. 625,894. 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 61,400,456. 12 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 14 89.9% 15 15 81.52% 331/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . X 331/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check b 17a 10%-facts-and-circumstances test-2021. 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-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line h 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2021

Part II

Schedule A (Form 990) 2021

#### 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) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3							
7a	received from disqualified persons .							
	· · ·							
b	Amounts included on lines 2 and 3 received from other than disgualified							
	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							
	line 6.)							
	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources .							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses acquired after June 30, 1975							
-	Add lines 10a and 10b							
C 11	Net income from unrelated business							
11	activities not included on line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the	•	's first, second	, third, fourth,	or fifth tax yea	ar as a seo	ction 501(c)(3)	
	organization, check this box and stop her						🕨 🗌	
	on C. Computation of Public Suppor							
15	Public support percentage for 2021 (line 8					15	%	
<u>16</u>	Public support percentage from 2020 Sch					16	%	
	on D. Computation of Investment Inc			Nulling 10 activ	(f))	17	0/	
17 10	Investment income percentage for <b>2021</b> (I			•	( ))	17	%	
18 19a	Investment income percentage from 2020 331/3% support tests - 2021. If the organi					-	% <sup>31</sup> /3% and line	
199	<ul> <li>33<sup>1</sup>/<sub>3</sub>% support tests – 2021. If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>							
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2020. If the organize	-	-	-		-		
~	line 18 is not more than $33^{1/3}$ %, check this b							
20	Private foundation. If the organization did	-	-	-				
				,, <b></b> , .			· · · · ·	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		<u> </u>		

Schedule A (Form 990) 2021

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

REV 07/25/22 PRO

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(	)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

REV 07/25/22 PRO

Schedule A (Form 990) 2021

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	В
(Form 990)	

## Schedule of Contributors

OMB No. 1545-0047

#### ► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

GRASSROOTS INTERNATIONAL, INC.

Employer	identification	numbe
----------	----------------	-------

Organization type (check one):

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

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

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

#### **General Rule**

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**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. REV 07/25/22 PRO BAA

#### **Date received** Description of noncash property given Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) \_\_\_\_\_ \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) -----\$ \_\_\_\_\_ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) \_\_\_\_\_ \$\_\_\_\_\_ REV 07/25/22 PRO BAA Schedule B (Form 990) (2021)

GRASSROOTS INTERNATIONAL, INC.

Name of organization

(a) No.

from

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(b)

Page 3

**Employer identification number** 

(d)

04-2791159

(c)

FMV (or estimate)

	(Form 990) (2021) rganization			Page 4		
GRASSRO Part III	(10) that total more than \$1,000 fo	or the year from any ations completing Pa	one contributor. rt III, enter the tota	04-2791159 escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc., ee instructions.) ► \$		
	Use duplicate copies of Part III if ad	Iditional space is nee	ded.			
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
	(e) Transfer of gif Transferee's name, address, and ZIP + 4			t Relationship of transferor to transferee		
(a) No.		·····		·····		
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use 	fer of gift	(d) Description of how gift is held		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
-						
-	Transferee's name, address, a	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Trans and ZIP + 4	-	nship of transferor to transferee		

	SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047			
(Form 990)			section 527	2021				
Compl.			ganizations Exempt From Income Tax Under section 501(c) and section 527 ete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.			Open to Public		
	Department of the Treasury         Internal Revenue Service    For the organization is described below. For Attach to Form 990 of Form 990-E2. Complete in the organization is described below. For Attach to Form 990 of Form 990-E2. Complete in the organization is described below. For Attach to Form 990-E2. Complete in the organization is described below. For Attach to Form 990 of Form 990-E2. Complete in the organization is described below. For Attach to Form 990 of Form 990-E2.							
If the c	the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then							
		-	Complete Parts I-A and B. Do not con	•				
			on 501(c)(3)) organizations: Complete F	Parts I-A and C below	w. Do not con	nplete Part I-B.		
	0		iplete Part I-A only.		line 47 (Lebb			
			," on Form 990, Part IV, line 4, or For that have filed Form 5768 (election und					
		-	that have NOT filed Form 5768 (election dif					
		-	," on Form 990, Part IV, line 5 (Proxy				•	
	ee separate inst							
		i), or (6) orga	nizations: Complete Part III.					
	of organization					Employer identif		
Part	SROOTS INT		e organization is exempt und	er section 501/	c) or is a s		e	
1 1			the organization's direct and in	-	-		-	
•			npaign activities."		impaign act			
2			y expenditures. See instructions			► \$		
3			cal campaign activities. See instru					
Part	-		e organization is exempt und					
1			excise tax incurred by the organiza					
2		-	excise tax incurred by organization	•			. Yes No	
3 4a	Was a correcti		ed a section 4955 tax, did it file For	-			Yes _ No Yes _ No	
a b	If "Yes," descr							
Part			e organization is exempt und	er section 501(	c), except	section 501(c	)(3).	
1			ly expended by the filing organiz					
2			filing organization's funds contrib	-		or section		
3	•	function e	expenditures. Add lines 1 and 2		on Form 1	120-POL, \$		
4			n file <b>Form 1120-POL</b> for this year			· · · · · · · ·	. Yes No	
5	Enter the name organization m	es, address ade payme	ses and employer identification nur	mber (EIN) of all se enter the amount	ection 527 p paid from th	olitical organiza e filing organiza	tions to which the filing tion's funds. Also enter	
			ontributions received that were pro fund or a political action committe					
	<b>(a)</b> Name		<b>(b)</b> Address	<b>(c)</b> EIN	filing org	nt paid from janization's one, 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)								
					ļ			

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Sch	edu	le C (Form	990) 2021			Page <b>2</b>
Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
Α	Cł	neck 🕨		s to an affiliated group (and list in Part IV each affi	liated group memb	er's name,
			address, EIN, expenses, and s	hare of excess lobbying expenditures).		
В	Cł	neck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.		
				ving Expenditures	(a) Filing	(b) Affiliated
			(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
•	la	Total lo	bbying expenditures to influence	oublic opinion (grassroots lobbying)	15,045.	
	b	Total lo	bbying expenditures to influence a	a legislative body (direct lobbying)	90,122.	
	С	Total lo	bbying expenditures (add lines 1a	and 1b)	105,167.	
	d	Other e	exempt purpose expenditures		12,062,384.	
	е	Total e	xempt purpose expenditures (add	lines 1c and 1d)	12,167,551.	
	f	Lobbyi	ng nontaxable amount. Enter t	he amount from the following table in both		
		colum	าร.		758,378.	
		If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	r \$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)	189,595.	
	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		e is an amount other than zero on section 4911 tax for this year?	on either line 1h or line 1i, did the organization	F	Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> Total	
2a	Lobbying nontaxable amount	413,989.	564,265.	588,488.	758,378.	2,325,120.	
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,487,680.	
c	Total lobbying expenditures	108.	21,631.	105,386.	105,167.	232,292.	
d	Grassroots nontaxable amount	103,497.	141,066.	147,122.	189,595.	581,280.	
е	Grassroots ceiling amount (150% of line 2d, column (e))					871,920.	
f	Grassroots lobbying expenditures	54.	20,971.	95,370.	15,045.	131,440.	

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Schedule C (Form 990) 2021

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT 1 (election under section 501(h)).	iled	Form	5768
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)
	iption of the lobbying activity.	Yes	No	Amount
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)?			
c	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?			
i	Total. Add lines 1c through 1i         . <th< td=""><td></td><td></td><td></td></th<>			
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			
C	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		)(5), c	or se	ction
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		-	3
Part	<b>III-B</b> 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" OF answered "Yes."			
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).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	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 lobby			
_	and political expenditure next year?	•	4	
5	Taxable amount of lobbying and political expenditures. See instructions	•	5	
Par				
	le 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 <sup>.</sup>	t); Par	t II-A, lines 1 and

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 Page <b>4</b>					
Part IV	Supplemental Information (continued)				

SCHE	DULE D	Supplement	al Financial Sta	atements		OMB No. 1545-0047
(Form	ו 990)	► Complete if the org	anization answered "Yes	2021		
			), 11a, 11b, 11c, 11d, 11e	e, 11f, 12a, or 12b.		Open to Public
	ent of the Treasury Revenue Service	► Go to www.irs.gov/Forms	Attach to Form 990. 90 for instructions and t	he latest informat	ion.	Inspection
	of the organization					ification number
	-	TERNATIONAL, INC.			4-279115	
Par		zations Maintaining Donor Advi	sed Funds or Other			
rai		ete if the organization answered "			O ACCOU	
	Compie		(a) Donor advise			le and other accounts
	Tatal www.mala.a.v	at and afternation	(a) Donor advise		(D) Fund	is and other accounts
1		at end of year				
2		ue of contributions to (during year)				
3		ue of grants from (during year)				
4		ue at end of year				
5	•	ization inform all donors and donor	•			
•		organization's property, subject to the	-	-		
6		zation inform all grantees, donors, ar				
	-	able purposes and not for the benefi				·
		•				· · 🗌 Yes 🗌 No
Par		rvation Easements.				
	Comple	ete if the organization answered "	Yes" on Form 990, P	art IV, line 7.		
1	Purpose(s) of a	conservation easements held by the c	organization (check all t	hat apply).		
	Preservation	of land for public use (for example, recre	ation or education)	Preservation of a	a historically	important land area
	Protection of	of natural habitat		Preservation of a	a certified hi	storic structure
	Preservatio	n of open space				
2		s 2a through 2d if the organization he	ld a qualified conservat	ion contribution i	n the form c	f a conservation
	easement on t	he last day of the tax year.			He	Id at the End of the Tax Year
а	Total number of	of conservation easements			. 2a	
b		restricted by conservation easements	· · · · · · · · ·			
c	-	nservation easements on a certified h				
d		onservation easements included in (				
-		ure listed in the National Register	· · · · · · · · · · · ·		. 2d	
3		nservation easements modified, trans	forred released extinu	nuished or termin		organization during the
U	tax year ►	iservation easements mouned, trans			lated by the	sorganization during the
4		too where property subject to concer	votion accoment is loss			
4 5		tes where property subject to conser anization have a written policy reg			ction band	ing of
5	-	enforcement of the conservation eas				
•						
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violation	ns, and enforcing c	conservation	easements during the yea
7		enses incurred in monitoring, inspectin	a handling of violations	and enforcing co	neonvation o	acoments during the year
'	► \$		g, narioling of violations	, and enforcing co		asements during the year
8		nservation easement reported on line 2	2(d) above satisfy the re	auirements of se	ction 170/h)	(4)(B)(i)
Ū		'O(h)(4)(B)(ii)?				
9		scribe how the organization reports c				
•		, and include, if applicable, the text of			•	
		accounting for conservation easeme		ja:a		
Part	-	zations Maintaining Collections			thar Simila	r Acceto
Part		ete if the organization answered "				IT A55els.
10		tion elected, as permitted under FAS			atatamant -	nd balance about warks
1a						
		al treasures, or other similar assets le in Part XIII the text of the footnote t				
	•					
b		tion elected, as permitted under FAS				
		reasures, or other similar assets held		ducation, or resea	arch in furth	erance of public service
		lowing amounts relating to these item				
	(i) Revenue in	cluded on Form 990, Part VIII, line 1 uded in Form 990, Part X....			🕨	\$
	(ii) Assets inclu	uded in Form 990, Part X			🕨	\$
2	If the organiza	ation received or held works of art,	historical treasures, or	r other similar as	ssets for fin	ancial gain, provide the
	following amou	unts required to be reported under FA	ASB ASC 958 relating to	o these items:		
а	Revenue inclue	ded on Form 990, Part VIII, line 1 .			🕨	\$

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**b** Assets included in Form 990, Part X

▶ \$

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Part	III Organizations Maintaining	<b>Collections of</b>	Art, Historical 1	Freasures, o	or Other Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the f	following that mal	ke significant use of its
а	Public exhibition		d 🗌 Loan	or exchange	orogram	
b	Scholarly research		e 🗌 Other			
c	Preservation for future generations	6				
4	Provide a description of the organization XIII.		and explain how t	hey further th	e organization's e	exempt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					imilar ·
Part	IV Escrow and Custodial Arra	angements.				
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Form 990, I	Part IV, line 9	), or reported an	amount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	-		ns or other asset	s not ·
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following t	able:		
			-			Amount
с	Beginning balance				1c	
d	Additions during the year				1d	
е					1e	
f	Ending balance				1f	
2a	Did the organization include an amound	nt on Form 990, P	art X, line 21, for e	escrow or cust	todial account liab	oility? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the explanatio	n has been pr	ovided on Part XI	<u>II</u>
Par						
	Complete if the organization	answered "Yes	<u>on Form 990, I "</u>	Part IV, line 1	10.	
		(a) Current year	(b) Prior year	(c) Two years b	oack (d) Three years	back (e) Four years back
1a	Beginning of year balance	4,842,738.	3,810,738.	1,220,73		
b	Contributions	14,200,000.	1,032,000.	2,590,00	00. 50,0	00. 428,874.
С	Net investment earnings, gains, and losses					
d	Grants or scholarships	325,000.	0.		0.	0. 0.
е	Other expenditures for facilities and					
	programs	447,000.	0.		0.	0. 0.
f	Administrative expenses					
g	End of year balance	18,270,738.	4,842,738.	3,810,73	38. 1,220,7	38. 1,170,738.
2	Provide the estimated percentage of t	the current year er	nd balance (line 1g	g, column (a)) I	held as:	
а	Board designated or quasi-endowment	nt 🕨 100	. %			
b	Permanent endowment	%				
С	Term endowment ►%					
	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the	e possession of th	ne organization th	at are held an	d administered fo	
	organization by:					Yes No
	(i) Unrelated organizations					. 3a(i) ×
	(.,					. 3a(ii) ×
b	If "Yes" on line 3a(ii), are the related o	•	•			. 3b ×
4	Describe in Part XIII the intended uses	•	on's endowment f	unds.		
Part			" <b>F</b> 000 J			
	Complete if the organization					
	Description of property	(a) Cost or of (investm	ient) (c	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land	·	0.			0.
b	Buildings	·				
С	Leasehold improvements			46,331.	29,143	
d	Equipment			68,533.	36,890	. 31,643.
е	Other					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columi	n (B), line 10c.	)	48,831.

#### 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 (1) Financial derivatives . . . . (2) Closely held equity interests . (3) Other (A) (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. (b) Book value (a) Description of investment (c) Method of valuation: 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.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► . . . . . . . . Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITY 100,664 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ► 100,664. . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Schedu	le D (Form 990) 2021				Page <b>4</b>
Part				Retur	'n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements	• •		1	22,955,372.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		005 160		
a	Net unrealized gains (losses) on investments	2a	-835,160.	-	
b	Donated services and use of facilities	2b		-	
c	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)			•	005 160
e	Add lines <b>2a</b> through <b>2d</b>			2e	-835,160.
3	Subtract line <b>2e</b> from line <b>1</b>	···		3	23,790,532.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,883.		
b	Other (Describe in Part XIII.)				
c	Add lines <b>4a</b> and <b>4b</b>			4c	28,883.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	23,819,415.
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements	• •		1	12,138,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	· ·		3	12,138,668.
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	28,883.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	28,883.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	12,167,551.
Part					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Pt X	, Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITI	ONS 2	APPLYING A "MOR	E LI	KELY
THAN	NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIA	L UN	CERTAINTIES IN	INCO	ME
TAXE	S.				
Pt V	, Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES	EMEI	RGENCY GRANTS I	'O NO	N-PROFIT
ORGA	NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPE	RATII	NG RESERVE FUND	PRO	VIDES
CASH	FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXP	ERIEI	NCING CRITICAL	CASH	[
FLOW	SHORTAGES.				

Schedule D (Fo	orm 990) 2021	Page 5
Part XIII	Supplemental Information (continued)	
Schedule D (Form 99) 201         Page 5           Cart XIII         Supplemental Information (continued)		

SCHEDULE F (Form 990)	Statement of Activities Outside the United States	;		
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	16.	Open to I	
Name of the organization		Employe		
GRASSROOTS INT	ERNATIONAL, INC.	04-27	91159	
	I Information on Activities Outside the United States. Complete if the orga 0, Part IV, line 14b.	inization	answered	"Yes" on
other assistar	<b>kers.</b> Does the organization maintain records to substantiate the amount of its grance, the grantees' eligibility for the grants or assistance, and the selection criteria nts or assistance?	used to	0	🗌 No
2 For grantmal outside the U	<b>kers.</b> Describe in Part V the organization's procedures for monitoring the use of its nited States.	grants a	and other as	sistance

#### 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)Central America	0	0	GRANTS TO REGION		2,033,500.
<b>(2)</b> Europe	0	0	GRANTS TO REGION		565,000.
(3) Middle East	0	0	GRANTS TO REGION		1,199,800.
(4) Middle East	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	8,469.
(5) North America	0	0	GRANTS TO REGION		275,000.
(6) South America	0	0	GRANTS TO REGION		1,363,131.
(7)Sub-Saharan Africa	0	0	GRANTS TO REGION		905,500.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			6,350,400.
c Totals (add lines 3a and 3b)	0	0			6,350,400.

### 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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> 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	Ecological agricult	315,000.	Wire			
(2)			Central America	Ecological agricult	225,000.	Wire			
(3)			Central America	Ecological agricult	202,000.	Wire			
(4)			Central America	Training & leadersh	200,000.	Wire			
(5)			Central America	indigenous community	199,000.	Wire			
(6)			Central America	Human Rights	189,500.	Wire			
(7)			Central America	Human Rights	155,000.	Wire			
(8)			Central America	Women Rights	152,500.	Wire			
(9)			Central America	Women Rights	77,500.	Wire			
(10)			Central America	Earthquake recovery	70,000.	Wire			
(11)			Central America	food security	45,000.	Wire			
(12)			Central America	LGBTI Rights	35,000.	Wire			
(13)			Central America	Ecological agricultu	35,000.	Wire			
(14)			Central America	Global organizing	25,000.	Wire			
(15)			Central America	Aricultural educatio	25,000.	Wire			
(16)			See Statement		4,391,431.				
2 3	exempt 501(c	c)(3) organization	n by the IRS, or for v	sted above that are r which the grantee or c ties	ounsel has provid	led a section 501(c)(3	s) equivalency letter	🕨	( 7(

Schedule F (Form 990) 2021

Part III can be duplicat (a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> 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)							
5)							
(6)							
7)							
AA		REV 07/25/22 PRO					nedule F (Form 990)

# 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.

Page 3

chedul	e F (Form 990) 2021		Page
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	🗌 Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Ves	🗙 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? <i>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</i> (see <i>Instructions for Form 8621)</i>	☐ 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)	Ves	🗙 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

BAA

REV 07/25/22 PRO

Schedule F (Form 990) 2021

#### 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: INTERNATIONAL ORGANIZATIONS MUST BE PREDETERMINED TO BE EQUIVALENT TO DOMESTIC 501(C)(3) ORGANIZATIONS OR FOLLOW THE EXPENDITURE RESPONSIBILITY PROCESS FOR GRASSROOTS TO CONSIDER THEM ELIGIBLE TO RECEIVE GRANTS. GRANTS 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 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.

### 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
Central America	Rights of rural peop	23,000.	Wire			
Central America	Earthquake recovery	20,000.	Wire			
Central America	Indigenous dialogue	10,000.	Wire			
Central America	Healthcare	10,000.	Wire			
Central America	Women's empowerment	10,000.	Wire			
Central America	Creating territories	10,000.	Wire			
Europe	Transnational women'	150,000.	Wire			
Europe	Rights for rural	125,000.	Wire			
Europe	Global organizing	100,000.	Wire			
Europe	Food sovereignty	100,000.	Wire			
Europe	healthy food systems	65,000.	Wire			
Europe	pastoralist organiz	25,000.	Wire			
Middle East	Women's empowerment	612,500.	Wire			
Middle East	Human rights	170,000.	Wire			
Middle East	Ecological agricult	150,000.	Wire			
Middle East	Land Rights	75,000.	Wire			
Middle East	Youth leadership dev	60,000.	Wire			
Middle East	Women's mental healt	50,000.	Wire			
Middle East	LGBTQ rights	20,000.	Wire			
Middle East	Communications	20,000.	Wire			
Middle East	Rural people's right	18,000.	Wire			
Middle East	Support for health w	15,000.	Wire			
Middle East	Children's mental he	9,300.	Wire			
North America	Indigenous rights	135,000.	Wire			

### GRASSROOTS INTERNATIONAL, INC.

### 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
North America	Indigenous rights	100,000.	Wire			
North America	Indigenous rights	30,000.	Wire			
North America	Ecological agricultu	10,000.	Wire			
South America	Water & land rights	330,611.	Wire			
South America	Women's rights	142,500.	Wire			
South America	Biodiversity	135,000.	Wire			
South America	Healthcare	135,000.	Wire			
South America	Indigenous rights	112,500.	Wire			
South America	Human rights	85,000.	Wire			
South America	Rural people's right	75,000.	Wire			
South America	Rural people's right	60,000.	Wire			
South America	Ecological agricultu	60,000.	Wire			
South America	Indigenous rights	52,520.	Wire			
South America	Women's rights	40,000.	Wire			
South America	Women's rights	37,500.	Wire			
South America	Ecological agricultu	35,000.	Wire			
South America	Gender diversity	22,500.	Wire			
South America	Indigenous rights	20,000.	Wire			
South America	Women's rights	10,000.	Wire			
South America	Global organizing	10,000.	Wire			
Sub-Saharan Africa	ECO AGRICULTURE	200,000.	Wire			
Sub-Saharan Africa	CLIMATE JUSTICE	163,000.	Wire			
Sub-Saharan Africa	ECO AGRICULTURE	115,000.	Wire			
Sub-Saharan Africa	WOMEN'S rights	77,500.	Wire			
Sub-Saharan Africa	ECO AGRICULTURE	75,000.	Wire			
Sub-Saharan Africa	ECO AGRICULTURE	70,000.	Wire			
Sub-Saharan Africa	ECO AGRICULTURE	60,000.	Wire			
Sub-Saharan Africa	ECO AGRICULTURE	60,000.				
Sub-Saharan Africa	ECO AGRICULTURE	60,000.	Wire			
Sub-Saharan Africa	healthy food systems	15,000.	Wire			

#### GRASSROOTS INTERNATIONAL, INC.

### 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	Domestic work rights	10,000.	Wire			
		4,391,431.		0.		

#### 04-2791159

(Form	EDULE G 1 990) ment of the Treasury I Revenue Service	Complete if	al Information the organization ans organization enter ► Att Go to www.irs.gov/F	or 19, or if the	OMB No. 1545-0047			
	of the organization		GO to WWW.Irs.gov/F	orm990 for II	istructions a	nd the latest informa	Employer identific	Inspection ation number
GRA	SSROOTS INT	ERNATIONAL,	INC.				04-2791159	
Par		sing Activities. 0-EZ filers are n				vered "Yes" on I	Form 990, Part IV,	line 17.
1 b c d 2a	<ul> <li>Mail solicit</li> <li>Internet an</li> <li>Phone solicit</li> <li>In-person solicit</li> <li>Did the organi</li> </ul>	ations d email solicitation citations solicitations zation have a writ	ns ten or oral agree	e x f g g ment with	] Solicitati ] Solicitati ] Special f any individ	on of non-govern on of government fundraising events lual (including offi	t grants	
b	If "Yes," list th		individuals or er	ntities (func			nents under which th	
	(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	AVINCI DIRE			Yes	No	-		
P	VILLAGE GREE LYMOUTH, MA	EN NORTH, #311	DIR MAIL CONSULT		×	208,829.	35,750.	173,079.
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total						208,829.	35,750.	173,079.
3	List all states registration or					olicit contribution	s or has been notifi	

		gross receipts greater that	ın \$5,000.	0	,	
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Re	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direa	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	-		· · · · · · · •	
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form S	990, Part IV, line 19, 0	or reported more than
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	<b>a</b> Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	?	🗌 Yes 🗌 No
10	 a W	ere any of the organization's g			ated during the tax year	

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

Page **2** 

Schedule G (Form 990) 2021

Part II

Schedu	ule G (Form 990) 2021	Pa	age <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	🗌 Yes 🔲	No
13	Indicate the percentage of gaming activity conducted in:		
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		
b	revenue?	Yes	INO
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$		
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		
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 <b>&gt;</b> \$		
Part	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns ( Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
Line	e 2b col(v): IN ADDITION TO FEES FOR PROFESSIONAL FUNDRAISING SERVICES, DAV	INCI	
	ECT BILLED GRASSROOTS INTERNATIONAL THE NET AMOUNT OF \$90,669 FOR PRINTED		
	ERIALS, MAILHOUSE SERVICES, AND POSTAGE, FOR THE YEAR ENDED OCTOBER 31, 202		
	ASSROOTS INTERNATIONAL IDENTIFIES EXPENSES RELATED TO DIRECT MAIL FUNDRAISI		
ON 1	THE BASIS OF ITEMIZED INVOICES AND DOCUMENTATION PROVIDED BY DAVINCI DIRECT	•	

REV 07/25/22 PRO

Schedule G (Form 990) 2021

#### SCHEDULE I (Form 990)

### 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 04-2791159

GRASSROOTS INTERNATIONAL, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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	501(c)(3)	20,000.				ARTS
(2) Apoyo Legal al Emprendimiento Comunitario							
PO Box 2000 RQ Caguas	66-0948433	501(c)(3)	1,455,000.				FOOD SECURITY
(3) Ayuda Legal Puerto Rico							
P.O. Box 195321 RQ SAN JUAN	66-0890750	501(c)(3)	30,000.				climate justice
(4)Colectivo Ilé							
Luis Muñoz Marían 20, PMB 117, Urb. Villa Blanca RQ Caguas	66-0719922	N/A	43,000.				hurricane response
(5) Comedores Sociales de Puerto Rico							
PO Box 3181 RQ SAN JUAN	66-0912044	501(c)(3)	165,000.				hurricane response
(6) Coordinadora Paz para las Mujeres							
PO Box 193008 RQ San Juan	66-0550935	501(c)(3)	86,000.				WOMEN'S RIGHTS
(7) HASER							
PO Box 368035 RQ San Juan	66-0861655	501(c)(3)	86,000.				hurricane response
(8) Instituto para la Investigación y Acción en Agroecología							
Ave La Cumbre PMB 101, 273 Calle Sierra Morena RQ SAN JUAN	66-0910974	N/A	295,900.				hurricane response
(9) Institute for Socio- Ecological Research							
PO Box 3151 RQ LAJAS	66-0795286	501(c)(3)	210,000.				Rights of rural
(10) Plataforma Agro-Cultural para el Empoderamiento Comunitario							
107 Castro Viñado RQ SAN JUAN	66-0917085	N/A	9,500.				Educational programs
<b>(11)</b> Agrarian Trust							
22 Buxton School Road WEARE NH 03281	47-5508054	501(c)(3)	15,000.				FOOD SYSTEMS
(12)See Statement							
			377,400.				
2 Enter total number of section		-		ine 1 table			. ►23
3 Enter total number of other organizations listed in the line 1 table							

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

REV 07/25/22 PRO Schedule I (Form 990) 2021

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1									
2									
3									
4									
5									
6									
7 Part IV	Supplemental Information. Provide	the information r	aquirad in Dart L li	no Qu Dort III. colum	n (b), and any other additi	and information			
Part IV	Supplemental Information. Provide	e the mornation h	equired in Part I, III	ne 2; Part III, colum	n (b), and any other addition	onal mormation.			
BAA		REV 07/25/22 P	RO			Schedule I (Form 990) 2021			

## 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
Center for the Study of the Americas 2156 Jefferson Ave, BERKELEY, CA 94709	952672760	501(c)(3)	50,000.				Ecological agriculture
Climate Justice Alliance	050440000	<b>E01</b> (1)(2)	1 = 0.00				
PO Box 10202, BERKELEY, CA 94709	853440899	501(c)(3)	15,000.				GENERAL SUPPORT
Cooperation Jackson	471153202	501(c)(3)	10,000.				MUTUAL AID
PO Box 1932, JACKSON, MS 39215							
Domestic Workers United 1000 Dean Street Suite 432, BROOKLYN, NY 11238	270441096	501(c)(3)	9,000.				Promoting care of domestic workers
Earth Island Institute 2150 Allston Way Suite 460, BERKELEY, CA 94704	942889684	501(c)(3)	8,000.				Environmental justice
Interfaith Peace Builders PO Box 73798, WASHINGTON, DC 20056	030598184	501(c)(3)	15,000.				Environmental justice
Global Greengrants Fund 2840 Wildemess Place, Suite A, BOULDER, CO 80301	841612422	501(c)(3)	20,000.				Ecological agriculture
Grassroots Global Justice Alliance PO Box 610663, MIAMI, FL 33261	264633127	501(c)(3)	45,400.				GENERAL SUPPORT
Just Transition Alliance 2615 CAMINO DEL RIO SOUTH SUITE 40, SAN DIRGO, CA 92108	522283569	501(c)(3)	10,000.				International climate action
Latin American and Caribbean Community Center 409 Morris Park Ave, BRONX, NY 10460	200440935	501(c)(3)	15,000.				International racial justice programs
National Family Farm Coalition 110 Maryland Ave NE, Suite 307, WASHINGTON, DC 20002	382652620	501(c)(3)	70,000.				GENERAL SUPPORT
Northwest Atlantic Marine Alliance 222 Main Street, GLOUCESTER, MA 01930	010516646	501(c)(3)	15,000.				GENERAL SUPPORT
Tides Center PO Box 29907, SAN FRANCISCO, CA 94129	943213100	501(c)(3)	50,000.				Legal support and education
Education for Just Peace in the Middle East P.O. Box 3609, WASHINGTON, DC 20027	421636592	501(c)(3)	30,000.				Eductional programs
WhyHunger 505 Eighth Avenue, Suite 2100, NEW YORK, NY 10018	132805575	501(c)(3)	15,000.				Promoting indigenous food culture
			377,400.	0.			

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
--

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

Name of the organization	
--------------------------	--

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

Employer identificati	on number
Employer identificati	on number

#### GRASSROOTS INTERNATIONAL, INC. Part I Types of Property

04-2791159
04-2/91139

ran	Types of Floperty	<b>(a)</b> Check if	<b>(b)</b> Number of contributions or	(c) Noncash contribution	Method o	(d) of deter	minin	
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash con			
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	×	17	552,030.	FMV OR NAV O	N DATE	OF RE	CEIPT
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic structures							
14	Qualified conservation							
14	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 24	Scientific specimens							
24 25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received	by the org	ganization during the tax y	ear for contributions for				
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	lgement	29			
							Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least the							
	to be used for exempt purposes t		e holding period?			30a		×
	If "Yes," describe the arrangemen							
31	Does the organization have a							
20-	contributions?					31	×	
32a	Does the organization hire or use contributions?		•	•		00-		
L						32a	×	
U	If "Yes," describe in Part II.							

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

Schedule M (F	Form 990) 2021	age <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.	er
Pt I Li	ne 32b: GRASSROOTS USES A LICENSED INVESTMENT BROKER TO SELL ALL SECURITIES	
RECEIVE	D.	

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



04-2791159

Department of the Treasury Internal Revenue Service Name of the organization

GRASSROOTS INTERNATIONAL, INC.

Pt VI, Line 11b: THE TREASURER ENSURES TIMELY FILING OF PERIODIC INFORMATIONAL RETURNS, INCLUDING THE IRS FORM 990. THE FINANCE COMMITTEE SHALL APPROVE THE FEDERAL FORM 990, MASSACHUSETTS FORM PC AND THE AUDITED FINANCIAL STATEMENTS BEFORE ANY FILING IS COMPLETED. A COPY OF THE COMPLETED FORM 990 IS PROVIDED TO ALL BOARD MEBERS BEFORE IT IS FILED. Pt VI, Line 12c: THE EXECUTIVE DIRECTOR OR THE EXECUTIVE COMMITTEE SHALL EVALUATE ON A CASE-BY-CASE BASIS ANY FAILURE TO REPORT IN A TIMELY MANNER A REAL OR POTENTIAL CONFLICT OF INTEREST, AND SHALL ACT IN CONSIDERATION OF THE SERIOUSNESS AND CONTEXT OF THE FAILURE TO REPORT. THE TREASURER SHALL ENSURE THAT OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS ATTEST ANNUALLY THAT THEY HAVE READ, UNDERSTOOD AND COMPLIED WITH THIS POLICY. Pt VI, Line 15a: THE COMMITTEE IS FURTHER AUTHORIZED TO PURCHASE REFERENCE MATERIALS, OR TO RETAIN CONSULTANTS OR COMPENSATION EXPERTS AT THE EXPENSE OF THE ORGANIZATION, THE PERSONNEL COMMITTEE SHALL OBTAIN COMPARABILITY WITHIN PARAMETERS SET BY THE BOARD. DATA, CONSISTING OF RELIABLE INFORMAION ABOUT COMPENSATION FOR FUNCTIONALLY EQUIVALENT POSITIONS AT ORGANIZAIONS COMPARABLE TO GRASSROOTS INTERNATIONAL. THE PERSONNEL COMMITTEE PROVIDES THE WRITTEN COMPENSATION PACKAGE, A RECORD OF THOSE PARTICIPATING IN THE DELIBERATION, A RECORD OF ANY CONFLICTS OF INTEREST, A RECORD OF MATERIALS OR OUTSIDE CONSULTANTS USED, REFERENCE TO COMPARABILITY DATA, AND RATIONALE FOR THEIR RECOMMENDATION TO THE BOARD. Pt VI, Line 19: THE ORGANIZATION MAKES AVAILABLE ITS ORGANIZATIONAL DOCUMENTS ON ITS OWN WEBSITE, WEBSITES OF OTHERS AND UPON WRITTEN REQUEST TO THE ORGANIZATION. Pt VI, Line 8a: THE SECRETARY OF THE BOARD DOCUMENTS THE PERIODIC MEETINGS OF THE BOARD OF DIRECTORS, EXECUTIVE COMMITTEE, AND SUBCOMMITTEES OF THE BOARD. MINUTES OF PRIOR MEETINGS ARE DISTRIBUTED AND APPROVED BY MEMBERS AT EACH MEETING.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
GRASSROOTS INTERNATIONAL, INC.	04-2791159
Pt VI, Line 15b: THE PERSONNEL COMMITTEE IS AUTHORIZED TO MAKE RECO	MMENDATIONS
TO THE BOARD REGARDING MANAGEMENT COMPENSATION. (SEE RESPONSE TO L	INE 15A)
Pt XI: IN-KIND DONATION OF 32 ONE-OUNCE GOLD CANADIAN MAPLE LEAF CO	INS
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	

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
GRASSROOTS INTERNATIONAL, INC.	04-2791159
State: TN	
State: UT	
State: VA	
State: WA	
State: WI	
State: AZ	

# Additional information from your 2021 Federal Exempt Tax Return

### Form 990: Return of Organization Exempt from Income Tax Line 3 Column D

### **Itemization Statement**

Description	Amount
4030	104,102.
4033	50,442.
4036	12,908.
Total	167,452.