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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginnin	g Nov 1	, 2022, and	dending	00	ct 31	<b>, 20</b> 23				
В	Check if	applicable:	C Name of organization GRASS	ROOTS INTERNA					ver identification number				
	Address	change	Doing business as		ZZII	•		04-27					
	Name ch	ange	Number and street (or P.O. box	if mail is not delivered to	elivered to street address)  Room/suite  E Telephone number								
	Initial retu	ırn	179 BOYLSTON STRE				FLOOR						
	Final retur	return/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amended	return	BOSTON, MA 02130-	-4520	in postar code			<b>6</b> 0					
П	Application	on pending	F Name and address of principal of				11/ 3 / 4/		eceipts \$15,175,640.				
_					OCHON NA COL	120 4500	H(a) is this a gr	oup return for s	subordinates? Yes X No				
ī	Tax-exem	npt status:	CHUNG-WHA HONG, 179 BO  X 501(c)(3) 501(c) (	\(insert no \)	USION, MA UZI	7507							
J	Website:		rassrootsonline.ord		4947(a)(1) or				. See instructions.				
_		********	Corporation Trust Associ				H(c) Group e						
	art I	Summar		ation U Other	L Year	of formation:	1983	M State of	f legal domicile: MA				
				-1									
0	'	TOCETUED	cribe the organization's mis	sion or most signific	cant activities:	OWECL BOSTS IN LA	J.S. WITH CLOBAL MOVEM	ENTS TEAT DEPEND LAN	O, TERRITORY, WATER, POOR, SERIE AND THE HAPPH,				
anc		HIMAN DICHE	WE ADDRESS THE ROOT CA	USES OF INJUSTIC	E AND OPPRES	SION, AN	D BUILD A	ALTERNAT	IVES THAT NUTURE				
E	2	Chack this	S, ECOLOGICAL JUSTICE, AND L	IBERATION. WE DO THI	S THROUGH GRANTM	MAKING, SOC	CIAL ACTION	AND PHIL	LANTHROPIC LEADERSHIP.				
OV	3 1	Number of	box if the organization of	alscontinued its ope	erations or dispo	osed of mo	ore than 25	100000000000000000000000000000000000000	net assets.				
ě	4	Number of	voting members of the gov	erning body (Part VI	, line 1a)			3	15				
es	5	Total numb	independent voting member	ers of the governing	body (Part VI, Ii	ine 1b) .		4	15				
Viti	6	Total numb	per of individuals employed	n calendar year 202	22 (Part V, line 2	2a)		5	27				
Activities & Governance	7a -	Total Hurrole	per of volunteers (estimate if	necessary)				6	15				
-	h	Not unrelet	ated business revenue from	Part VIII, column (C	5), line 12			7a	0.				
-	b i	vet unrelati	ed business taxable income	from Form 990-T,	Part I, line 11			7b	0.				
	. ,	8 Contributions and grants (Part VIII, line 1h)							Current Year				
Revenue	0 (								12,233,897.				
ven		09							80,600.				
Re	10	nvestment	Income (Part VIII, column (A	come (Part VIII, column (A), lines 3, 4, and 7d)									
	11 (	7, Table 1, 11, 11, 11, 11, 11, 11, 11, 11, 11,						865.	-41,707.				
	12	otal revenu	ue—add lines 8 through 11 (i	must equal Part VIII,	column (A), line	12)	23,819,	415.	13,199,695.				
	13 (	Grants and	similar amounts paid (Part	IX, column (A), lines	1–3)		9,142,	931.	8,625,315.				
	14 E	para to the members (i. a.t. b.), column (v.), iii o 4)											
es	15 8	Salaries, oth	ner compensation, employee	benefits (Part IX, col	lumn (A), lines 5-	-10)	2,347,	566.	2,646,827.				
Expenses	16a F	Professiona	al fundraising fees (Part IX, o				35,	,750.					
xb			aising expenses (Part IX, co		864,73	30.			15 The 15				
ш	17 (	Other expe	nses (Part IX, column (A), Iir	es 11a-11d, 11f-24	1e)		641,	304.	987,196.				
	18	Total exper	nses. Add lines 13-17 (must	equal Part IX, colur	mn (A), line 25)		12,167,	551.	12,259,338.				
. (0	19 F	Revenue les	ss expenses. Subtract line	18 from line 12			11,651,	864.	940,357.				
Net Assets or Fund Balances							nning of Curre	200	End of Year				
sse 3ala	20		s (Part X, line 16)				24,174,	336.	26,596,052.				
et A	21		ies (Part X, line 26)				1,612,	908.	2,938,474.				
ZI	22		or fund balances. Subtract	line 21 from line 20			22,561,	428.	23,657,578.				
_	rt II	Signatur											
Und	der penalti	ies of perjury,	I declare that I have examined this . Declaration of preparer (other than	return, including accomp	panying schedules a	ınd statemen	ts, and to the	best of my	knowledge and belief, it is				
	, 00,1001,	and complete	. Decidation of preparer (other than	Torricer) is based on all in	normation of which	preparer nas	any knowled	ge.					
Sig	ın i	Cinnatura of a	Culty				06.	/03/202	24				
He		Signature of or					Date						
пе	-		G-WHA HONG, EXECUT	IVE DIRECTOR									
		Type or print n	50 Photo ( 40 - 40 / ) ( 50 - 40 / ) ( 50 - 40 / )										
Pai			preparer's name	Preparer's signature		Date		Check	Para and the second sec				
	parer		y F. Hagan, CPA			08/1	2/2024	self-employ	yed P00365920				
Us	e Only						Firm's		-3068663				
Max	the IDC	Firm's addr	TO THE LET !	TOPSFIELD, N	4A 01983		Phone	no. (978	3)887-2220				
		The state of the s	nis return with the preparer						. X Yes No				
LOL	raperwo	ork meduction	on Act Notice, see the separa	te instructions. BAA		REV 05/1	17/23 PRO		Form 990 (2022)				

Part	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO CONNECT PEOPLE IN THE U.S. WITH GLOBAL MOVEMENTS THAT DEFEND LAND, TERRITORY, WATER, FOOD, SEEDS AND THE EARTH.
	TOGETHER WE ADDRESS THE ROOT CAUSES OF INJUSTICE AND OPPRESSION, AND BUILD ALTERNATIVES THAT NUTURE
	HUMAN RIGHTS, ECOLOGICAL JUSTICE, AND LIBERATION. WE DO THIS THROUGH GRANTMAKING, SOCIAL ACTION, AND PHILANTHROPIC LEADERSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and receive if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 9,859,534. including grants of \$ 8,625,315.) (Revenue \$ 13,588,642.)
4a	HUMANITARIAN/SOCIAL JUSTICE - GRASSROOTS INTERNATIONAL SUPPORTS HANDS-ON SOLUTIONS
	TO SOME OF THE MOST PRESSING CHALLENGES WE FACE: HUNGER, VIOLATIONS OF HUMAN RIGHTS,
	CLIMATE CHANGE AND ECONOMIC DISPARITY. THROUGH A COMBINATION OF STRATEGIC GRANTMAKING,
	ADVOCACY AND SUPPORT FOR LEARNING EXCHANGES, GRASSROOTS INTERNATIONAL SUPPORTS
	PROJECTS FOR DEMOCRATIC SOCIAL CHANGE; HUMAN RIGHTS TO LAND, WATER AND FOOD; AND
	ENVIRONMENTAL JUSTICE.
4b	(Code: ) (Expenses \$ 609, 687. including grants of \$ 0.) (Revenue \$ 0.)
	EDUCATION - SPONSORS EDUCATION PROGRAMS, EVENTS AND PUBLICATIONS RELATED TO
	OVERSEAS GRANTS PROGRAM DESIGNED TO INCREASE AWARENESS AND INVOLVEMENT IN THESE
	PROGRAMS BY NORTH AMERICANS.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 10,469,221.

	90 (2022)		F	Page (
Part	Checklist of Required Schedules		<b>V</b>	
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	<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? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>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</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "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? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a 14b	×	×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	×	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

Part	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			
24a	employees? If "Yes," complete Schedule J	23		×
	\$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 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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?			
26	If "Yes," complete Schedule L, Part I	25b		×
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
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):	27		×
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	00-		
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		×
	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			
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
O T	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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	V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V		. Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   22		res	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.5	V	
	. Specimon general grant and grant and grant and grant and a state of the state of	· IC		

Form **990** (2022)

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 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
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?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<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 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		
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			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u>×</u> _
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
-	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		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 × 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe 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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a × 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 similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stmt 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Form 990 (2022) Page **7** 

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

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

#### 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((	C)	•				
(A) Name and title	(B) Average	(do not check more than one						(D) Reportable	<b>(E)</b> Reportable	(F) Estimated amount
Name and the	hours per week	officer and a director/trustee)		compensation from the	compensation from related	of other				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Former Highest compensated employee Key employee Officer			organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) MARIA AGUIAR	1.00									
PRESIDENT AND CHAIR		×		×						
(2) KALILA BARNETT TREASURER	1.00	×		×						
(3) HENDRIX BERRY DIRECTOR	1.00	×								
(4) BRIDGET BREHEN DIRECTOR	1.00	×								
(5) GRACE GOLDTOOTH DIRECTOR	1.00	×								
(6) SAM JACOBS DIRECTOR	1.00	×								
(7) JERROD MACFARLANE DIRECTOR	1.00	×								
(8) MAYWA MONTENEGRO DE WIT DIRECTOR	1.00	×								
(9) MATEO NUBE DIRECTOR	1.00	×								
(10) KATHY MULVEY DIRECTOR	1.00	×								
(11) DENISE PERRY DIRECTOR	1.00	×								
(12) MAMYRAH PROSPER DIRECTOR	1.00	×								
(13) JESENIA A. SANTANA SECRETARY	1.00	×		×						
(14) DIALA SHAMAS DIRECTOR	1.00	×								

Part VII Section A. Officers, Directors, 1	Trustees,	Key I	Εm	ploy	yee	s, an	d F	lighest Compe	nsated Empl	oyees (continued)
				(0	C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than obox, unless person is both officer and a director/trus					n an	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount 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)		
(15) JANVIEVE WILLIAMS COMRIE	1.00									
DIRECTOR		×								
(16) CHUNG-WHA HONG	40.00	-		×				100 010		15 565
EXECUTIVE DIRECTOR	40.00			<u> </u>				120,819.	0	15,565.
(17) ORSON MOON DIR OF ADMIN & FIN	40.00	-				×		118,122.	0	. 22,342.
(18) CAROL SCHACHET  DIR OF PLNG & SP IN	40.00					×		110,690.	0	6,033.
(19) SARA MERSHA	40.00							110,000.		. 0,000.
DIR OF GRANTMAKING & ADVOCACY						×		101,128.	0	. 22,525.
(20)		-								
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal		<u>.</u>						450,759.	0	. 66,465.
c Total from continuation sheets to Part	VII, Sectio							100,700.	0	. 00,100.
d Total (add lines 1b and 1c)								450,759.	0	
2 Total number of individuals (including but		d to th	ose	e list			e) w	ho received mor	e than \$100,00	0 of
reportable compensation from the organi	Zation					4				Voc. No.
3 Did the organization list any former of							-		-	_
employee on line 1a? <i>If "Yes," complete s</i> <b>4</b> For any individual listed on line 1a, is the										e <b>3</b> ×
organization and related organizations individual	-					f "Ye. 		complete Sched	dule J for suc	h 4 ×
5 Did any person listed on line 1a receive of for services rendered to the organization										
Section B. Independent Contractors								<u> </u>		
Complete this table for your five high compensation from the organization. Rep										
(A) Name and business add	ress							(B) Description of sen	vices	(C) Compensation
Total number of independent contractor received more than \$100,000 of compens						ted to	th	ose listed abov	e) who	

# Part VIII Statement of Revenue Check if Schedule O contain

		Check if Schedule O contains a respon-	se or note to an	ny line in this Pa	ırt VIII		🗆
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaigns 1a	71.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ي ق	С	Fundraising events 1c	59 <b>,</b> 522.				
fts, r A	d	Related organizations 1d					
ਤੂੰ ਲੰ	е	Government grants (contributions) 1e					
ns,	f	All other contributions, gifts, grants,					
를 를		and similar amounts not included above 1f	12,174,304.				
년 된	g	Noncash contributions included in					
בל פר		lines 1a-1f 1g	<b>\$</b> 454,987.				
<u>a</u>	h	Total. Add lines 1a-1f		12,233,897.			
_			Business Code				
<u>ice</u>	2a	PROGRAM SERVICE FEES	999999	80,600.	80,600.	0.	0.
Program Service Revenue	b						
S r	С						
gram Ser Revenue	d						
go E	е						
₽	f	All other program service revenue					
	g	Total. Add lines 2a–2f		80,600.			
	3	Investment income (including dividends other similar amounts)					
		•		1,064,829.	0.	0.	1,064,829.
	4	Income from investment of tax-exempt bo					
	5	Royalties	(ii) Personal				
	6-		(ii) Personai				
	6a	Gross rents 6a Less: rental expenses 6b					
	b	Less: rental expenses 6b  Rental income or (loss) 6c					
	c d	Nist wasteline and a sufficient					
	7a	Gross amount from (i) Securities	(ii) Other				
	1 a	sales of assets	(1) 0 11.01				
		other than inventory <b>7a</b> 1,763,740.					
a	b	Less: cost or other basis					
evenue		and sales expenses . <b>7b</b> 1,901,664.					
e e	С	Gain or (loss) <b>7c</b> -137, 924.					
<b>E</b>	d	Net gain or (loss)		-137,924.	0.	0.	-137,924.
Other	8a	Gross income from fundraising					
ō		events (not including \$ 59,522.					
		of contributions reported on line					
		1c). See Part IV, line 18 <b>8a</b>	31 <b>,</b> 507.				
	b	Less: direct expenses 8b	74,281.				
	С	Net income or (loss) from fundraising ever	nts	-42,774.		0.	-42,774.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . <b>9a</b>					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activitie	s				
	10a	Gross sales of inventory, less					
	_	returns and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of invento	-				
Miscellaneous Revenue	11^	-	Business Code				
scellaneo Revenue	11a b						
la Ver							
Sce	c d	All other revenue		1,067.	1,067.	0.	0.
Ξ	e	<b>Total.</b> Add lines 11a–11d		1,067.	1,007.		<u> </u>
	12	Total revenue. See instructions		13,199,695.	81,667.	0.	884,131.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (D) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,484,537. 1,484,537. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 7,140,778. 7,140,778. Benefits paid to or for members . . . . Compensation of current officers, directors, 5 trustees, and key employees . . . . . 472,400. 271,817. 138,097. 62,486. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,596,874. 430,001. 783,513. 383,360. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,702. 78,182. 39,873. 18,607. Other employee benefits . . . . . . 319**,**738. 9 163,067. 80,573. 76,098. 10 Payroll taxes . . . . . . . . . . . . 179,633. 91,612. 45,268. 42,753. Fees for services (nonemployees): 11 0. Legal . . . . . . . . . . . . . . . . 5,692. 0. 5,692. Accounting . . . . . . . . . . . . 16,150. 0. 16,150. 0. Lobbying . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . 32,351. 0. 0. 32,351. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . . 13 Office expenses . . . . . . . 104,387. 14,630. 43,104. 46,653. 14 Information technology . . . . . . 15 Occupancy . . . . . . . . . . . . 79,940. 40,770. 20,145. 19,025. 16 223,694. 149,279. 22,896. 51,519. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Payments to affiliates . . . . . . . 21 19,728. 10,062. 4,971. 4,695. 22 Depreciation, depletion, and amortization . 23 8,372. 4,269. 2,110. 1,993. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a PUBLIC RELATIONS/SP PROJECTS/CRISIS RESPONSE 10,982. 9,936. 1,046. 0. TELEPHONE 2,663. 10,569. 5,391. 2,515. C BANK SERVICE CHARGES 14,279. 0. 7,861. 6,418. FILMS AND PUBLICATIONS 1,268. 1,268. 0. 0. e All other expenses 459,784. 268,577. 99,176. 92,031. 12,259,338. Total functional expenses. Add lines 1 through 24e 25 10,469,221. 925,387. 864,730. 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)

## Part X Balance Sheet

		Check if Schedule O contains a response or	note t	o any line in this Par	tX		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			145,446.	1	921,682.
	2	Savings and temporary cash investments			18,963,277.	2	19,702,934.
	3	Pledges and grants receivable, net		[	676,142.	3	952,632.
	4	Accounts receivable, net		[	7,952.	4	5,492.
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substa- controlled entity or family member of any of thes	ontributor, or 35%				
	6	Loans and other receivables from other disqual	•			5	
		under section 4958(f)(1)), and persons described			6		
ts	7	Notes and loans receivable, net		[	7,000.	7	2,200.
Assets	8	Inventories for sale or use				8	·
As	9	Prepaid expenses and deferred charges			27,057.	9	42,702.
	10a	Land, buildings, and equipment: cost or other	10a	123,285.			·
	b	Less: accumulated depreciation	10b	83 <b>,</b> 557.	48,831.	10c	39,728.
	11	Investments—publicly traded securities			4,192,450.	11	4,863,681.
	12	Investments-other securities. See Part IV, line 1	1 .	[		12	
	13	Investments-program-related. See Part IV, line	11 .	[		13	
	14	Intangible assets	5,517.	14	4,216.		
	15	Other assets. See Part IV, line 11	[	100,664.	15	60,785.	
	16	Total assets. Add lines 1 through 15 (must equa	ıl line 3	3)	24,174,336.	16	26,596,052.
	17	Accounts payable and accrued expenses			228,024.	17	294,739.
	18	Grants payable	[	1,284,220.	18	2,562,000.	
	19	Deferred revenue	0.	19	20,950.		
	20	Tax-exempt bond liabilities		[		20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, substa- controlled entity or family member of any of thes	ontributor, or 35%		22		
E.	23	Secured mortgages and notes payable to unrelate	-	_		23	
	24	Unsecured notes and loans payable to unrelated		· -		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	payable 17–24	es to related third ). Complete Part X	100.664		60 505
	26			-	100,664.		60,785.
"	26	Organizations that follow FASB ASC 958, chee			1,612,908.	26	2,938,474.
nces		and complete lines 27, 28, 32, and 33.	CK Her	* K			
ala	27	Net assets without donor restrictions			21,866,198.	27	22,397,987.
8	28				695,230.	28	1,259,591.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 98 and complete lines 29 through 33.	58, che	eck here			
ō	29	Capital stock or trust principal, or current funds		[		29	
šet	30	Paid-in or capital surplus, or land, building, or eq	Juipme	nt fund		30	
4ss	31	Retained earnings, endowment, accumulated inc				31	
et,	32	Total net assets or fund balances			22,561,428.	32	23,657,578.
Ž	33	Total liabilities and net assets/fund balances .			24,174,336.	33	26,596,052.
							Form <b>QQ</b> (2022)

Form 990 (2022) Page **12** 

Part	Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,19	99,6	95.
2	Total expenses (must equal Part IX, column (A), line 25)		2,25		
3	Revenue less expenses. Subtract line 2 from line 1		94	10,3	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2	2,56	51,4	28.
5	Net unrealized gains (losses) on investments		15	55,7	93.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	2	3,65	57,5	78.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			٠.	
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	n on			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed 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 audited separate basis, consolidated basis, or both:	on a			
	•				
_	Separate basis Consolidated basis Both consolidated and separate basis	tht of			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig the audit, review, or compilation of its financial statements and selection of an independent accountant?		0-		
	If the organization changed either its oversight process or selection process during the tax year, explain		2c	×	
	Schedule O.	11 011			
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n tha			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	11 1116	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the	Sa		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b		
	Togained addit of addito, explain why on confedere o and accombe any stope taken to undergo sacin addit		JD	000	(0000)

REV 05/17/23 PRO Form **990** (2022)

# Additional Information From Form 990: Return of Organization Exempt from Income Tax

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

**Continuation Statement** 

States Where Copy of Return is Required						
$\Delta Z$						
CA CA						
co						
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IL Control of the con						
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# SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number								
GRASSROOTS INTERNATIONAL, INC. 04-2791159								
The organization is not a private foundation		,		•	•			
	<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> </ul>							
		·	-	-	\/ <b>A</b> \/:::\			
<ul><li>3  A hospital or a cooperative ho</li><li>4  A medical research organization</li></ul>						(iii) Enter the		
hospital's name, city, and stat	e:							
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
<ul> <li>A federal, state, or local gover</li> <li>An organization that normally described in section 170(b)(1</li> </ul>	receives a subs	tantial part of its sup				n the general public		
8 A community trust described i		•	Part II.)					
9 An agricultural research organ or university or a non-land-gra	ization described	d in <b>section 170(b)(1)</b>	<b>(A)(ix)</b> op					
university:			•		•	· ·		
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	l to its exempt fu t income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a le (less se	ınd (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its		
11 An organization organized and		-		•	•			
12 An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of		
one or more publicly supported the box on lines 12a through 13								
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b Type II. A supporting orga	-	· ·			upported organizati	on(s) by having		
control or management of organization(s). <b>You must</b>	the supporting o	rganization vested in	the same					
c Type III functionally integ						ally integrated with,		
its supported organization	. , .	•		-				
d Type III non-functionally that is not functionally inte requirement (see instructional see instruction in the second sec	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from tl	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III		
f Enter the number of supported								
<b>g</b> Provide the following information	n about the supp	orted organization(s).				<u> </u>		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization 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								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 6,501,806. 10,819,143. 12,212,242. 23,555,066. 12,243,897. 65,332,154. Tax revenues levied for the 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 6,501,806. 10,819,143. 12,212,242. 23,555,066. 12,243,897. 65,332,154. 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) . . . . 3,993,999. **Public support.** Subtract line 5 from line 4 61,338,155. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 6,501,806. 10,819,143. 12,212,242. 23,555,066. 12,243,897. 65,332,154. 7 Amounts from line 4 . . . . . . Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 136,338. 112,443. 120,135. 167,452. 1,064,829. 1,601,197. 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 66,933,351. 12 Gross receipts from related activities, etc. (see instructions) 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 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 91.64% 14 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

18

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

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•						
С 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support						<u> </u>
	idar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotar
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
46	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	e firet second	third fourth	or fifth tax v	ar as a section	n 501(c)(3)
17	organization, check this box and <b>stop he</b>	•			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13. column (f))		15	%
16	Public support percentage from 2021 Sch		•				%
	on D. Computation of Investment In				<u> </u>	1	
17	Investment income percentage for 2022 (			y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2022. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m	nore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2021. If the organize						
	line 18 is not more than 331/3%, check this	box and <b>stop h</b>	ere. The organ	ization qualifies	as a publicly s	supported organ	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			

- disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**. **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which
- 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.)

9a

9b

9с

10a

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	4.4		
h	A family member of a person described on line 11a above?	11a 11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations	10		
	<u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	Management of the constituted of the disease of the state		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
			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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	 s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity	(see in		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

REV 05/17/23 PRO

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	$\square$ Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expla	ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Secti	
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		
	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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally	integrated Type III suppor	ting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . .

Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

	nation E01(a)(4) (E) ar (6) area	minational Complete Dort III			
	ection 501(c)(4), (5), or (6) orga of organization	mizations: Complete Part III.		Employer iden	ntification number
		NIAT TNIC		04-27911	
	SSROOTS INTERNATION  Complete if the	e organization is exempt unde	or coation FO1/		
1		the organization's direct and inc			
2	Political campaign activit	y expenditures. See instructions .		\$	}
3		cal campaign activities. See instruc			
Part	-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1 2 3 4a b Part 1 2 3 4 5	If the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities	excise tax incurred by the organization ed a section 4955 tax, did it file For	er section 501(a ation for section	section 4955 \$ ear?	Yes No No Yes No No (c)(3).  Yes No N
	(a) Name	<b>(b)</b> Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sched	ule C (Form 990) 2022					Page 2			
Par	Complete if the organization section 501(h)).	n is exempt u	nder section 50	11(c)(3) and file	d Form 5768 (ele				
A C	heck if the filing organization belongs to EIN, expenses, and share of exce			art IV each affiliate	ed group member's	s name, address,			
<b>B</b> C	check $\ \square$ if the filing organization checked be	oox A and "limit	ted control" provis	ions apply.					
	Limits on Lobb (The term "expenditures" me				(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a	Total lobbying expenditures to influence	public opinion (	grassroots lobbyir	ng)	76,635.				
b		•		•	47,837.				
С		•		•	124,472.				
d		•			12,134,866.				
е					12,259,338.				
f	Lobbying nontaxable amount. Enter t	he amount fro	om the following	table in both	,,				
	columns.				762,967.				
	If the amount on line 1e, column (a) or (b) is:	The lobbying i	nontaxable amount	is:					
	Not over \$500,000	20% of the am	ount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov						
	Over \$17,000,000	\$1,000,000.							
g	Grassroots nontaxable amount (enter 25	% of line 1f)			190,742.				
h	Subtract line 1g from line 1a. If zero or le	ss, enter -0-			0.				
i	Subtract line 1f from line 1c. If zero or les				0.				
j	If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720				
	reporting section 4911 tax for this year?					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 Av	eraging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total			
2a		564,265.	588,488.	758 <b>,</b> 378.	762 <b>,</b> 967.	2,674,098.			
b	Lobbying ceiling amount (150% of line 2a, column (e))					4,011,147.			
С	Total lobbying expenditures	21,631.	105,386.	105,167.	124,472.	356,656.			

BAA REV 05/17/23 PRO Schedule C (Form 990) 2022

147,122.

95,370.

189,595.

15,045.

190,742.

76,635.

668,525.

208,021.

1,002,788.

141,066.

20,971.

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

f

	(election under section 501(h)).	(:	a)			
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.		Ì	_	(b)	
uesci	ipuon or the lobbying activity.	Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
! :	Other activities?					
J 2a	Total. Add lines 1c through 1i					
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).	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	-	•			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	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 expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions	•	5			
Par	•••	P	4\ . D -			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up iis	ы, Ра	rt II-A, I	ines i	ano

Part IV	Supplemental Information (continued)
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Page 4

Schedule C (Form 990) 2022

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

GRASSROOTS INTERNATIONAL, INC. 04-2791159 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year **a** Total number of conservation easements . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990. Part X . . . . .

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures, c	r Otl	her Similar Ass	ets (cont	tinued)
3	Using the organization's acquisition, collection items (check all that apply):				•			nificant u	se of its
а	☐ Public exhibition		d	Loan	or exchange ¡	orogra	am		
b	☐ Scholarly research		е						
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.		and expla	ain how t	hey further th	e org	anization's exemp	ot purpos	e in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical trea	sures	s, or other similar		
	assets to be sold to raise funds rather	r than to be mainta	ained as p	oart of the	e organization	i's co	llection?	☐ Yes	☐ No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.						•		orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing to	able:				
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21, for e	scrow or cust	todial	account liability?	☐ Yes	☐ No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been pr	ovide	ed on Part XIII .		
Par									
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line 1	10.			
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years b	oack	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	18,270,738.	4,842	2,738.	3,810,73	38.	1,220,738.	1,170	738.
b	Contributions	150,000.	14,20	0,000.	1,032,0	00.	2,590,000.	50	0,000.
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships		32.	5,000.		0.	0.		0.
е	Other expenditures for facilities and								
	programs	1,000,000.	44	7,000.		0.	0.		0.
f	Administrative expenses								
g		17,420,738.	18,27	0,738.	4,842,73	38.	3,810,738.	1,220	738.
2	Provide the estimated percentage of								
а	Board designated or quasi-endowme	-		, ,					
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in th	•		zation tha	at are held an	id adr	ministered for the		
	organization by:								es No
	(i) Unrelated organizations							3a(i)	×
	****							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related of							3b	×
4	Describe in Part XIII the intended uses	-							
Part									
	Complete if the organization		" on For	m 990. F	Part IV. line 1	11a. S	See Form 990. F	Part X. lin	e 10.
	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book v	
		(investm		` '	ther)		preciation	(., _ 55 )	
	Land		0.						0.
b	Buildings	-	•						
C	Leasehold improvements				46,331.		30,331.	16	5,000.
d	Equipment	-			76,954.		53,226.		728.
e	Other				,		00,220.		, , 20.
	Add lines 1a through 1e. (Column (d) r		90 Part	X column	(R) line 10c	)		30	728

 $\mathsf{BAA}$ 

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on For		e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
r di e ise	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	<del></del>		
raitx	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11e or 11f See	Form 990 Part X
	line 25.			51 01111 000, 1 dit X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
	FING LEASE LIABILITY			60,785.
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8) (9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			60,785.
	runcertain tax positions. In Part XIII, provide the text of the footnote		n's financial stateme	

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 . 🗵

Part	<u> </u>			r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	13,323,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	<b>2</b> a	155 <b>,</b> 793		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	155,793.
3	Subtract line <b>2e</b> from line <b>1</b>			3	13,167,344.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,351		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	32,351.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	13,199,695.
Part :	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses p	er Re	
	Complete if the organization answered "Yes" on Form 990, F	Part I\	√, line 12a.		
1	Total expenses and losses per audited financial statements			1	12,226,987.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line <b>2e</b> from line <b>1</b>			3	12,226,987.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, , , , , , , , ,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,351		
	Other (Describe in Part XIII.)	4b	, , , , , , , , , , , , , , , , , , , ,		
	Add lines <b>4a</b> and <b>4b</b>			4c	32,351.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line				12,259,338.
Part 2					, ,
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Pa	art IV, lines 1b and 2	b; Part	V, line 4; Part X, line
	e the descriptions required for r art ii, lines 5, 5, and 5, r art iii, lines ra and				
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t		vide any additional	informa	alion.
			vide any additional	informa	auon.
			vide any additional	informa	
Pt X,	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to pro	·		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITIO	NS A	APPLYING A "MC	 RE LI	IKELY
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	NS A	APPLYING A "MC	 RE LI	IKELY
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITIO	NS A	APPLYING A "MC	 RE LI	IKELY
THAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	NS A	APPLYING A "MC	 RE LI	IKELY
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	NS A	APPLYING A "MC	 RE LI	IKELY
THAN TAXES	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL	to pro	APPLYING A "MC	RE LI	IKELY OME
THAN TAXES	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.	to pro	APPLYING A "MC	RE LI	IKELY OME
THAN TAXES	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.	ONS A UNC	APPLYING A "MCCERTAINTIES IN	RE LI	IKELY  DME  DN-PROFIT
THAN TAXES	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES	ONS A UNC	APPLYING A "MCCERTAINTIES IN	RE LI	IKELY  DME  DN-PROFIT
THAN TAXES Pt V,	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V,	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  OME  ON-PROFIT  OVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES
THAN TAXES Pt V, ORGAN	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Line 2: MANAGEMENT HAS EVALUATED ITS TAX POSITION NOT" STANDARD, AND BELIEVES THERE ARE NO MATERIAL S.  Line 4: THE STRATEGIC INITIATIVES FUND PROVIDES  NIZATIONS THAT ADDRESS CRISIS SITUATIONS. THE OPER  FLOW DURING TIME(S) WHEN THE ORGANIZATION IS EXPE	UNC EMER	APPLYING A "MC CERTAINTIES IN CREENCY GRANTS	TO NO	IKELY  DME  DN-PROFIT  DVIDES

orm 990) 2022	Page \$
Supplemental Information (continued)	•

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

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

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury

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

Name of the organization				E	Employer id	entification number			
GRASSROOTS INTERNATIONAL					04-2791				
<b>General Information</b> Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organ	iization ar	nswered "Yes" on			
<ul> <li>For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li></ul>									
3 Activities per Region. (The fo	llowing Part		an be duplicated if addition	nal space is neede	:d.)				
<b>(a)</b> 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 a program serv describe specific service(s) in the r	vice, type of	(f) Total expenditures for and investments in the region			
(1) Central America	0	0	GRANTS TO REGION			1,734,800.			
(2) Central America	0	3	PROGRAM SERVICES	PROGRAM RELATED	) TRAVEL	4,514.			
(3) East Asia and Pacific	0	0	GRANTS TO REGION			100,000.			
(4) Europe	0	0	GRANTS TO REGION			741,500.			
(5) Middle East	0	0	GRANTS TO REGION			1,197,250.			
(6) Middle East	0	3	PROGRAM SERVICES	PROGRAM RELATED	) TRAVEL	23,488.			
(7) North America	0	0	GRANTS TO REGION			401,000.			
(8) North America	0	0	PROGRAM SERVICES	PROGRAM RELATED	) TRAVEL	19,376.			
(9) South America	0	0	GRANTS TO REGION			1,913,765.			
(10) South America	0	0	PROGRAM SERVICES	PROGRAM RELATED	) TRAVEL	8,214.			
(11) South Asia	0	0	GRANTS TO REGION			30,000.			
(12) Sub-Saharan Africa	0	0	GRANTS TO REGION			961,000.			
(13) Sub-Saharan Africa	0	0	PROGRAM SERVICES	PROGRAM RELATED	) TRAVEL	5,871.			
(14)									
(15)									
(16)									
(17)									

0

6

Subtotal . . . . . .

Total from continuation sheets to Part I . . . . c Totals (add lines 3a and 3b) 7,140,778.

7,140,778.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America	Ecological agricult	157,500.	Wire			
(2)			Central America	Women's health	10,000.	Wire			
(3)			Central America	Women's rights	20,000.	Wire			
(4)			Central America	Food sovereignty	20,000.	Wire			
(5)			Central America	Human rights	112,000.	Wire			
(6)			Central America	LGBTQ rights	20,000.	Wire			
(7)			Central America	Ecological agricult	40,000.	Wire			
(8)			Central America	Ecological agricult	212,000.	Wire			
(9)			Central America	Food production	40,000.	Wire			
(10)			Central America	Ecological agricult	195,000.	Wire			
(11)			Central America	Ecological agricultu	92,000.	Wire			
(12)			Central America	Indigenous rights	299,300.	Wire			
(13)			Central America	Human rights	10,000.	Wire			
(14)			Central America	Womens rights, flood	105,000.	Wire			
(15)			Central America	Indigenous rights	242,000.	Wire			
(16)			See Statement		5,504,515.				

2	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
3	B. Enter total number of other organizations or entities	7

Schedule F (Form 990) 2022

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<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)							
(15)							
(16)							
(17)							
(18)							

# Part IV Foreign Forms

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

### 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. 04-2791159

### **Schedule F: Statement of Activities Outside U.S.**

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

### **Continuation Statement**

Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of noncash assistance	Description of noncash assistance	Method of valuation
Central America	Women's civic partic	20,000.	Wire			
Central America	Indigenous rights	140,000.	Wire			
East Asia and Pacific	Food sovereignty	100,000.	Wire			
Europe	Organizing of farmer	200,000.	Wire			
Europe	Rights of rural area	121,500.	Wire			
Europe	Food sovereignty	100,000.	Wire			
Europe	Civic participation	30,000.	Wire			
Europe	Promote food system	30,000.	Wire			
Europe	Educational exchange	20,000.	Wire			
Europe	Transnational women	240,000.	Wire			
Middle East	LGBTQ rights	20,000.	Wire			
Middle East	Women's rights	90,000.	Wire			
Middle East	Womens mental health	220,000.	Wire			
Middle East	Education	20,000.	Wire			
Middle East	Environmental justic	20,000.	Wire			
Middle East	Land rights	180,125.	Wire			
Middle East	Emergency health ser	50,000.	Wire			
Middle East	Human rights	70,000.	Wire			
Middle East	Women's empowerment	527,125.	Wire			
North America	Education	67,500.	Wire			
North America	Indigenous rights	130,000.	Wire			
North America	Indigenous rights	36,000.	Wire			
North America	Indigenous rghts	100,000.	Wire			
North America	Indigenous rights	67,500.	Wire			
South America	Human rights	70,000.	Wire			
South America	Ecological agricultu	35,000.	Wire			

GRASSROOTS INTERNATIONAL, INC. 04-2791159

### **Schedule F: Statement of Activities Outside U.S.**

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

## **Continuation Statement**

Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of noncash assistance	Description of noncash assistance	Method of valuation
South America	Biodiversity	80,000.				
South America	Water & land rights	180,000.	Wire			
South America	Rural people rights	110,000.	Wire			
South America	Agro-descendant righ	25,000.	Wire			
South America	Ecological agricult	135,000.	Wire			
South America	Youth empowerment	198,000.	Wire			
South America	Indigenous rights	45,000.	Wire			
South America	Indigenous rights	30,000.	Wire			
South America	Support fishing comm	25,000.	Wire			
South America	Indigenous rights	110,200.	Wire			
South America	Indigeneous rights	39,265.	Wire			
South America	Rural rights	30,000.	Wire			
South America	Ecological agricult	356,000.	Wire			
South America	Rural advocacy	75,000.	Wire			
South America	LGBTQ rights	65,000.	Wire			
South America	Women's rights	255,300.	Wire			
South America	Rainforest protect	50,000.	Wire			
South Asia	Organizing fisher	30,000.	Wire			
Sub-Saharan Africa	Ecologial agricult	50,000.	Wire			
Sub-Saharan Africa		35,000.	Wire			
Sub-Saharan Africa	Opposition deforest	25,000.	Wire			
Sub-Saharan Africa	Ecological agricult	50,000.	Wire			
Sub-Saharan Africa	Women's rights	10,000.	Wire			
Sub-Saharan Africa	Ecological agricult	50,000.	Wire			
Sub-Saharan Africa	Organizing farmers	50,000.	Wire			
Sub-Saharan Africa	Womens civic partic	100,000.	Wire			
Sub-Saharan Africa	Forest conservation	25,000.	Wire			

GRASSROOTS INTERNATIONAL, INC. 04-2791159

#### Schedule F: Statement of Activities Outside U.S.

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

#### **Continuation Statement**

Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of noncash assistance	Description of noncash assistance	Method of valuation
Sub-Saharan Africa	Climate justice	145,000.	Wire			
Sub-Saharan Africa	Womens rights, flood	105,000.	Wire			
Sub-Saharan Africa	Defending forests	45,000.	Wire			
Sub-Saharan Africa	Ecological agricult	50,000.	Wire			
Sub-Saharan Africa	Ecological agricult	125,000.	Wire			
Sub-Saharan Africa	Economic transition	25,000.	Wire			
Sub-Saharan Africa	Farmers organizing	51,000.	Wire			
Sub-Saharan Africa	Farmer activism	20,000.	Wire			
	•	5,504,515.		0.		

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GRASSROOTS INTERNATIONAL, INC.

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

Employer identification number

04-2791159

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
<ul> <li>Indicate whether the organization</li> <li>X Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitation</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a write or key employees listed in Form</li> <li>If "Yes," list the 10 highest paid compensated at least \$5,000 by</li> </ul>	ns ten or oral agree 990, Part VII) or individuals or er	e X f  g X ment with entity in contities (fundament	Solicitati Solicitati Special f any individ	on of non-govern on of governmen undraising events ual (including offi vith professional	ment grants t grants s icers, directors, trustefundraising services?	X Yes ☐ No
(i) Name and address of individual or entity (fundraiser)	(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)	<b>(vi)</b> Amount paid to (or retained by) organization
NEW RIVER COMMUNICATIONS 1910 PARK MEADOWS DR #200 FORT MYERS, FL 33907	DIR MAIL	Yes	No ×	83,446.	5,000.	78,446.
YELLOW CHAIR EVENTS 4501 W 34TH AVE DENVER, CO 80212	FUNDRAISING GALA		×	91,029.	10,000.	81,029.
4						
5						
6						
7						
8						
9						
10						
Total						

Page 2

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

			(a) Event #1 40TH ANNIVERSARY	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	91,029.			91,029.
ď	2		59,522.			59,522.
	3	Gross income (line 1 minus line 2)	31,507.			31,507.
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs	7,500.			7,500.
Direct Expenses	7	Food and beverages	29,579.			29,579.
Direc	8	Entertainment	5,480.			5,480.
	9	Other direct expenses .	31,722.			31,722.
	10		ld lines 4 through 9 in c	olumn (d)		74,281. -42,774.
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		
Ра	rt II	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe Z, line 6a.	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
<b>Direct</b>	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
	a   b   -		onduct gaming activities	s in each of these state		
10		Were any of the organization's g If "Yes," explain:	-	•	ated during the tax year	

Schedu	ule G (Form 990) 2022		Page 3
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:		
a	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 revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Part	spent in the organization's own exempt activities during the tax year \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (	(v): and
rare	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	nal infor	mation

Page 3

#### **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.

**Employer identification number** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

GRASSROOTS INTERNATIONAL, INC. 04-2791159 **General Information on Grants and Assistance** Part I 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? X Yes □ No 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. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1) AGITARTE 678 MASS AVENUE CAMBRIDGE MA 02139 04-3420465 20,000. 501(c)(3) ARTS (2) Apoyo Legal al Emprendimiento Comunitario PO Box 2000 RO Caguas 66-0948433 501(c)(3) 242,500. FOOD SECURITY (3) Ayuda Legal Puerto Rico P.O. Box 195321 RQ SAN JUAN 66-0890750 501(c)(3) 20,000. CLIMATE JUSTICE (4) Colectivo Ilé Luis MuÃtoz MarÃ-an 20, PMB 117, Urb. Villa Blanca RQ Caquas 66-0808702 N/A 30,000. AFRODESCENDENT INCLUSION (5) Comedores Sociales de Puerto Rico PO Box 3181 RQ SAN JUAN 66-0912044 501(c)(3) 71,000. AGRICULTURE (6) Coordinadora Paz para las Mujeres PO Box 193008 RQ San Juan 66-0550935 501(c)(3) 247,500. WOMEN'S RIGHTS (7) HASER PO Box 368035 RO San Juan 66-0861655 501(c)(3) 82,000. CULTURAL AND CIVIC ENGAGEMENT (8) Iniciativa de Ecodesarollo de Bahia de Jobos PO BOX 467 RO AGUIRRE 66-0758170 N/A 25,000. COASTAL LANDS AND COMMUNITIES (9) Instituto para la Investigaciã³n y Acciã³n en Agroecologã-a Ave La Cumbre PMB 101, 273 Calle Sierra Morena RO SAN JUAN 66-0910974 N/A 167,500. LAND AND RESOURCE RIGHTS (10) Institute for Socio- Ecological Research PO Box 3151 RQ LAJAS 501(c)(3) 97,500. 66-0795286 RIGHTS OF RURAL PEOPLE (11) AGRARIAN TRUST 22 BUXTON RD WEARE NH 03281 47-5508054 501(c)(3) 15,000. FOOD SYSTEMS AN EDUCATION (12) See Statement 518,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . 21 Enter total number of other organizations listed in the line 1 table . . . . . . . . .

Schedule I (Form 990) 2022

(a) Type of grant or assistance	<b>(b)</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 assistant
Supplemental Information. I	Provide the information re	equired in Part I, I	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. F	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. I	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
Supplemental Information.	Provide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.

GRASSROOTS INTERNATIONAL, INC. 04-2791159

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

Name and address of organization or government	EIN	IRC Section (if applicable)	cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
BLACK ORGANIZING FOR LEADERSHIP AND DIGNITY 1801 NE 123RD STREET 314, MIAMI, FL 33181	832352971	501(c)(3)	25,000.				GENERAL SUPPORT
Climate Justice Alliance PO Box 10202, BERKELEY, CA 94709	853440899	501(c)(3)	15,000.				GENERAL SUPPORT
Earth Island Institute 2150 Allston Way Suite 460, BERKELEY, CA 94704	942889684	501(c)(3)	60,000.				GENERAL SUPPORT
FEDERATION OF SOUTHERN COOPERATIVES/LAND ASSISTANCE FUND 2769 CHURCH ST, ATLANTA, GA 30344	581026695	501(c)(3)	60,000.				GENERAL SUPPORT
Global Greengrants Fund 2840 Wilderness Place, Suite A, BOULDER, CO 80301	841612422	501(c)(3)	20,000.				ECOLOGICAL AGRICLTURE
Grassroots Global Justice Alliance 2000 14TH ST NW, SUITE 104, WASHINGTON, DC 20056	264633127	501(c)(3)	36,500.				GENERAL SUPPORT
INDIGENOUS ENV NETWORK PO BOX 485, BEMIDJI, MN 56619	383653476	501(c)(3)	176,500.				INDIGENOUS RIGHTS
National Family Farm Coalition 110 Maryland Ave NE, Suite 307, WASHINGTON, DC 20002	382652620	501(c)(3)	30,000.				GENERAL SUPPORT
Northwest Atlantic Marine Alliance 222 Main Street, GLOUCESTER, MA 01930	010516646	501(c)(3)	15,000.				GENERAL SUPPORT
Tides Center 1012 TORNEY AVE, SAN FRANCISCO, CA 94129	943213100	501(c)(3)	15,000.				LEGAL SUPPORT AND EDUCATION
US CAMPAIGN FOR PALESTINIAN RIGHTS P.O. Box 3609, WASHINGTON, DC 20027	421636592	501(c)(3)	30,000.				GENERAL SUPPORT
MICRONESIA CLIMATE CHANGE ALLIANCE PO BOX 7810, TAMUNING, GQ	660909128	501(c)(3)	25,000.				GENERAL SUPPORT
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST, PHILADELPHIA, PA 19102	231352010	501(c)(3)	10,000.				EARTHQUAKE RESPONSE
			518,000.	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.

Open to Public Inspection

Name of the organization

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

GRASSROOTS INTERNATIONAL, INC.

04-2791159

Part	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1 2 3 4 5	Art—Works of art							
6 7 8 9	Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock .	×	16	454,987.	FMV OR NAV ON	N DATE O	F REC	CEIPT
10 11	Securities – Partnership, LLC, or trust interests							
12 13	Securities—Miscellaneous Qualified conservation contribution—Historic structures							
17	contribution—Other							
15 16 17	Real estate – Residential Real estate – Commercial Real estate – Other							
18 19	Collectibles							<u> </u>
20 21 22	Drugs and medical supplies Taxidermy							
23 24 25	Scientific specimens Archeological artifacts							
26 27	Other () Other ()							
<u>28</u> <u>29</u>	Other ( ) Number of Forms 8283 received which the organization completed				29			
30a	During the year, did the organiza 28, that it must hold for at least 3 used for exempt purposes for the	years from	the date of the initial contri	bution, and which isn't rec	uired to be	30a	es	No ×
b 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accep	otance policy that require	es the review of any no	onstandard 	31	×	
32a	Does the organization hire or use contributions?	•	ies or related organization	· •	ell noncash			
ь 33	If "Yes," describe in Part II.  If the organization didn't report an describe in Part II.				is checked,	32a	×	

Schedule M (Form 990) 2022 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Pt I Line 32b: GRASSROOTS USES A LICENSED INVESTMENT BROKER TO SELL ALL SECURITIES RECEIVED.

#### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

04-2791159 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.

Page **2** 

Name of the organization	Employer identification number
GRASSROOTS INTERNATIONAL, INC.	04-2791159
DI UT I' 151 THE DEPOSITION OF THE PERSON TO AMERICA TO	10/511015551016
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 VI, Section C, Line 17:	
State: CA	
State: CO	
State: CT	
State: DC	
State: FL	
State: GA	
State: HI	
State: IL	
State: KY	
State: ME	
State: MD	
State: MA	
State: MI	
State: MN	
State: NH	
State: NJ	
State: NM	
State: NY	
State: NC	
State: OH	
State: OR	
State: PA	
State: RI	
State: TN	

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
GRASSROOTS INTERNATIONAL, INC.	04-2791159
State: UT	
State: VA	
State: WA	
State: WI	
State: AZ	
ocace. In	