990 Department of the

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-

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

AterForRther2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 D Employer identification number B Check if applicable: GROUNDED SOLUTIONS NETWORK Address change 20-5513684 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) (503) 493-1000 Application pending City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 7,978,503 Name and address of principal officer: **H(a)** Is this a group return for TONY PICKETT subordinates? PO BOX 70724 **H(b)** Are all subordinates OAKLAND,CA 94612 included? Tax-exempt status: $\[\ \ \]$ 501(c)(3) $\[\ \]$ 501(c) () $\[\ \]$ (insert no.) $\[\ \]$ 4947(a)(1) or $\[\ \]$ 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► HTTP://GROUNDEDSOLUTIONS.ORG/ L Year of formation: 2006 M State of legal domicile: CA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO CULTIVATE COMMUNITIES - EQUITABLE, INCLUSIVE, AND RICH IN OPPORTUNITY - BY ADVANCING AFFORDABLE HOUSING SOLUTIONS THAT LAST FOR GENERATIONS Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) . 15 2 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a ${f b}$ Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 2,782,797 6,196,455 1,222,213 1,777,034 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,470 4,214 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,200 800 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,048,680 7,978,503 96,080 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 592,526 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,415,138 2,478,200 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . 270,000 116,500 Total fundraising expenses (Part IX, column (D), line 25) ▶410,614 b 1,000,656 915,237 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,192,901 3,691,436 Revenue less expenses. Subtract line 18 from line 12 . -144,221 4,287,067 19 Assets or d Balances Beginning of Current **End of Year** Total assets (Part X, line 16) 5,209,872 9,748,987 Total liabilities (Part X, line 26) 1,141,550 1,340,711 Net assets or fund balances. Subtract line 21 from line 20 $\,$. 4,068,322 8,408,276 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2022-07-07 Signature of officer Date Sian TONY PICKETT CHIEF EXEC OFFICER Here Type or print name and title Print/Type preparer's name Preparer's signature Check if 2022-07-07 P01568974 **Paid** self-employed Firm's EIN 🕨 26-1508234 Firm's name WHEELER ACCOUNTANTS LLP **Preparer Use Only** Firm's address > 1475 SARATOGA AVE STE 100 Phone no. (408) 252-1800 SAN JOSE, CA 951294951 Yes No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021) If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by

expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 54,402 including grants of \$) (Revenue \$ 114,569) CAPACITY BUILDING: THE CAPACITY BUILDING PROGRAM PROVIDES TECHNICAL ASSISTANCE, TRAINING, TOOLS, AND RESOURCES TO NONPROFITS AND PUBLIC

AGENCIES TO HELP SCALE THE FIELD OF HOUSING PROGRAMS WITH LASTING AFFORDABILITY. 4b (Code:) (Expenses \$ 56,141 including grants of \$) (Revenue \$ 64,749)

HOMEKEEPER: THE HOMEKEEPER PROGRAM PROVIDES AN INNOVATIVE TECHNOLOGY SOLUTION TO HELP HOUSING PROFESSIONALS STREAMLINE THE WAY THEY MANAGE AND REPORT ON THEIR HOMEOWNERSHIP AND HOUSING COUNSELING PROGRAM DATA, SO THEY CAN MORE EFFICIENTLY RUN THEIR PROGRAMS AND MEASURE THEIR IMPACT.

4c (Code:) (Expenses \$ 486,987 including grants of \$) (Revenue \$ 361,481)

NATIONAL POLICY AND SECTOR STRATEGY: THE NATIONAL POLICY AND SECTOR STRATEGY PROGRAM ANALYZES PUBLIC POLICY, COORDINATES PRIVATE-PUBLIC PARTNERSHIPS, BUILDS COALITIONS AND MAKES STRATEGIC CONNECTIONS TO IMPROVE THE POLICY ENVIRONMENT FOR LOCAL PROGRAMS.

2.189.776

(Code:) (Expenses \$ including grants of \$ 96,080) (Revenue \$ 1,236,235) OTHER PROGRAM SERVICES

4d

Other program services (Describe in Schedule O.) 96,080) (Revenue \$ (Expenses \$ 2,189,776

including grants of \$ 1,236,235) Total program service expenses 2,787,306

Form	Form 990 (2021) Pag								
Par	Part IV Checklist of Required Schedules								
			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes						
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes						
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		No					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No					
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No					
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 📆	10		Νo					

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

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20a

20b

Yes

Form 990 (2021)

Yes

Yes

Yes

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Nο

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

VIII, IX, or X, as applicable.

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Form 990 (2021) Page 4 Checklist of Required Schedules (continued)

Yes No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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 . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

뜘네사육은 어떤데이탈리용다는 아이들에 가입니다 가입니다 아이들에 가입니다. 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?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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,"

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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1a

1b

Yes

Yes

Form **990** (2021)

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Nο

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

No

Nο

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes						
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation in Schedule O								
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	4a		Νο					
b									
	ষ্পুৰ্বেট্যপ্ৰজ্যট)ৰnter the name of the foreign country: >								
	Washine organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο					
C	5c								
	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		N o					
	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).	_		•					
	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		N o					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο					
g	7g		Νο						
h	required?								
	Form 1098-C?	7h		No					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	-							
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.) 11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
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								
_	in which the organization is incerised to issue qualified fleatin plans								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No					
16		16		No					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17							

independent

year by the following: **a** The governing body?

Section C. Disclosure

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Νo

Νo

Nο

Nο

No

Νo

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7a

8a

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10a

10b

11a

12a

12b

13

14

15a

15b

Yes

Page 6

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI							
Se	ection A. Governing Body and Management							
							Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a			1 !	5		
	Yethere are material differences in voting rights among members of the governing							

Section A. Governing Body and Management								
					Yes	ı		
1a	Enter the number of voting members of the governing body at the end of the tax	1a	15					
	Yeare are material differences in voting rights among members of the governing							
	body, or if the governing body delegated broad authority to an executive committee		!					
	or similar committee, explain in Schedule O.		!					

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization make any significant changes to its governing documents since the prior Form 990 was Blathe organization become aware during the year of a significant diversion of the organization's assets? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\,\cdot\,\,$. $\,\cdot\,\,$.

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

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 . . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

supervision of officers, directors or trustees, or key employees to a management company or other person? .

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

1b

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

List the states with which a copy of this Form 990 is required to be filed CA,OR,CT,GA,MI,MN,NJ,NY 18

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Did the organization have a written whistleblower policy? . . .

b Other officers or key employees of the organization

b Enter the number of voting members included in line 1a, above, who are

Did the organization have members or stockholders?

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Own website 🔽 Another's website 🗌 Upon request 🔲 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶RACHEL SILVER PO BOX 70724 OAKLAND, CA 94612 (503) 493-1000

Form 990 (2021)

Νo

Νo

(17) NATHANIEL SMITH BOARD MEMBER

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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from

organization and any related organizations.

- List all of the organization's former officers, key employees, or 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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.																																		
See the instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.																																		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(do not check han one box, erson is both an cer and a cor/trustee)		ion (do not check re than one box, s person is both an officer and a rector/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		on (do not check than one box, person is both an efficer and a ector/trustee)		(do not check nan one box, rson is both an cer and a or/trustee)		(do not check han one box, erson is both an cer and a tor/trustee)		on (do not check e than one box, person is both an officer and a ector/trustee)		osition (do not check more than one box, lless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		not check one box, n is both an and a rustee)		do not check an one box, son is both an er and a r/trustee)		(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			90			ated																												
(1) TONY PICKETT CHIEF EXEC O	40.00			х				290,745	0	1,200																								
(2) RACHEL SILVER CHIEF OPER O	40.00			х				200,200	0	1,200																								
(3) EMILY THADEN DIRECTOR-NAT	40.00					х		130,000	0	1,200																								
(4) HONG LY DIRECTOR- OP	40.00					х		122,295	0	1,200																								
(5) ELIZABETH SORCE DIRECTOR OF	40.00					х		108,533	0	1,200																								
(6) MARIA BENJAMIN BOARD MEMBER		х						0	0	0																								
(7) ROBERT BURNS BOARD MEMBER		х						0	0	0																								
(8) BEN BYNUM BOARD MEMBER		Х						0	0	0																								
(9) PETER ELKOWITZ BOARD TREASU		х		х				0	0	0																								
(10) MIGUEL GAVALDON BOARD MEMBER		Х						0	0	0																								
(11) ROBERT HAMMOND BOARD MEMBER		Х						0	0	0																								
(12) FATHIA MACAULEY BOARD MEMBER		х						0	0	0																								
(13) ANDREANECIA MORRIS BOARD MEMBER		х						0	0	0																								
(14) JACKLINE MUKIIBI BOARD MEMBER		х						0	0	0																								
(15) JACOB NOONAN BOARD MEMBER		х						0	0	0																								
(16) MARDIE OAKES BOARD MEMBER		Х						0	0	0																								

Ра	Section A. Officers, Director	s, Trustees, K	еу сп	ipio	/ees	s, a	na mi	gne	est Compensate	d Employees (C	onunuea)	
	(A) Name and title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot rect	no e bo h a or/t	t chec x, unlo n offic rustee	ess er e)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F Estim amount comper from organi	nated of other isation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	and re organiz	lated
	GERMAINE SMITH-BAUGH		Х						C	0		0
	D MEMBER BRENDA TORPY											
	D SECRET		X		Х				C	0		0
	AKILAH WATKINS-BUTLER	ļ <u>.</u>	Х		Х				C	0		0
BOAF	LD CHAIR											
	Sub-Total	 Il Section A		•								
				<u> </u>			•		851,773			6,000
2	Total number of individuals (including t \$100,000 of reportable compensation f				ed a	bov	e) who	rec	ceived more than			
											Yes	No
3	Did the organization list any former off	•					yee,	or hi	ighest compensat	ed employee		
	on line 1a? If "Yes," complete Schedule											No
4	For any individual listed on line 1a, is t organization and related organizations individual	•									Yes	
5	Did any person listed on line 1a receive services rendered to the organization?.									individual for		No
	ection B. Independent Contract										•	
1	Complete this table for your five highe compensation from the organization. Re											
		(A) ousiness address								(B) tion of services	Compe	c)
									1		1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form	990 (2021)					Page 9
Part	VIII Statement of Revenue Check if Schedule O contains a resp	anso or noto	a to any lino in this Pa	rt VIII		Г
	Check if Schedule o Contains a resp	onse or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contr	butions, Gifts, Grants, and OtherAmt Simil	ar Amounts 1	a Federated campaig	· · · · · · · · · · · · · · · · · · ·		312 311
			b Membership dues			
			c Fundraising events			
			d Related organizatione Government grants (co		389,754	
			f All other contributions,	gifts, grants,		
			and similar amounts no	t included 1f	5,806,701	
			g Noncash contributions i lines 1a - 1f:\$	nciuded in		
			h Total. Add lines 1a	-1f		6,196,455
		Business Co		4 670 700		
en.	2a PROGRAM SERVICE FEES		1,670,789	1,670,789		
Pune	b MEMBERSHIP DUES		106,245	106,245		
Sev.						
Program Service Revenue	с					
Serv						
E .	d					
ığo.	е					
Δ	f All other program service revenue.					
		1,777	024			
	9 Total. Add lines 2a-2f 3 Investment income (including dividends,		1	T	T	
	other		1,2.	14		4,214
	4 ዓክምህብና earnow in the street of tax-exempt i		s [
	5 Royalties	(ii) Persor	nal			
		()	· 			
	6a Gross rents b Less: rental					
	expenses 6b					
	c Rental income or 6c					
	d (Nets) ental income or (loss)					
	(i) Securities	(ii) Othe	r			
	7a Gross amount from sales of 7a					
	assets other than inventory					
	h less: cost or					
	other basis and sales expenses					
	c Gain or (loss) 7c					
	d Net gain or (loss)		_			
	8a Gross income from fundraising events					
Ф	(not including \$ of contributions reported on line 1c).					
nue	See Part IV, line 18 8a					
è.	b Less: direct expenses					
<u>-</u>	c Net income or (loss) from fundraising e	vents	_			
Other Revenue						
•	9a Gross income from gaming activities.					
	See Part IV, line 19 b Less: direct expenses 9b					
	c Net income or (loss) from gaming activ	ities	>			
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inve	ntory				
			>			
	Miscellaneous Revenue 11a MISC INCOME	Business Co	ode 80	00 80	0	
	MISC INCOME					
	ь			1		
	c -			1		
	d All other revenue					
	e Total. Add lines 11a-11d		•	20		
	12 Total revenue. See instructions		_	00		
			7,978,50	1,777,83	4	4,214

Fori	m 990 (2021)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colum	nns. All other organ	izations must comp	lete column (A).
	Check if Schedule O contains a response or note to	any line in this Part	:IX		🔽
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	96,080	96,080		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	493,345	276,883	133,406	83,056
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,631,668	1,351,575	147,802	132,291
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,924	44,085	9,470	6,369
0	Other employee benefits	124,648	91,701	19,698	13,249
	· ′	168,615	132,613	20,710	15,292
	Payroll taxes	100,013	132,013	20,710	13,232
	Fees for services (non-employees):				
	Management				
	DLegal	68,828		68,828	
	Accounting	00,020		00,020	
	Lobbying	116,500			116,500
	Professional fundraising services. See Part IV, line 17	110,300			110,300
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	599,369	557,579	17,868	23,922
12	Advertising and promotion				
	Office expenses	159,861	102,553	47,183	10,125
	Information technology				
	Royalties				
	Occupancy	38,495	28,739	5,347	4,409
	Travel	9,076	4,152	3,397	1,527
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,309	24,509	300	1,500
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e				

53,944

44,774

3,691,436

53,944

22,893

2,787,306

19,507

493,516

2,374

410,614

amount exceeds 10% of line 25, column (A) amount, list

line 24e expenses on Schedule O.)

a IN KIND EXPENSE

b OTHER EXPENSES

e All other expenses

c d

Forr	n 990	(2021)				Page 11
P	art X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part IX .			<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		276,250	1	505,350
	2	Savings and temporary cash investments		1,297,234	2	5,112,792
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		390,575	4	2,149,941
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, sub	stantial contributor, or 35%		5	
	6	controlled entity or family member of any of th Loans and other receivables from other disqua under section $4958(f)(1)$), and persons descri	lified persons (as defined		6	
S	7	Notes and loans receivable, net			7	_
Assets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges		20,919	9	37,150
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .		3,224,894	11	2
	12	Investments—other securities. See Part IV, lin		12		
	13	Investments—program-related. See Part IV, lir	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	1,943,752
	16	Total assets: Add lines 1 through 15 (must eq	ual line 33)	5,209,872	16	9,748,987
	17	Accounts payable and accrued expenses .		287,408	17	254,086
	18	Grants payable			18	
	19	Deferred revenue		464,754	19	667,799
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	e Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form key employee, creator or founder, substantial of the control of	contributor, or 35%			
9.		controlled entity or family member of any of th	· —		22	
	23	Secured mortgages and notes payable to unrel		389,388	23	418,826
	24	Unsecured notes and loans payable to unrelate	· —		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lir Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .		1,141,550	26	1,340,711
ces		Organizations that follow FASB ASC 958, chec	k here 🕨 🔽 and complete			
alan	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		3,296,352	27	3,257,698
Fund Balances	28	Net assets with donor restrictions	L	771,970	28	5,150,578
Ē		Organizations that do not follow FASB ASC 95				
10		complete lines 29 through 33.				
Assets or	29	Capital stock or trust principal, or current fund		29		
SSe	30	Paid-in or capital surplus, or land, building or e	· ·		30	
A	31	Retained earnings, endowment, accumulated in	come, or other funds	4.060.200	31	0 400 276
Net	32 33	Total net assets or fund balances		4,068,322 5,209,872	32	8,408,276 9,748,987
	33	Total liabilities and het assets/fund balances		5,209,672	33	Form 990 (2021)

Both consolidated and separate basis

2b

2c

За

3b

Yes

Yes

Νo

Form 990 (2021)

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O.

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2021)						
Additional Data		Return to Form				
	Software ID:					
	Software Version:					
Form 990, Special Condition Description:						
	Special Condition Description					

(Form 990) Department of the Treasury

2

Internal Revenue Service

Name of the organization

GROUNDED SOLUTIONS NETWORK

SCHEDULE A

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

20-5513684

UZ

OMB No. 1545-0047

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.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

open to Publination.

Inspection

Employer identification number

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

	-	vork Reduction Act Notic or 990-EZ.	ce, see the Ins	structions for	Cat. No. 11285	5F	Schedule	e A (Form 990) 2021	
Tota									
					Yes	No			
				1- 10 above (see instructions))		N-			
		5. gamzacion		(described on lines	,	nent?	(see instructions)	instructions)	
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization Ir governing	(v) Amount of monetary support	(vi) Amount of other support (see	
g		Provide the following in		ut the supported orga			1	1	
f	Ente	r the number of supporte					<u></u>		
е		Check this box if the o integrated, or Type III	-				is a Type I, Type II, Ty	ype III functionally	
_	_	(see instructions). You	ı must comple	te Part IV, Sections A	and D, and Par	t V.		•	
d		Type III non-functional not functionally integral							
С		Type III functionally is supported organization						rated with, its	
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
a		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
11		An organization organi	•		•	•	n 509(a)(4).		
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
9		An agricultural researd university or a non-lan	d grant college	e of agriculture. See in	structions. Ent	er the name, c	ity, and state of the co	ollege or university:	
8		A community trust des			, ,	•			
		described in section 17	70(b)(1)(A)(v	i). (Complete Part II.)		-	entar unit of from the g	јенегаг равно	
7	V	A federal, state, or local An organization that no						ionoral nublic	
6		170(b)(1)(A)(iv). (Co	mplete Part II	.)	•	, ,	-	eseribea iii Section	
5	г	An organization operat		efit of a college or univ	versity owned o	or operated by	a governmental unit d	escribed in section	
4		hospital's name, city, a		rated in conjunction w	itii a nospitai u	escribed iii se	ction 170(b)(1)(A)(iii)). Enter the	

19,550,321

19,550,321

87,734

19,638,055

7,131,164

78.090 %

87.730 %

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part II	Support Schea
	(Complete only in
	Part III. If the or
Section	A Public Suppor

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

Calendar year (or fiscal year beginning in)

Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the

(a) 2017

4,244,060

4,244,060

4,244,060

Public support percentage for 2020 Schedule A, Part II, line 14

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

1.773

(b) 2018

(b) 2018

2,838,642

2.838.642

organization's benefit and either

paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to the organization without charge... Total. Add lines 1 through 3 The portion of total contributions

by each person (other than a governmental unit or publicly

supported organization) included on line 1 that exceeds 2% of the

amount shown on line 11, column

Public support. Subtract line 5 from line 4.

Section B. Total Support

Calendar year (or fiscal year beginning in)

(a) 2017 Amounts from line 4. .

Gross income from interest, dividends, payments received on securities loans, rents, royalties

and income from similar sources

business activities, whether or not the business is regularly carried 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

Net income from unrelated

2,838,642 4,363

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) organization,

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

(c) 2019

(c) 2019

3,488,367

3,488,367

- 3,488,367
- (d) 2020

35,914

(d) 2020

2,782,797

41,470

2.782.797

2.782.797

(e) 2021

12

14

15

6,196,455

4.214

(e) 2021

- - - 6.196.455

6,196,455

- - - 4,214,478

(f) Total

- 15,335,843
- (f) Total 19,550,321

	dule A (Form 990) 2021						Page 3
Ρ	Support Schedule f	or Organiza	tions Descri	bed in Section	n 509(a)(2)	tan Callad La an	alifornia de Dant
	(Complete only if you II. If the organization						alify under Part
Se	ection A. Public Support	rans to quant	y dilder the t	ests listed belt	ovv, piedoe com	piece rait III)	
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	fiscal year beginning in)	(4) 2017	(6) 2010	(6) 2013	(u) 2020	(6) 2021	(i) 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						
_	The color of countries of Science						
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						
h	persons 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. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	fiscal year beginning in)	(-)	(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	(-,	(-,	(-,	(-)
9	Amounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
L	 Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
	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	_						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for	-			•	. ,	
	check this box and stop here						▶∟
	ection C. Computation of Pub			10			
15	Public support percentage for 2021	line 8, column (t) divided by li	ne 13, column (f))	· · 15	

Public support percentage from 2020 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from **2020** Schedule A, Part III, line 17

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page **5**

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 below, the governing body of a supported organization?	11c				
	A family many have for a super described as 14a above 2					
b		detail in 116				
С	Part VI	detail iii 110				
S	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or restricted in any, applied to such powers during the tax year.	tax ed the appoint				
2	Did the organization operate for the benefit of any supported organization other than the supported organization	ion(s)				
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
S	Section C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or					
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the suppor	rted 1				
_	Section 5.0 And Type III Supporting Organizations	rteu				
	Section D. Air Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the price year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification.	the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided	_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h					
	organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's incom					
	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organ					
S	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructi	ons):			
	a The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ent entity (see				
2	Activities Test. Answer lines 2a and 2b below.		Ves	No		

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

Schedule A (Form 990

2a

2b

За

3b

))	2021	

Page **6**

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for 1 short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

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

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Multiply line 5 by 0.035

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

3

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

6 7 8 Current Year 1 2

3 4

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990) 2021

5

4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

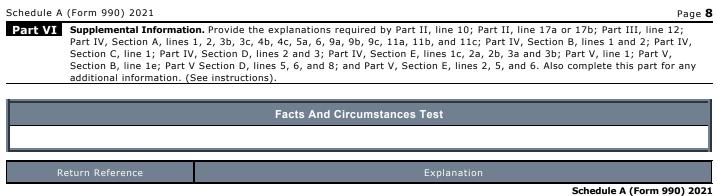
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines

See instructions.

a Excess from 2017. **b** Excess from 2018. c Excess from 2019. . . **d** Excess from 2020. . . . e Excess from 2021.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) (2021)



SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Schedule C (Form 990) 2021

Cat. No. 50084S

OMB No. 1545-0047

Open to Public Inspection

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** GROUNDED SOLUTIONS NETWORK 20-5513684 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." 2 Political campaign activity expenditures. See instructions Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......... Did the filing organization file Form 1120-POL for this year? ☐ Yes □ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (a) Name (c) EIN (d) Amount paid from (e) Amount of filing organization's political contributions funds. If none, enter received and -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. 5

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

11,788

9,609

218

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

Grassroots lobbying expenditures

15,363

(b)

(a)

	acti res response on lines ta tinough ti below, provide in Part IV a detailed description of the lobbying					
activ	ity.	Yes	No	A	lmoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	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?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section 5	01(c)(5), c	r		
	section 501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		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 expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	No" O	R (b)	Part	t III-	·A,
	line 3, is answered "Yes."	1 -	1			
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
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 the excess		l			

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT

filed Form 5768 (election under section 501(h)).

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

political expenditure next year? 4 Taxable amount of lobbying and political expenditures. See Instructions

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference Explanation SCHEDULE C, PART II-A LOBBYING SCHEDULE C, PART II-B, LINE 1 THE ORGANIZATION ENGAGES IN DIRECT AND GRASSROOTS LOBBYING ACTIVITIES TO PROMOTE POLICIES THAT SUPPORT MEMBERS' MISSION TO CREATE PERMANENTLY AFFORDABLE HOUSING. THE ORGANIZATION COMMUNICATES WITH ELECTED OFFICIALS

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.

OMB No. 1545-0047

Internal Revenue Service

Open to Public Department of the Treasury Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** GROUNDED SOLUTIONS NETWORK Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 conferring Yes No **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 (e.g., recreation or education) Preservation of an 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 Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear 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) 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. 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:

Sche	edule D (Form 990) 2021										Page 2
Par	Organizations Maintaining	Collections of /	Art, Hi	stor	ical Tr	easu	res, o	r Other S	Similar Ass	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other rec	ords, cl	neck a	ny of th	ne follo	wing th	at are a sig	ınificant use o	f its	
а	Public exhibition		d		Loan o	r exch	ange pr	ograms			
b	Scholarly research		е		Other						
c	Preservation for future generations										
4	Provide a description of the organization's Part XIII.	collections and exp	olain ho	w they	/ further	the o	rganizat	ion's exem	pt purpose in		
5	During the year, did the organization solic assets to be sold to raise funds rather tha			-					Yes	□ No	
Pai	Escrow and Custodial Arran Complete if the organization ar Part X, line 21.	ngements.	•								n 990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?								Yes	☐ No	
b	If "Yes," explain the arrangement in Part	XIII and complete t	he follo	wina t	ahle				Amount		_
c	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 amount or						odial ac	count liabil	ity? Yes	☐ No	_
	If "Yes," explain the arrangement in Part	VIII Chack hara if	tha avn	lanatio	on hac k	oon n	rovidad	in Dart VII	т Г		
D Da	rt V Endowment Funds.		tile exp	iaiiatio	on nas t	реен р	Tovided	III Fait XII	1		
Pa	Complete if the organization ar	nswered "Yes" on	Form	990,	Part IV	/, line	10.				
		(a) Current year		Prior y				ck (d) Three	e years back (e)	Four ye	ars back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses	;									
А	Grants or scholarships	1			l			ſ	ĺ		
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the co	urrent year end bala	ance (lii	ne 1g,	column	(a)) l	neld as:				
а	Board designated or quasi-endowment 🌬										
b	Permanent endowment 🕨										
c	Term endowment >										
	The percentages on lines 2a, 2b, and 2c s	*									
3a	Are there endowment funds not in the post organization by:	session of the orgar	nization	that a	are held	and a	dministe	ered for the	!	Yes	No
	(i) Unrelated organizations						•		3a(i)	103	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on 3a(ii), are the related organiza	itions listed as requ	iired on	Sched	dule R?				3b		
4	Describe in Part XIII the intended uses of	the organization's	endown	nent fi	unds.						
	t VI Land, Buildings, and Equipr										
	Complete if the organization ar	nswered "Yes" on	Form	990,	Part IV	/, line	11a. S	See Form	990, Part X,	line 1	0.
	Description of property (a) Cost or ot (investm		st or othe	r basis	(other)	(c) A	ccumulate	d depreciation	n (d) E	Book valu	ie
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Pa	rt X, col	umn (I	B), line 1	10(c).)		•			
									Schedule D (Form 9	90) 2021

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form	990 Part 1	IV line 11h Se	ee Form 990 Pa	ort X line 12
-	(a) Description of security or category (including name of security)	(b) Boo value	k	(c) Method of val t or end-of-year r	uation:
(1) Financi	al derivatives	· value	Cos	c or end-or-year r	narket value
	r-held equity interests	-			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
·	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form	990, Part 1			art X, line 13.
	(a) Description of investment		(b) Book value		od of valuation: f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	Þ			
Partix	Complete if the organization answered 'Yes' on Form 9	990, Part I	V, line 11d. Se	ee Form 990, Part	
	(a) Description S RECEIVABLE LONG TERM				(b) Book value 1,942,352
(2)DEPOS:	ITS				1,400
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)			>	1,943,752
Part X	Complete if the organization answered 'Yes' on Form 9	990, Part I'	V, line 11e or	11f.	
1.	See Form 990, Part X, line 25. (a) Description of liab	oility			(b) Book value
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 25.)	foots	the committee	ole financial states	nonto the transition
organizatio	for uncertain tax positions. In Part XIII, provide the text of the n's liability for uncertain tax positions under FIN 48 (ASC 740).				
XIII 🔼					

3

5

1

2

3

Part XII

Page 4

-1,057

7,978,503

7,978,503

3,691,436

3,691,436

3,691,436

Schedule D (Form 990) 2021

Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . 1

1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -1,057 2a

Net unrealized gains (losses) on investments Donated services and use of facilities . . .

Other (Describe in Part XIII.) Add lines 2a through 2d

Add lines 4a and 4b

Recoveries of prior year grants

Other (Describe in Part XIII.)

Total expenses and losses per audited financial statements

Donated services and use of facilities

Other losses

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Investment expenses not included on Form 990, Part VIII, line 7b

Subtract line 2e from line 1 . . Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2b

2c

2d

4h

2a

2b

2c

2d

4c 5

2e

3

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1

Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:

4a 4b

Explanation

IN ACCORDANCE WITH GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH ANY TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, WILL NOT RECOGNIZE ANY LIABILITY OR BENEFIT FOR UNRECOGNIZED TAX POSITIONS. FOR THE YEARS ENDED DECEMBER 2021 AND 2020, THERE WAS NO TAX RELATED INTEREST OR

PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

2e 3

4c

Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Return Reference

SCHEDULE D, PAGE 3, PART X

Add lines 4a and 4b .

Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . .

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

ties 2021

Quen to Public

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

GROUNDED SOLUTIONS NETWORK

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Inspection
Employer identification number

						20-551368	4
	ctivities. Comple ers are not requir		_			" on Form 990, Part I\	/, line 17.
1 Indicate whether the orga	anization raised fund	ds throug	h any of	the f	ollowing activities.	Check all that apply.	
a Mail solicitations				e [Solicitation of ne	on-government grants	
b Internet and email so	licitations			f [Solicitation of g	overnment grants	
c Phone solicitations				g [Special fundrais	ing events	
d In-person solicitation	ıs						
 Did the organization have or key employees listed in the services? If Tyes, list the 10 higher to be compensated at least the services. 	n Form 990, Part Vī est paid individuals o	I) or ent or entities	ity in co s (fundra	nnect	on with profession	al fundraising Y e	es V No undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have dy or rol of utions?		Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
. 0							
「otal	· · · · · · · ·		•				
3 List all states in which the registration or licensing.	organization is regi	stered or	licensed	to so	olicit contributions	or has been notified it is	exempt from

	edule d (Form 990) 2021				r age a
Pa	rt II Fundraising Events. Com more than \$15,000 of fundr	aising event contribu	ion answered "Yes" or tions and gross incom	n Form 990, Part IV, ie on Form 990-EZ, li	line 18, or reported nes 1 and 6b. List
	events with gross receipts g	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
		(3.33, 5, 5, 5)	(3.3 3, 4.2)	(6555)	
115210					
Revenue					
eve					
~					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
122	5 Noncash prizes				
ses	6 Rent/facility costs				
Kper	7 Food and beverages				
m t	8 Entertainment				
Direct Expenses	9 Other direct expenses				
-	10 Direct expense summary. Add lines	4 through 9 in column (c	i)		,
	11 Net income summary. Subtract line 1	10 from line 3, column (d	d)		
Pai	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	rganization answered ne 6a.	"Yes" on Form 990, P	art IV, line 19, or re	ported 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				
es					
Expense	2 Cash prizes				
	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
		Yes%	Yes%_	Yes%	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2	2 through 5 in column (c	1)		,
			•		
	8 Net gaming income summary. Subtra	ict line / from line 1, col	umn (a)	<u> </u>	
9_	Enter the state(s) in which the organiz				☐Yes ☐No
a b	Is the organization licensed to conduct If "No," explain:				<u> </u>
					i
10a	Were any of the organization's gaming				
b	If "Yes," explain:				
					i

Sche	edule G (Form 990) 2021					Page 3
11	Does the organization conduct gar	ning activities with nonmer	mbers?		Yes No	
12			or a member of a partnership or other entity		Yes No	
13	Indicate the percentage of gaming	activity conducted in:				
а	The organization's facility .			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the	e person who prepares the o	organization's gaming/special events books a	and rec	cords:	
	Name -					
	Address					
15a	_		whom the organization receives gaming		☐Yes ☐ No	
b	If "Yes," enter the amount of gami amount of gaming revenue retained		organization 🕨 \$ and	d the		
С	If "Yes," enter name and address of	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name Name					
	Gaming manager compensation	\$				
	Description of services provided					
	bescription of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
а	•	state law to make charitab	le distributions from the gaming proceeds to			
	retain the state gaming license?				Yes No	
b		•	tributed to other exempt organizations or sp	ent		
Day	in the organization's own exempt a			Jump	c (iii) and (v).	
Pal	Part III, lines 9, 9b, 10b		anations required by Part I, line 2b, co , as applicable. Also provide any additi			
	instructions. Return Reference		Explanation			
	ditional Data		Schedu	ule G (F	Form 990) 2021	1
AC	dditional Data				Return to Forr	n
		Softwa	re ID:			

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number GROUNDED SOLUTIONS NETWORK 20-5513684 **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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III 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. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, or assistance organization (if applicable) grant cash noncash assistance or government assistance other) (1) PROUD GROUND 93-1290320 501 C3 20,000 5288 N INERSTATE AVE PORTLAND, OR 97217 (2) HOUSTON COMMUNITY 83-1135085 501 C3 20,000 LAND TRUST PO BOX 8056 HOUSTON, TX 77004 (3) CENTER FOR 27-0718458 501C3 25,000 COMMUNITY PROGRESS 111 EAST COURT ST SUITE 2C-1 FLINT, MI 48502 (4) ATLANTA LAND TRUST 90-0605040 501C3 20,000 112 KROG ST SUITE 14 ATLANTA, GA 30307 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2021

(4)

(5) (6)

(7)

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

Return Reference Explanation

SCHEDULE I, PAGE 4, PART IV THE ORGANIZATION REQUIRES DONEES TO PROVIDE EVIDENCE OF COMPLIANCE WITH GRANT REQUIREMENTS

Schedule I (Form 990) 2021

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service

Schedule J

8

Name of the organization

2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Yes

No

Νo

Νo

ROUNDED SOLUTIONS NETWORK	
	20-5513684
art I Questions Regarding Compensation	
''' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ed any of the following to or for a person listed on Form provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)

hef) **b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study

Compensation Information

Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

4a 4b 4c 5a The organization? Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

Νo Νo Νo 6a Νo Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Νo

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Cat. No. 50053T

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

For each individual whose compensation must be reported on Schedule instructions, on row (ii). Do not list any individuals that are not listed.	e J, ro on F	eport compensation orm 990, Part VII	on from the organi	zation on row (i) a	and from related o	organizations, de	scribed in the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal (A) Name and Title		the total amount of Form 990, Part VII, Section A, line (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other			(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1TONY PICKETT CHIEF EXEC OFFICER	(i)	234,300	56,445			1,200	291,945	
	(ii)							
2RACHEL SILVER CHIEF OPER OFFICER	(i)	182,000	18,200			1,200	201,400	
	(ii)							
							Schedule J	Form 990) 2021

Schedule J (Form 990) 2021 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

Return Reference Explanation



SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization GROUNDED SOLUTIONS NETWORK

Employer identification number 20-5513684

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES
FORM 990, PAGE 6, PART VI, LINE 6	GROUNDED SOLUTIONS NETWORK MEMBERS ARE UNITED STATES-BASED NONPROFIT ORGANIZATIONS, PUBLIC AGENCIES AND INDIVIDUALS THAT SHARE ITS VISION FOR A FUTURE WHERE EVERYONE HAS ACCESS TO A HOME THEY CAN AFFORD IN ECONOMICALLY AND RACIALLY DIVERSE COMMUNITIES OF OPPORTUNITY THAT FOSTER BETTER HEALTH, ACADEMIC, AND ECONOMIC OUTCOMES.
FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE NOMINATION AND ELECTION OF A PORTION OF THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 7B	MEMBER WITH FULL VOTING RIGHTS SHALL BE NONPROFIT ORGANIZATIONS, GOVERNMENTAL ENTITIES OR INDIVIDUALS THAT SUPPORT THE MISSION AND PURPOSE OF THE CORPORATION, ARE CURRENT IN THE PAYMENT OF DUES, AND MEET CRITERIA FOR MEMBERSHIP DEFINED BY THE BOARD OF DIRECTORS. THE ASSENT OF THE MEMBERSHIP SHALL BE REQUIRED BEFORE ACTION MAY BE TAKEN REGARDING THE AMENDMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS, OR THE DISSOLUTION OF THE CORPORATION.
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED BY KEY STAFF AND THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS APPROVES THE 990-TAX FORM.
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION CONDUCTS TRAININGS WITH STAFF AND BOARD ABOUT THE CONFLICT OF INTEREST POLICY. THE ORGANIZATION REQUESTS THAT ALL BOARD AND STAFF MEMBERS TO DISCLOSE ANY CONFLICTS AT MINIMUM, ONCE PER YEAR VIA AN ANNUAL DISCLOSURE FORM, AND IMMEDIATELY AS THEY ARISE. STAFF AND EXECUTIVE LEADERSHIP MONITOR AND DISCLOSE POTENTIAL BOARD CONFLICTS AS THEY ARISE IN CONJUNCTION WITH PROGRAMMATIC WORK. THE ORGANIZATION ALSO REVIEWS AND MONITOR POTENTIAL STATED CONFLICTS IN ACCORDANCE WITH ADOPTED POLICY.
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD REVIEWS AND APPROVES COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER.
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	PROGRAM CONSULTANTS 367,880 0 0 PROFESSIONAL TECHNOLOGY FEES 135,174 2,211 3,263 OTHER PROFESSIONAL FEES 54,525 15,657 20,659 TOTAL 557,579 17,868 23,922
For Paperwork Red	duction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 202

TY 2021 IRS 990 e-File Render Name: GROUNDED SOLUTIONS NETWORK

EIN: 20-5513684 **Explanation:** LOBBYING