	e Pub	DIC VISU	ial Render	ObjectId	<u>: 202213149349304611 - Sı</u>	ubmissio	n: 202	2-11	-10	T.	IN: 47-400	3615	
	00	0	Re	turn of (Organization Exempt	From	Inco	me	Тах	(OMB No. 1545	5-0047	
Form	99	U			•						202	4	
					<pre>, or 4947(a)(1) of the Internal Rev r social security numbers on this for</pre>			-		lions)	202		
- .		_			r <u>s.gov/Form990</u> for instructions		,	•			Open to Pu	ublic	
	nent of the Revenue	ne Treasury e Service		30 to <u>www.m</u>	s.gov/romisso	and the la	atest ini	UIIIa	cion.		Inspecti	on	
A F	or the	2021 ca	alendar year, o	or tax year b	eginning 01-01-2021 , and end	ling 12-31	-2021						
B Che	ck if app	plicable:	C Name of organ Groundswell Fu						D Employ	er identif	fication numbe	r	
_	dress ch me char	-							47-4003	3615			
	tial retu	-	Doing business	as									
🔾 Fin	al return/I	/terminated							E Telephon	e number			
	nended r	return n pending	Number and st 548 Market Str		c if mail is not delivered to street address)) Room/suit	e						
— Ар	plication	n penaing			, country, and ZIP or foreign postal code				(510) 4	44-5900			
			San Francisco,		, country, and ZIP of foreign postal code				G Gross re	ceipts \$ 2	4,343,616		
		ľ	F Name and a		ncipal officer:		H(a) I	s this	a group re		· · ·		
			Meenakshi Me	non			s	ubord	inates?		🗌 Yes 🔽	No	
								Are all nclude	subordinat	es	🗆 Yes 🕻	No	
I Ta:	k-exemp	pt status:	✓ 501(c)(3)	501(c) () ◀ (insert no.) □ 4947(a)(1) or 〔	527				ist. See	instructions.		
JW	ebsite	e: ► www	w.groundswellfu	ind.org			H(c) 🤆	Group	exemption	number	umber 🕨		
K For	n of orga	janization:	Corporation	🗌 Trust 🗌	Association 🗍 Other 🕨		L Year of	format	ion: 2015	M State	of legal domicile	e: CA	
P	art I	Sumr	mary										
	1 Br	riefly des	cribe the organ	ization's missi	on or most significant activities:								
					effective U.S. movement for reprodu								
e		sources t		rganizing and	policy change efforts let to empowe	r low incom	ne wome	en, wo	men of col	or, trans	gender people	e and	
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<u>w</u>	_												
BOVE		Chack this	s box b										
& Governance			s box >	ers of the gove	erning body (Part VI, line 1a)					3		8	
	3 N	Number o	of voting membe	-	erning body (Part VI, line 1a)					3		8	
	3 N 4 N	Number o Number o	of voting member of independent v	voting membe		ne 1b) .							
Activities & Gove	3 N 4 N 5 T	Number o Number o Fotal num	f voting membe f independent v ber of individua	voting membe als employed i	ers of the governing body (Part VI, lin	ne 1b) .				4		8	
	3 N 4 N 5 T 6 T	Number o Number o Total num Total num	f voting membe f independent v ber of individua ber of voluntee	voting membe als employed i ers (estimate i	rs of the governing body (Part VI, lin in calendar year 2021 (Part V, line 2	ne 1b) . :a) . .	· · · ·	· · · ·		4 5		8 36	
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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.

					2022-11-10			
Sign	Sig	Signature of officer Date						
Here	Ch	anda Jones CFO						
	Тур	pe or print name and title						
Paid	1	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN Self-employed	.86389		
	barer	Firm's name 🕨 REGALIA & ASSO	OCIATES CPAS		Firm's EIN 🕨 68-026	0103		
Use	Only	Firm's address 🕨 103 TOWN COUN	NTRY DR STE K		Phone no. (925) 314-	-0390		
		DANVILLE, CA				0000		
						🗹 Yes		
,		Reduction Act Notice, see th	r shown above? (see instructions		No. 11282Y			0 (2021
		Reduction Act Hotice, see th	e separate instructions.	Cal.	NO. 112021	Г	0111 99	0 (2021
			Page 2					
	990 (2021)	·						Page 2
Par	t III Sta	atement of Program Serv	ice Accomplishments					_
		eck if Schedule O contains a respective respective the organization's mission	ponse or note to any line in this l	Part III				
1 condo		-	othen reproductive and social ju	stice by recoursing inte	arsoctional grassroots	organiz	ina and	
			rly black, indigenous, transgende			sorganiz	ing anu	
2		ganization undertake any signific form 990 or 990-EZ?	cant program services during the	e year which were not l	listed on	ר 🗆	(es 🔽	No
	If "Yes," de	escribe these new services on Se	chedule O.					
3		ganization cease conducting, or	make significant changes in how	it conducts, any progr	ram	_	.	
	services?						Yes	🗹 No
4		escribe these changes on Sched						
	Section 50		ce accomplishments for each of it tions are required to report the a vice reported.					
4a	(Code:) (Expenses \$	9,851,676 including grants	of \$ 8,470,5	10) (Revenue \$)	
	grassroots b to communi	base of support for reproductive justic ity-based midwifery and doula care. V	ations across the United States. Our gr ce (RJ) policy and systems change; on Ve acknowledge that systems change inizations over many years. We award	organizations that are rec takes time. Thus, the vast	lucing poor birthing outcomajority of our grants a	omes by e re for gene	xpanding eral suppo	access ort, and
4b	(Code:) (Expenses \$	5,449,249 including grants	of ¢ 2.027.50	00) (Revenue \$)	
40	•		capacity-building work is that all progr			ns will not	,	ed to
			ant support. Interested organizations ent, (b) Grassroots Organizing Institut					hich
4c	(Code:) (Expenses \$	769,561 including grants	off) (Revenue \$)	
40	Funder Orga Conforming managemer	anizingWe explicitly center our giving and do more to sustain and nourish o	on work led by women of color, partic our grantees: increasing resources for We support groups who ask for our he	ularly those who are Black healing justice, organizati	, Indigenous, Transgend ional development, civic	education,	data	
4d	Other prog (Expenses	gram services (Describe in Sche	dule O.) cluding grants of \$) (Revenue	۰ ¢	``		
4e	• •	gram service expenses	16,070,486) (Revenue	Υ	J		
70	Total pro		10,070,480				Form 99	0 (2021
			Page 3					
F	000 (2023)	A	-					
	990 (2021)							Page
Parl	tiv Ch	ecklist of Required Sched	lules				Yes	No
1	Is the oroz	anization described in section 50)1(c)(3) or 4947(a)(1) (other tha	in a private foundation)? If "Yes." complete		Yes	
	Schedule A		· · · · · · · · · · ·		, <u>.</u> ,	1		
2	Is the orga	anization required to complete S	Schedule B, Schedule of Contribut	tors? See instructions.	😼	2	Yes	
			direct nolitical campaion activitie			۰ I		No

18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
Form	990 (2021)			Page 4
Pa	rt IV Checklist of Required Schedules (continued)			. age .
	· · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII. Section Δ line 3. 4 or 5 about compensation of the organization's	1 1		
ittps://	/projects.propublica.org/nonprofits/organizations/474003615/202213149349304611/full			

-, 0.147 Wi	and weilt and that hing the profit Explorer that ability			
for public office? If "Yes," complete Schedule C, Part I		3		
Section 501(c)(3) organizations. Did the organization election in effect during the tax year? If "Yes," complete	n engage in lobbying activities, or have a section 501(h) <i>Schedule C, Part II</i> 😼	4	Yes	
Is the organization a section 501(c)(4), 501(c)(5), or 50 assessments, or similar amounts as defined in Rev. Proc		5		No
Did the organization maintain any donor advised funds of to provide advice on the distribution or investment of an <i>Schedule D</i> ,Part I S .	or any similar funds or accounts for which donors have the right nounts in such funds or accounts? <i>If "Yes," complete</i>	6		No
Did the organization receive or hold a conservation ease the environment, historic land areas, or historic structur		7		No
Did the organization maintain collections of works of art complete Schedule D, Part III 🗐	historical treasures, or other similar assets? If "Yes,"	8		No
	for escrow or custodial account liability; serve as a custodian ling, debt management, credit repair, or debt negotiation	9		No
Did the organization, directly or through a related organ permanent endowments, or quasi endowments? If "Yes,	ization, hold assets in temporarily restricted endowments, " complete Schedule D, Part V 🗐	10		No
If the organization's answer to any of the following ques or $X,$ as applicable.	tions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,			
Did the organization report an amount for land, building Schedule D, Part VI.		11a	Yes	

b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😼	11b
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	11d
P	Did the exercise tion report on amount for other lightlifting in Part X, line 252 If "Vac," complete Schedule D. Part X 📆	

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е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 📷	11e
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses_	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional $\frac{1}{2}$ 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?
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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

No

Yes

Yes

Yes

12a

12b

13

14a

14b

15

16

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Page 4

10/27/2	24, 8:14 AM Groundswell Fund - Full Filing- Nonprofit Explorer - ProPublica			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32 If "Yes." complete Schedule R. Part L.	33		No
34	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I % Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 81 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	0 (2021)
		F	0111 99	u (2021)
	Page 5			
Form	000 (2021)			
FULM	990 (2021)			Page 5

Form 990 (orm 990 (2021) P					Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (co	ontinu	ed)			
	r the number of employees reported on Form W-3, Transmittal of Wage and 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	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b		
С	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 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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?	0-		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	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		

Form **990** (2021)

	Page 6			
	000 (2024)			_
	990 (2021) tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" rocr	onco to	Page 6
Гdi	lines 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	ction A. Governing Body and Management			
		 	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	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 apply.

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

19 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:
 Chanda Jones CFO 548 Market Street San Francisco, CA 94104 (510) 444-5900

Page 7 Form 990 (2021) Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors П Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See the instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, 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 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. (D) (A) (B) (C) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation organization (Wanv hours and a director/trustee) organizations from the (W-2/1099for related 2/1099organization and Q Highest Individual trustee Former MISC/1099organizations MISC/1099related **Milloe** Ð director below dotted NEC) NEC) organizations stitutional emplo line) 99 compensat У́е́е Trustee ē 40.00 (1) Vanessa Daniel Х 252,622 60,600 Exec Director 0.00 40.00 (2) Quanita Toffie 180,250 42,702 Sr Dir-Action Fund 0.00 40.00 (3) Chanda Jones х 150,250 61,620 CFO 0.00 40.00 (4) Tara Ellison 193,183 14.281 Deputy Director 0.00 40.00 (5) Meenakshi Menon 175,000 14,226 Chief Develop Ofcr 0.00 40.00 (6) Judy Thomas Х 162,903 9,835 CFO 0.00 40.00 (7) Sheena Johnson 127,750 0 33,478 Sr Dir Grantmaking 0.00 40.00 (8) Julieta Garibay 129,500 5,364 Sr Cap Bldg CoDir 0.00 1.00 (9) Kimberly Inez McGuire Х Х 0 0 Chair 0.00 1.00 (10) Kiyomi Fujikawa Х Х 0 0 Vice Chair 0.00 1.00 (11) Nicolle Gonzales х х 0 0 0 Treasurer 0.00

Form 990 (2021)

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12) Karen Grove	1.00						1				
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13) Nse Ufot	1.00		+	+	+	1	+	1			
irector		х				1		0	0		
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.4) Bamby Salcedo		x						0	0		(
irector	0.00										
.5) Brook Kelly-Green	1.00							0	0		(
irector	0.00							, i i i i i i i i i i i i i i i i i i i			
.6) Jihan Gearon	1.00										
ce Chair	0.00	~		х				0	0		
17) Amanda Coslor	1.00					1					
reasurer		~		х				0	0		(
easurer	0.00)								Form 99	0 (2021
Part VII Section A. Officers, Direct	tors, Trustees, Ko	ey Emj	ploy	ees,	, an	d Hig	ghes	st Compensated	Employees (con	tinued)	Page
(A) Name and title	(B) Average hours per week (list any hours for related	C	ne bo	ox, u n of tor/t	t che Inles ficer ruste	s pers and a ee)	son a	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F Estim amount comper from organiza	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	rela organiz	ted
8) Rocio Cordoba	1.00	x		x				0	0		
hair	0.00			~							
.9) Jamia Wilson	1.00	x						0	0		
irector	0.00										
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Lb Sub-Total		•••	·	•		-					
					5	\vdash		1,371,458			242,10
d Total (add lines 1b and 1c)											
Total number of individuals (including				abov	e) w	ho re	ceive	ed more than \$100	,000		
	but not limited to t			abov	e) w	ho re	ceive	ed more than \$100	,000		

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

No

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4	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>								
S									
1	Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								

(A) Name and business address	(B) Description of services	(C) Compensation
Strategies for Social Change	Consulting	109,063
202-08 38th Avenue Bayside, NY 11361		
2 Total number of independent contractors (including but not lin compensation from the organization 1.1	mited to those listed above) who received more than \$100,000 of	

Form 990 (2021)

Page 9 Form 990 (2021) Page 9 **Statement of Revenue** Part VIII Check if Schedule O contains a response or note to any line in this Part VIII [] (A) (B) (C) (D) Total revenue Related or Unrelated Revenue excluded from exempt business tax under sections function revenue revenue 512 - 514 Federated campaigns . . 1a Contributions, Sifts, Grants, ____ ar**b**i Membership dues **. 1**b DtherAmt Anno Englation ising events . 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included 1f above 24,214,574 g Noncash contributions included in lines 1a - 1f:\$ 1g 1,479,012 h Total. Add lines 1a-1f . ► . 24,214,574 Business Code 50,000 50,000 2a Consulting fees 624200 Revenue 15,775 15,775 , Honorarium/speaker fees 624200 Program Service 2 -1 э f All other program service revenue.

65,775

3 Investment income (including dividends, interest, and other

g Total. Add lines 2a-2f.

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27/24, 8:14 AM				-und - Full Filing-	Nonprofit Explorer -	ProPublica	
similar amounts) .	`•	••••	´ ►	43,267			43,267
4 Income from invest	ment	of tax-exempt bo	nd proceeds	0			
5 Royalties			>	0			
		(i) Real	(ii) Personal				
6a Gross rents	6a						
 Less: rental expenses 	6b						
c Rental income or (loss)	6c						
d Net rental income	or (l	oss)	• • • •	0			
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a						
 Less: cost or other basis and sales expenses 	7b						
c Gain or (loss)	7c						
d Net gain or (loss)	•		· · · •	0			
 (not including \$ contributions reported See Part IV, line 18 b Less: direct expen c Net income or (los Gross income from See Part IV, line 19 b Less: direct expen c Net income or (los 10a Gross sales of inver returns and allowation b Less: cost of good c Net income or (los 	ses s) frc gamir ses s) frc entory nces s solo s) frc	8a 8b 9a 9b 9c 10a 10b	25	0			
Miscellaneo	ous R	evenue	Business Code				
11a _{Other} Revenue			624200	20,000	20,000		
b							
c							
d All other revenue		 					
e Total. Add lines 1	1a-1	I. 1d					
			ļ	20,000			
12 Total revenue. S	ee ins	structions	· · · •	24,343,616	85,775		43,267

Form **990** (2021)

------ Page 10 -------

Form 990 (2021)				Page 10					
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 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	12,398,010	12,398,010							
2 Grants and other assistance to domestic individuals. See	0								

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	Part IV, line 22	I	I		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	868,525	479,000	266,754	122,771
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,261,635	1,247,314	694,628	319,693
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	1,150,154	628,912	359,227	162,015
10	Payroll taxes	0			
11	Fees for services (non-employees):				
ā	Management	0			
ł	DLegal	116,228	91,231		24,997
c	Accounting	58,488		58,488	
c	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0		ľ	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	86,010	54,200	9,373	22,437
12	Advertising and promotion	0			
13	Office expenses	55,829	29,894	18,457	7,478
14	Information technology	201,240	101,696	71,300	28,244
15	Royalties	0			
16	Occupancy	0			
17	Travel	76,461	29,488	35,383	11,590
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	52,704	28,100	16,940	7,664
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Program technical assistance	847,192	737,979	108,463	750
	b Staff develop and recruiting	155,284	86,937	44,954	23,393
	c Program other support	86,451	85,697		754
	d Communications	74,394	51,515	13,508	9,371
	e All other expenses	56,000	20,513	13,689	21,798
25	Total functional expenses. Add lines 1 through 24e	18,544,605	16,070,486	1,711,164	762,955
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

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Page **11**

 \Box

Part X **Balance Sheet**

Form 990 (2021)

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

. (A) (B)

	1	Cash-non-interest-bearing	• •	. 914	935	1	5,809,142
	2	Savings and temporary cash investments $\ .$			021	2	24,801,581
	3	Pledges and grants receivable, net		6,044	935	3	11,406,099
	4	Accounts receivable, net	• •			4	
		Loans and other receivables from any current trustee, key employee, creator or founder, sul controlled entity or family member of any of t Loans and other receivables from other disque	ostantial hese per alified pe	ntributor, or 35% ns ons (as defined under		5	
		section 4958(f)(1)), and persons described in	section 4	58(C)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use	• •			8	
AS	9	Prepaid expenses and deferred charges .		16	522	9	45,52
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	171,814			
	b	Less: accumulated depreciation	10b	122,142 83	135	10c	49,67
1	11	Investments—publicly traded securities .				11	
1	12	Investments-other securities. See Part IV, lin	e11 .			12	30,134
1	13	Investments-program-related. See Part IV, li	ne 11 .			13	(
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11		412	15	96,90	
1	16	Total assets. Add lines 1 through 15 (must e	3)	960	16	42,239,06	
1	L7	Accounts payable and accrued expenses .		. 415	285	17	400,90
1	18	Grants payable		2,578	500	18	1,351,50
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
s 2	21	Escrow or custodial account liability. Complete	Schedule D		21		
Liabilities	22	Loans and other payables to any current or fo employee, creator or founder, substantial cont or family member of any of these persons	35% controlled entity		22		
<u> </u>	23	Secured mortgages and notes payable to unre	lated thi	parties		23	
2	24	Unsecured notes and loans payable to unrelat	ed third	rties		24	
2		Other liabilities (including federal income tax, and other liabilities not included on lines 17 - Complete Part X of Schedule D	o related third parties,		25	666,667	
2	26	Total liabilities. Add lines 17 through 25 .		2,993	785	26	2,419,07
alances		Organizations that follow FASB ASC 958, complete lines 27, 28, 32, and 33. Net assets without donor restrictions	check h	e ▶ 🗹 and 	518	27	19,982,750
ñ 2	28	Net assets with donor restrictions			657	28	19,837,23
Assets or Fund Balance		Organizations that do not follow FASB AS complete lines 29 through 33. Capital stock or trust principal, or current func		eck here ▶ □ and		29	
S	30	Paid-in or capital surplus, or land, building or	equipme	fund	İ	30	
SS	31	Retained earnings, endowment, accumulated	income,	other funds	\neg	31	
	32	Total net assets or fund balances			175	32	39,819,98
Net							

Form **990** (2021)

Page 12

Part	XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> 🗹</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,343,616
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,544,605
3	Revenue less expenses. Subtract line 2 from line 1	3	5,799,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,029,175
5	Net unrealized gains (losses) on investments	5	
~		~	1

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U		υ			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-8,199
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		39	,819,987
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ Separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		
			F	orm 99	0 (2021)

Form 990 (2021) **Additional Data Return to Form Software ID:** 21013475

Software Version: 2021v4.0

Form 990. Special Condition Description:

efil	e Pul	blic Visual	Render	ObjectId: 2	202213149349304	4611 - Submi	ssion: 2022-	11-10	TIN: 47-4003615
SC	HED	ULE A		Public (Charity Statu	s and Pul	olic Supp	ort	OMB No. 1545-0047
(For	n 990))	Con		rganization is a sect	ion 501(c)(3)	organization or		2021
Depart	ment of t	he Treasury			empt charitable 990 or Form 99				
Interna	Revenu	le Service		Go to <u>www.irs</u>	. <u>gov/Form990</u> for in			ormation.	Open to Public Inspection
		he organiza	ition					Employer identifi	
Grour	dswell I	Fund						47-4003615	
	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part.) S	See instructions.	
1ne d 1	organiz				it is: (For lines 1 thro				
2		•		,	sociation of churches (1)(A)(ii). (Attach Sch		,	(A)(I).	
3					vice organization descr				
4		•	•	·	ed in conjunction with			2	Enter the bosnital's
-	\cup	name, city,	, and state:			a nospital descri	bed in section 1	[/0(b)(1)(A)(m).	
5	\square	An organiz	ation operate	d for the benefi	t of a college or univer	rsity owned or or	perated by a gov	ernmental unit desci	ibed in section
6				mplete Part II.)					
6 7					governmental unit de a substantial part of it				ral public described in
,				(vi). (Complete		s support nom a	governmentar u	filt of from the gene	
8					n 170(b)(1)(A)(vi).		•		
9					escribed in 170(b)(1)				llege or university or a
10		An organiz	ation that nor	mally receives:	(1) more than 331/3%	of its support fi	om contribution	s, membership fees,	and gross receipts
		investment	t income and	unrelated busin					organization after June
11	\square	-			emplete Part III.) I exclusively to test for	r nublic safety. S	ee section 509	(a)(4)	
12		-		•	l exclusively for the be				he purposes of one or
		more publi on lines 12	cly supported a through 12	organizations of that describes	described in section 5 the type of supportin	09(a)(1) or se g organization a	ction 509(a)(2) nd complete line). See section 509(s 12e, 12f, and 12g.	a)(3). Check the box
а		organizatio	on(s) the pow		appoint or elect a majo				y giving the supported anization. You must
b		manageme	ent of the sup		ervised or controlled in ation vested in the san and C.				
с					supporting organization				ated with, its
d		Type III r functionally	y integrated.	ally integrate The organizatio	n generally must satis	ization operated fy a distribution	in connection with requirement and	th its supported orga	nization(s) that is not quirement (see
e		Check this	box if the org	anization receiv	t IV, Sections A and ved a written determin integrated supporting	nation from the I		pe I, Type II, Type I	I functionally
f	Enter							<u>.</u>	
g		de the follov Name of sup		on about the su (ii) EIN	pported organization(anization listed	(w) Amount of	(vi) Amount of
	(1)	organizatio		(11) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	Νο		
									<u> </u>]
Tota	I								
		work Reduc or 990-EZ.	tion Act Not	ice, see the I	nstructions for	Cat. No. 11285	δF	Schedul	e A (Form 990) 2021
					Pa	ge 2			
						J			
Sche	dule A	(Form 990)	2021						Page 2
Pa	rt II	(Compl	ete only if y	ou checked th		or 8 of Part I o	or if the organi	zation failed to qu	
Se	ction	If the o A. Public		failed to qual	ify under the tests l	isted below, pl	ease complete	Part III.)	
	ndar		Support	I		1	I		

	7/24, 8:14 AM	0	Groundswell Fund	- Full Filing- Nonpr	rofit Explorer - Prol	Publica	
	r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	13,432,463	8,463,336	20,954,037	29,625,647	24,214,574	96,690,057
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	13,432,463	8,463,336	20,954,037	29,625,647	24,214,574	96,690,057
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						27,468,117
6	Public support. Subtract line 5 from line 4.						69,221,940
	Section B. Total Support		1	1		1	1
	llendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	13,432,463	8,463,336	20,954,037	29,625,647	24,214,574	96,690,057
8	dividends, payments received on securities loans, rents, royalties and income from similar sources.	10,724	23,593	56,939	55,587	8,390	155,233
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	Total support. Add lines 7 through 10						96,845,290
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	85,775
13	First 5 years. If the Form 990 is for t	he organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	
	this box and stop here					► 🗆	
5	Section C. Computation of Public						
14	Public support percentage for 2021 (lir	ne 6, column (f) d	livided by line 11,	column (f))		14	71.480 %
15	Public support percentage for 2020 Sc					15	69.780 %
16	a 33 1/3% support test—2021. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	
	and stop here. The organization quali						
I	33 1/3% support test—2020. If the						
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	2021. If the or s-and-circumstan	ganization did not ices" test, check th	t check a box on line this box and stop h	ne 13, 16a, or 16b here. Explain in Pa	o, and line 14 is 10 art VI how the orga	% or more, anization
I	<pre>meets the "facts-and-circumstances" t 10%-facts-and-circumstances tes more, and if the organization meets t</pre>	st—2020. If the o	organization did no	t check a box on l	line 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
	meets the "facts-and-circumstances"						· _
18		on did not check a	a box on line 13, 1	.6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						
						Schedule A (Form 990) 2021
			Page 3				
Sch	nedule A (Form 990) 2021						Page 3
	Part III Support Schedule for	or Organizatio	ns Described i	n Section 509	(a)(2)		
	(Complete only if you						er Part II. If
_	the organization fails	to qualify under	r the tests listed	l below, please o	complete Part II	.)	
	Section A. Public Support			1			
	r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are	e	+		1	+	+
3	not an unrelated trade or business under section 513						
	Tax revenues lowing for the	1	1	•	1	1	1

10/27/	24, 8:14 AM	Gr	oundswell Fund	- Full Filing- Non	orofit Explorer - P	roPublica			
4	organization's benefit and either paid		1		1		1		
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
h	3 received from disqualified persons Amounts included on lines 2 and 3								
U	received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support			-					
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total	
(or 9	fiscal year beginning in) Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
-	(less section 511 taxes) from			1					
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.			1					
11	Net income from unrelated business		1						
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12									
	loss from the sale of capital assets								
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
15	11, and 12.).								
14	First 5 years. If the Form 990 is for the	he organization's	first, second, thi	rd, fourth, or fift	n tax year as a se	ection 501(c)((3) organ	ization, ch	eck
	this box and stop here							🕽	
Se	ction C. Computation of Public	Support Perce	entage						
Se 15	Public support percentage for 2021 (lir	ne 8, column (f) d	e ntage livided by line 13	, column (f)) .		15			
	ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 S	ne 8, column (f) d	e ntage livided by line 13	, column (f)) .		15 16			
15 16	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest	ne 8, column (f) d Schedule A, Part I ment Income	ivided by line 13 II, line 15 Percentage	;, column (f))	· · · · · · · · · · · · · · · · · · ·	16			
15 16	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202	ne 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu	ivided by line 13 II, line 15 Percentage mn (f) divided b	y line 13, columr	(f))	16			
15 16 <u>Se</u> 17 18	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	ne 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A,	entage livided by line 13 II, line 15 Percentage mn (f) divided b Part III, line 17	, column (f)) .	(f))	16 17 18			
15 16 <u>Se</u> 17 18	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2021. If the	he 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did r	entage divided by line 13 II, line 15 Percentage mn (f) divided b Part III, line 17 not check the bo	;, column (f))	(f))	16 . 17 . 18 han 33 1/3%,			
15 16 56 17 18 19a	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and	he 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The	entage divided by line 13 II, line 15 Percentage mn (f) divided b Part III, line 17 not check the bo organization qua	y line 13, columr on line 14, and on line 14, and lifies as a publicl	(f))	16 . 17 18 han 33 1/3%, nization		. 🕨 🗌	
15 16 56 17 18 19a	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests-2020. If the	he 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did r i stop here. The e organization did	entage livided by line 13 II, line 15 Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box	y line 13, column y line 13, columr on line 14, and lifies as a publicl on line 14 or line	(f))	16 . 17 18 han 33 1/3%, nization 5 is more than	 1 33 1/3%	. ► □ and line 1	18 is
15 16 56 17 18 19a	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests-2020. If the not more than 33 1/3%, check this box	he 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, organization did r d stop here. The e organization did and stop here.	entage divided by line 13 III, line 15 Percentage mn (f) divided b Part III, line 17 not check the box organization qua not check a box The organization	y line 13, column y line 13, columr on line 14, and lifies as a public on line 14 or lin qualifies as a pu	(f))	16 17 18 han 33 1/3%, nization 5 is more thar organization .	n 33 1/3%	. ▶ □ and line :	18 is
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3b

С	Due the organization ensure that an support to such organizations was used exclusively for section $1/0(C)(Z)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	70		
	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 support of the support o			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
-	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
с 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	50		
U	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	0-		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
		9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
0	the organization had excess business holdings in the tax year (ose Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		<u> </u>
	Schedule A	(Form	1 990)	2021
	Page 5			
	dule A (Form 990) 2021		F	Page 5
Pdi	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			<u> </u>
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction 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 tax year? If "No,"			
	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or			
	remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			Ī
	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	2		
	organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No

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. . .

Se	ction D. All Type III Supporting Organizations		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
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		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
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? <i>If "No," explain in Part VI how the</i>			
	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 income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **a** \square The organization satisfied the Activities Test. Complete **line 2** below.
- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

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

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes

No

Page 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Page 6

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		

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е	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1 2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2	
2	Enter 85% of line 1	2	
2	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	
2 3 4	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	2 3 4	
2 3 4 5	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	ted Type III supporting organization (see Schedule A (Form 990) 20

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Schedule A (Form 990) 2021

Part V Type III	Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (cor	ntinued)
Section D - Distrib	utions				Current Year
1 Amounts paid to su	pported organizations to accomplish	exempt purposes		1	
	rform activity that directly furthers e		organizations, in	2	
3 Administrative expe	enses paid to accomplish exempt pur	rposes of supported organization	ons	3	
4 Amounts paid to ac	quire exempt-use assets			4	
5 Qualified set-aside	amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions	(describe in Part VI). See instructio	ins		6	
7 Total annual distri	butions. Add lines 1 through 6.			7	
8 Distributions to attendetails in Part VI).	entive supported organizations to wh See instructions	nich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amou	nt for 2021 from Section C, line 6			9	
10 Line 8 amount divid	ed by Line 9 amount			10	
	Distribution Allocations e instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amoun	t for 2021 from Section C, line 6				
	f any, for years prior to 2021 equired <i>explain in Part VI).</i>				
3 Excess distributions	carryover, if any, to 2021:				
b From 2017					
f Total of lines 3a thr	••••				
	stributions of prior years				
h Applied to 2021 dis					
i Carryover from 201 instructions)					
j Remainder. Subtract	lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021	from Section D, line 7:				
\$					
 a Applied to underdis 	tributions of prior years				

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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, <i>explain in Part VI</i> See instructions. 	7.
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.	
7 Excess distributions carryover to 2022. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2017	
b Excess from 2018	
c Excess from 2019	
d Excess from 2020	
e Excess from 2021	
	Schedule A (Form 990) (2021)
Schedule A (Form 990) 2021	Page 8
Dout VI Supplemental Information Provide the ex	volanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV

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

Facts And Circumstances Test Return Reference Explanation Schedule A (Form 990) 2021

Additional Data

Return to Form

efile Public Visual Render	Objectld: 202213149349304611 - Submission: 2022-11-10		TIN: 47-4003615
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		2021	
Name of the organization Groundswell Fund		Employer ic	lentification number
		47-4003615	
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private four	dation	
	□ 527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	on	
	\Box 501(c)(3) taxable private foundation		

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 3061	3X Schedule B (Form 990) (2021)
	Page 2	
Schedule B (Form 990) (2021)		Page 2
Name of organization		Employer identification number

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
REGIMOTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	☐ Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)

- Page 3 -----

Schedule B	(Form 990) (2021)		Page 3
	oundswell Fund 47-4003615 art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) c). from Description of poncash property given	Employer identification 47-4003615	number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	·	
(a) No. from Part I			(d) Date received

(b) Description of nonca		(c)	<u>\$</u>
Description of nonca		(c)	
	sn property given	FMV (or estimate (See instructions)) (d) Date received
		-	<u>\$</u>
(b) Description of nonca	sh property given	(c) FMV (or estimate (See instructions)) (d) Date received
			<u>\$</u>
(b) Description of nonca	sh property given	(c) FMV (or estimate (See instructions)) (d) Date received
			<u>\$</u>
(b) Description of nonca	sh property given	(c) FMV (or estimate (See instructions)) (d) Date received
			<u>\$</u>
(b) Description of nonca	sh property given	(c) FMV (or estimate (See instructions)) (d) Date received
		-	<u>\$</u>
		Employer	Pagi identification number
		47-400361	
000 for the year from any one c	ontributor. Complete columns the total of exclusively religiou	(a) through (e) and the follo	owing line entry. For
iter this information once. See i icate copies of Part III if additiona			
nter this information once. See		t (d) De	scription of how gift is held
nter this information once. See i icate copies of Part III if additiona	(c) Use of gif		
nter this information once. See i icate copies of Part III if additiona (b) Purpose of gift	(c) Use of gif	gift Relationship of transfer	scription of how gift is held for to transferee scription of how gift is held
١	Description of nonca (b) Description of nonca (b) Description of nonca	bescription of noncash property given (b) Description of noncash property given (b) Description of noncash property given Page 4 Page 4	Description of noncash property given FMV (or estimate (See instructions) (b) (c) Description of noncash property given (See instructions) (b) FMV (or estimate (See instructions)) (c) FMV (or estimate (See instructions)) (b) FMV (or estimate (See instructions)) (c) FMV (or estimate (See instructions)) (c)

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NO. Trom Part I	(b) Purpose ot giπ	(C) Use of gift	(a) Description of now gift is neia
-			
ŀ	Transferee's name, address, a	(e) Transfer of gift and ZIP 4 Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, a	(e) Transfer of gift and ZIP 4 Rela	ationship of transferor to transferee
-	Transferee's name, address, a		ationship of transferor to transferee

Schedule B (Form 990) (2021)

Additional Data

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 Software ID:
 21013475

 Software Version:
 2021v4.0

efil	e Public Visual	Render		49304611 - Submission: 20		TIN: 47-4003615
SC	HEDULE C		Political Campaig	gn and Lobbying Ac	tivities	OMB No. 1545-0047
	n 990)	For Orga	nizations Exempt From In	come Tax Under section 501	(c) and section 527	2021
	ment of the Treasury I Revenue Service			ibed below. ►Attach to Form 9 for instructions and the latest		Open to Public Inspection
S S S S S S S S S S S S S S S S S S S	ection 501(c)(3) org Section 501(c) (othe Section 527 organiz organization ans Section 501(c)(3) of Section 501(c)(3) of organization ans (y Tax) (see separ	ganizations: er than sectio zations: Com wered "Yes rganizations rganizations wered "Yes rate instruct	Complete Parts I-A and B. Do r on 501(c)(3)) organizations: Co plete Part I-A only. " on Form 990, Part IV, Line 4 that have filed Form 5768 (elec that have NOT filed Form 5768 " on Form 990, Part IV, Line 5	 a, or Form 990-EZ, Part V, line 46 not complete Part I-C. mplete Parts I-A and C below. Do in the section of the section 501(h). Complete the section 501(h). Complete the section under section 501(h). Complete the section 501(h).	not complete Part I-B. 7 (Lobbying Activities), ete Part II-A. Do not com complete Part II-B. Do no	then plete Part II-B. t complete Part II-A.
Nar	ne of the organizat				Employer identi	fication number
Grou	undswell Fund				47-4003615	
Par	t I-A Complet	e if the or	ganization is exempt un	der section 501(c) or is a s		tion.
1	-			political campaign activities in Par	-	
2	"political campaig Political campaign			· · · ·	► \$	
3				ions	-	
Par	t I-B Complet	e if the or	ganization is exempt un	der section 501(c)(3).		
1	Enter the amount	of any excis	e tax incurred by the organizat	ion under section 4955	> \$	
2	Enter the amount	of any excis	e tax incurred by organization	managers under section 4955	> \$	
3	If the organizatio	n incurred a	section 4955 tax, did it file For	m 4720 for this year?		🗌 Yes 🛛 🔽 No
4a						🗌 Yes 🛛 🗹 No
b	If "Yes," describe					
				der section 501(c), except		
1 2	Enter the amount	of the filing	organization's funds contribute	n for section 527 exempt function and to other organizations for section	n 527 exempt	
3				here and on Form 1120-POL, line		
	-	-		?	Ψ.	
4 5	Enter the names, organization mad	addresses a e payments.	nd employer identification num For each organization listed, ei	ber (EIN) of all section 527 politic nter the amount paid from the filin ectly delivered to a separate politic	al organizations to which 1g organization's funds. A	lso enter the amount
				e is needed, provide information in		
(a)	Name	(1	b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1						
2						
3						
4						
5						
6						
For Pa	aperwork Reduction	Act Notice, s	ee the instructions for Form 990	Cat. No.	50084S Sche	dule C (Form 990) 2021

— Page 2 —

Schedule C (Form 990) 2021

Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under contion E01/h))

_	Section Sol(1)/			
A	Check b if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated g g expenditures).	group member's name	, address, EIN,
в	Check \blacktriangleright if the filing organization checked box h	A and "limited control" provisions apply.		
	Limits on Lobbyin (The term "expenditures" means	g Expenditures	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	160,000	
с	Total lobbying expenditures (add lines 1a and 1b)		160,000	
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	1 1d)	160,000	
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both	32,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
				-
g	Grassroots nontaxable amount (enter 25% of line 1f)	8,000	
h	Subtract line 1g from line 1a. If zero or less, enter -	D		
i	Subtract line 1f from line 1c. If zero or less, enter -0		128,000	
j	If there is an amount other than zero on either line a section 4911 tax for this year?			🗌 Yes 🗹 No

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

	Lobbying Expenditu	res During 4-	Year Averagir	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount		760,944		32,000	792,944
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,189,416
с	Total lobbying expenditures	55,532	116,659		160,000	332,191
d	Grassroots nontaxable amount		190,236		8,000	198,236
e	Grassroots ceiling amount (150% of line 2d, column (e))					297,354
f	Grassroots lobbying expenditures					orm 990) 2021

Schedule C (Form 990) 2021

– Page 3 –

Sche	dule C (Form 990) 2021		Page
Ра	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).	iled	
For a	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
activ		Yes No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
а	Volunteers?		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
С	Media advertisements?		1
d	Mailings to members, legislators, or the public?		
e	Publications. or published or broadcast statements?		1

https://projects.propublica.org/nonprofits/organizations/474003615/202213149349304611/full	

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 501(c) 501(c)(6).	organization to be not described in section 501(c)(3)? x incurred under section 4912 x incurred by organization managers under section 4912 section 4912 tax, did it file Form 4720 for this year? anization is exempt under section 501(c)(4), section 501(c)(5), or section e) dues received nondeductible by members?				
_					Yes	No
1				-		
2	5 , , , 5 , , , , , , ,			_		l
3				-		
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1				
a b	Current year Carryover from last year	-				
с	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR in answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the exc the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See Instructions art IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr tructions), and Part II-B, line 1. Also, complete this part for any additional information.	4				
5	Taxable amount of lobbying and political expenditures. See Instructions	5				
Pa	Other activities? Image: Comparison of the activities in the section of the activities in the activities in the activities in the activities in the anount of any tax incurred under section 4912 Image: Comparison of the activities in the anount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 Image: Comparison of the activities in the anount of any tax incurred by organization managers under section 4912 Image: Comparison of the activities in the anount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Image: Comparison of the activities in the anount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). It III-B Complet					
		Part II-	A, lines 1	. and	2 (se	e
	Return Reference Explanation					
		Sched	ule C (Fo	orm	990)	2021

Additional Data

10/27/24, 8:14 AM

f Grants to other organizations for lobbying purposes?

Return to Form

Software ID: 21013475 Software Version: 2021v4.0

efil	e Public Visua	I Render	ObjectId: 2022131	49349304611 -	Submission: 2022-	11-1	0	TIN: 4	7-4003615
SCH	IEDULE D		Supplamar	tal Financia	al Statements			OMB No	. 1545-0047
	n 990) ment of the Treasury		► Complete if the or Part IV, line 6, 7, 8, 9, 3	ganization answe	red "Yes," on Form 99 11d, 11e, 11f, 12a, or			2	021 to Public
	Revenue Service	► G	o to <u>www.irs.gov/Forn</u>			matio	on.	-	pection
	ne of the organ	ization				Emp	oloyer ident	ification	number
Grou	undswell Fund					47-4	003615		
Ра			ntaining Donor Advi			or Acc	ounts.		
	Complet	te if the orga	anization answered "Ye		Part IV, line 6.		(b) Funds a	nd other	counto
1	Total number at a	end of vear		(a) Donor			(D) Fullus a		
2			s to (during year)						
3	Aggregate value								
4									
5			l donors and donor advisc ct to the organization's ex				funds are the	_	Yes 🗌 No
6	charitable purpo	ses and not fo	grantees, donors, and donors and donor the benefit of the donor	or donor advisor, o	r for any other purpose o			sible	Yes 🗌 No
Par	t II Conser	vation Ease	ements.)	
			anization answered "Ye						
1			sements held by the orga		nat apply).				
	Preservation	on of land for p	public use (e.g., recreation	n or education)	Preservation of an	histor	ically importa	ant land a	rea
	Protection	of natural hab	itat		Preservation of a c	ertifie	d historic stru	ucture	
	Preservation	on of open spa	ce						
2			if the organization held a	qualified conservati	on contribution in the for	m of a			
_	easement on the	,	e lax year. easements			a a	Held at t	he End o	f the Year
a b			servation easements			2a 2b			
c	-		nents on a certified histori			20 2c			
d		ervation easem	nents included in (c) acqu		. ,	2d			
3	Number of consetax year >	ervation easer	nents modified, transferre	ed, released, extingu	ished, or terminated by	the org	ganization du	iring the	
4	Number of state	s where prope	erty subject to conservation	on easement is locat	ed 🕨				
5			written policy regarding t			of viola	tions.		
	and enforcemen	t of the conse	rvation easements it hold	s?			· _	Yes	🗆 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of vio	plations, and enforcing co	onserva	ation easeme	ents durin	g the year
7	Amount of expension of expension of expension of the second secon	nses incurred	in monitoring, inspecting,	handling of violatio	ns, and enforcing conser	vation	easements d	luring the	year
8			nent reported on line 2(d)			70(h)() Yes	
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	footnote to the org				es	
Par			ntaining Collections anization answered "Ye			er Si	milar Asse	ts.	
1a	historical treasu	res, or other s	permitted under FASB AS imilar assets held for pub ote to its financial statem	lic exhibition, educa	tion, or research in furth				
b		res, or other s	permitted under FASB AS imilar assets held for pub these items:						
(i) Revenue includ	ed on Form 99	00, Part VIII, line 1				▶\$		
(ii	i)Assets included	in Form 990,	Part X				. ►\$		—
2	following amoun	nts required to	held works of art, histori be reported under FASB	ASC 958 relating to	these items:				
а	Revenue include	ed on Form 99), Part VIII, line 1				. 🕨 \$		
b	Assets included	in Form 990, I	Part X				. 🕨 \$		

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

Schedule D (Form 990) 2021

Cat. No. 52283D

Part I 3 U a (b (c (4 P P P 5 D	Image: Decision of the organization										Page 2
Part I 3 U it a (b (c (4 P P 5 D a	II Organizations Maintaining Collising the organization's acquisition, accessionerms (check all that apply): Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's coll		cords, check d								Page
3 U it a (b (c (4 P P 5 D a	Ising the organization's acquisition, accessio mems (check all that apply): Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's col		cords, check d								
a (b (c (4 P P 5 D a	 Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's col 			\square				-			
C (4 P P 5 D a	 Scholarly research Preservation for future generations rovide a description of the organization's col 		е		Loan	or eych	ange proc	irame			
C (4 P P 5 D a	Preservation for future generations rovide a description of the organization's co										
4 P P 5 D a	rovide a description of the organization's co			\cup	Other	r					
5 D a											
a		llections and ex	plain how the	ey furtl	her the	e organiz	zation's ex	empt purpo	ose in		
Part 1	buring the year, did the organization solicit o ssets to be sold to raise funds rather than to								🗌 Yes		ю
	IV Escrow and Custodial Arrange Complete if the organization answ line 21.		n Form 990	, Part	IV, lir	ne 9, or	reporte	d an amou	unt on Form	n 990,	Part X,
	s the organization an agent, trustee, custodi										
Ir	ncluded on Form 990, Part X?			• • •					🗌 Yes		0
b It	f "Yes," explain the arrangement in Part XIII	and complete	the followina	table:					Amount		_
	eginning balance	•	-				1c				
d A	dditions during the year						1d				
e D	Distributions during the year \ldots \ldots \ldots						1e				
fΕ	nding balance					•••	1f				_
2a D	id the organization include an amount on Fo	orm 990, Part X	, line 21, for	escrow	or cu	stodial a	account lia	bility?	🗌 Yes		0
b If	f "Yes," explain the arrangement in Part XIII	. Check here if	the explanati	on has	s been	provide	d in Part >	<iii< td=""><td></td><td></td><td></td></iii<>			
Part				Devet	T) (1:	- 10					
	Complete if the organization answ	(a) Current y		, Part Prior yea			ears back	(d) Three ye	ears back (e)	Four yea	rs back
1a Be	ginning of year balance			,		.,,					
b Co	ntributions										
c Ne	t investment earnings, gains, and losses										
d Gra	ants or scholarships										
	her expenditures for facilities d programs										
f Ad	ministrative expenses										
g En	d of year balance										
	rovide the estimated percentage of the curr oard designated or quasi-endowment	ent year end ba	alance (line 1	g, colu	mn (a))) held a	IS:				
b P	ermanent endowment 🕨										
c Te	erm endowment 🕨										
Т	he percentages on lines 2a, 2b, and 2c shou	uld equal 100%									
	re there endowment funds not in the posses rganization by:	ssion of the org	anization tha	t are h	eld an	d admin	istered fo	r the		Yes	No
	i) Unrelated organizations								3a(i)		
(ii) Related organizations								3a(ii)	1	
	f "Yes" on 3a(ii), are the related organization	•			.? .	• •			. 3b		
	bescribe in Part XIII the intended uses of the	-	endowment	funds.							
Part \	VI Land, Buildings, and Equipme Complete if the organization answ		n Form 990	Dart	TV lir	د 11 مر	See For	m 000 Pa	rt V line 1	n	
De	escription of property (a) Cost or ot (investme	her basis (t) Cost or other					lepreciation		ook value	3
1a Lai	nd										
	ildings										
c Lea	asehold improvements										
d Eq	uipment			1	71,814			122,142			49,672
	her				-						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,		line 11b.See Fo			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of v t or end-of-year		
(1) Financial derivatives					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV.	line 11c. See Fo	rm 990. Part X	(, line 13,	
(a) Description of investment		(b) Book value	(c) Met	hod of valuation: of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•				
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, I	ine 11d. See Fo	rm 990, Part X	, line 15. (b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X Other Liabilities.					

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

(a) Description of liability

(b) Book value

(1) Federal income taxes

1.

Refundable Advance	666,667
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 666,667
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	nization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the te	xt of the footnote has been provided in Part XIII 🛛 🗹

— Page 4 —

Schedule D (Form 990) 2021

1

Sche	edule D (Form 990) 2021				Page 4
Ра	Int XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, P			Return.	
1	Total revenue, gains, and other support per audited financial statements .	• •		1	28,401,411
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,057,795	5	
е	Add lines 2a through 2d			2e	4,057,795
3	Subtract line 2e from line 1			3	24,343,616
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.) .		5	24,343,616
Par	rt XII Reconciliation of Expenses per Audited Financial Stat			Return.	
	Complete if the organization answered 'Yes' on Form 990, P				22 422 522
1	Total expenses and losses per audited financial statements	•••		1	22,130,589
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	i		
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d	3,585,984	4	
е	Add lines 2a through 2d			2e	3,585,984
3	Subtract line 2e from line 1	• •		3	18,544,605
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.) .		5	18,544,605
Pa	rt XIII Supplemental Information				
	ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			t V, line 4; Pa	rt X, line 2; Part XI,
	Return Reference		Explanation		
Part 3	X : FIN48 Footnote Income TaxesFinancial s	tatement	presentation follows the	recommenda	tions of ASC 740, Ir

Income TaxesFinancial statement presentation follows the recommendations of ASC 740, Income Taxes. Under ASC 740, Groundswell is required to report information regarding its exposure to various tax positions taken by the organization and requires a two-step process that separates recognition from measurement. The first step is determining whether a tax position has met the recognition threshold; the second step is measuring a tax position that meets the recognition threshold. Management believes that Groundswell has adequately evaluated its current tax positions and has concluded that as of December 31, 2021, Groundswell does not have any uncertain tax positions for which a reserve or an accrual for a tax liability would be necessary.Groundswell has

F/S

Groundswell Fund - Full Filing- Nonprofit Explorer - ProPublica

Part XI, Line 2d: Other revenue amounts included in F/S
but not included on form 990Change in unamortized discount \$-8196 Groundswell Action Fund Expense \$3585980 Other \$4

Schedule D (Form 990) 2021

Additional Data

Return to Form

Software ID: 21013475 **Software Version:** 2021v4.0

efile Public Visual Rend	er ObjectId: 2	022131493493046	11 - Submission: 202	22-11-10			TIN: 47-4003615
Note: To capture the full Schedule I	content of this d	ocument, please sel	lect landscape mode	(11" x 8.5") whe	n printing.	I	OMB No. 1545-0047
(Form 990)		Grants and O	ther Assistanc	e to Organiza	ations,		0004
((Governments a	and Individuals	s in the Unite	d States		2021
Department of the	Co	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.		Open to Public Inspection
Treasury Internal Revenue Service		Go to <u>www</u>	<u>v.irs.gov/Form990</u> for		on.		110900000
Name of the organization Groundswell Fund						Employer i	dentification number
	mation on Grants	and Accistance				47-400361	15
			he grants or assistance t	he grantees' eligibility	for the grants or assistanc	e and	
						-,	🗹 Yes 🗌 No
		-	e of grant funds in the Un		appization anguated "Vea"	on Form 000 Port 1	IV, line 21, for any recipient
		can be duplicated if addi		its. complete il the of	ganization answered Tes	on ronn 990, Parti	rv, line 21, for any recipient
(a) Name and address of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description noncash assista	
or government		() FF ···· · /	5	assistance	other)		
(1) 7th Gen Fund for Indigenous P	68-0027247	501c3	105,000	0			Program Support
PO Box 4569 Arcata, CA 95518							
(2) Access Philanthropy	38-3777419	501c3	30,000	0			Program Support
Charities 2100 Stevens Ave							
Minneapolis, MN 55404 (3) Access Reproductive Care	- 47-3813101	501c3	60,000	0			Decaram Cunnast
SE	47-3813101	50105	60,000	0			Program Support
PO Box 7354 Atlanta, GA 30357							
(4) Access Womens Health Justice	51-0163201	501c3	50,000	0			Program Support
PO Box 3609 Oakland, CA 94609							
(5) ACT for Women and Girls	26-0287450	501c3	230,000	0			Program Support
323 W Oak Ave Visalia, CA 93291							5 11
(6) Alaska Community Action	59-3479821	501c3	200,000	0			Program Support
1225 E International Airport Anchorage, AK 99518							
(7) Alliance for Global Justice	52-2094677	501c3	32,260	0			Program Support
225 E 26th St Ste 1 Tuscon, AZ 85713							
(8) Allied Media Projects 4126 Third St	01-0559608	501c3	8,000	0			Program Support
Detroit, MI 48201							
(9) Alpha Omega Kappa Fraternity	84-3704359	501c3	5,500	0			Program Support
2028 Timber Hills Road Ste F N Chesterfield, VA 23235							
(10) Alternate ROOTS	58-1318198	501c3	125,000	0			Program Support
1270 Caroline St D1220-353 Atlanta, GA 30307							
(11) Arts Business Collaborative	83-2173068	501c3	53,400	0			Program Support
38-01 60th St Woodside, NY 11377							
(12) Asian Americans	27-2577567	501c3	10,000	0			Program Support
Advancing Jus 5680 Oakbrook Pkwy 148							
Norcross, GA 30093 (13) Asian Health Services	94-2235908	501c3	230,000	0			Program Support
818 Webster St	94-2235908	50105	230,000	0			Program Support
Oakland, CA 94607 (14) Audre Lorde Project	06-1502452	501c3	72,500	0			Program Support
85 South Oxford Street Brooklyn, NY 11217			,	_			
(15) Birthing Beautiful	47-4453278	501c3	43,000	0			Program Support
Communitie 1464 East 105 202							
Cleveland, OH 44106 (16) Black Phoenix Organizin	- 94 2622422	E01-2	60.000				Program Support
Coll	g 84-2633423	501c3	60,000	0			Program Support
3101 N Central Ave 950 Phoenix, AZ 85012							
(17) Black Women for Wellne PO Box 292516	ss 95-4624707	501c3	157,500	0			Program Support
Los Angeles, CA 90029							
(18) Black Womens Blueprint 279 Empire Blvd	27-1308862	501c3	12,500	0			Program Support
Brooklyn, NY 11225	95.0491224	E01-2	138.000	0			Decaram Cunnast
(19) Bold Futures NM 309 Gold Ave SW	85-0481224	501c3	138,000	0			Program Support
Albuquerque, NM 87102 (20) Brave Space Alliance	84-4538090	501c3	47,500	0			Program Support
1515 E 52nd Place 3rd Floor Chicago, IL 60615			,500	Ĭ			
(21) Breath of My Heart	46-2669219	501c3	118,000	0			Program Support
Birthplace 905 B Calle Armada							
Espanola, NM 87532	0E 2100014	E01.2	10.000	0			Drogram Current
(22) Brooklyn Ghost Project Inc	85-3109014	501c3	10,000	0			Program Support
40 Varet St No 304 Brooklyn, NY 11206							
(23) BVM Capacity Building Institu	82-3835203	501c3	20,000	0			Program Support

4/51 Best Rd Ste 490	1	0			1
Atlanta, GA 30337 (24) BYP100 Education Fund	81-0975889	501c3	105,000	0	 Program Support
O Box 15254 Chicago, IL 60615				-	
(25) CA Community Fdn CCF CIF 221 S Figueroa St 400 .os Angeles, CA 90012	95-3510055	501c3	30,000	0	Program Support
26) CAAAV Organizing 55 HESTER STREET New York, NY 10002	13-3526938	501c3	265,000	0	Program Support
27) Cabrini Green Legal Srvcs '40 N Milwaukee Chicago, IL 60642	36-2775706	501c3	20,000	0	Program Support
28) California Latinas for Reprod PO Box 861766	26-2213868	501c3	30,000	0	Program Support
Los Angeles, CA 90086 29) Carolina Youth Action Project 1230 Dickson Ave	27-5484213	501c3	60,000	0	Program Support
lanahan, SC 29410 30) Centro por la Justicia 416 E Commerce	74-2720710	501c3	120,000	0	Program Support
San Antonio, TX 78205 31) Changing Woman nitiative 60 Saint Michaels Dr 804	81-1078799	501c3	101,000	0	Program Support
anta Fe, NM 87505 32) Chicago Foundation for Vomen 40 S Dearborn Street 400 hicago, IL 60603	36-3348160	501c3	155,000	0	Program Support
33) Chinese for Affirmative ctio 7 Walter U Lum Place an Francisco, CA 94108	94-2161304	501c3	17,500	0	Program Support
34) CHOICES-Memphis Ctr for epro 203 Poplar Ave Iemphis, TN 38104	62-0931089	501c3	103,000	0	Program Support
35) Cihuapactli Collective O Box 20345 hoenix, AZ 85036	82-4846555	501c3	43,000	0	Program Support
36) Circle of Health nternationa 11 W Monroe St ustin, TX 78704	65-1213326	501c3	43,000	0	Program Support
37) COLOR O Box 40991 Denver, CO 80204	84-1569021	501c3	195,000	0	Program Support
38) Coming Clean 8 Vernon St Ste 434 attleboro, VT 50301	04-3429794	501c3	100,000	0	Program Support
39) Common Counsel oundation .624 FRANKLIN ST STE 1022 Dakland, CA 94612	94-3214166	501c3	112,500	0	Program Support
40) Commonsense Childbirth nc 213 S Dillard St suite 340 Vinter Garden, FL 34787	59-3479821	501c3	334,000	0	Program Support
41) Community Voices Heard nc .15 E 106th St 3rd Fl Jew York, NY 10029	13-3901997	501c3	10,000	0	Program Support
42) Deeds Not Words 023 Springdale Rd 11D Austin, TX 78721	82-3135054	501c3	10,000	0	Program Support
43) Diverse and Resilient Inc 439 N Holton St lilwaukee, WI 53212	30-0084616	501c3	7,000	0	Program Support
44) DRUM-Desis Rising Up nd Movi 218 ROOSEVELT AVE ACKSON HTS, NY 11372	38-3652741	501c3	75,000	0	Program Support
45) El Pueblo Inc 321 Crabtree Blvd Ste 105 aleigh, NC 27604	56-1934310	501c3	160,000	0	Program Support
46) Elephant Circle 548 G Road alisade, CO 81526	47-1648218	501c3	121,000	0	Program Support
47) Essential Information Inc O Box 19405 Vashington, DC 20036	52-1299631	501c3	8,000	0	Program Support
48) EverThrive Illinois 006 S Michigan Ste 200 hicago, IL 60605	36-3651051	501c3	20,000	0	Program Support
49) Fl Center for Fiscal & Econ 79 E Call St allahassee, FL 32301	51-0549880	501c3	8,000	0	Program Support
50) Forward Together 440 Broadway Ste 301 Dakland, CA 94612	94-3311784	501c3	90,000	0	Program Support
51) Fractured Atlas Inc 48 W 35th St 10th Floor Jew York, NY 10001	11-3451703	501c3	10,000	0	Program Support
52) Freedom Inc 110 Luann Lane 1adison, WI 53713	43-2023570	501c3	260,000	0	Program Support
(53) Fund for The City of New York	13-2612524	501c3	8,000	0	Program support

					I.
New York, NY 10013 (54) Funders for LGBTQ Issues 45 West 36th St 8th Fl	13-4144494	501c3	10,000	0	Program Support
New York, NY 10013 (55) Gallery Aferro	26-3863419	501c3	21,400	0	Program Support
PO Box 5668 Newark, NJ 07105 56) Gender Justice Nevada	45-4022033	501c3	60,000	0	Program Support
000 E Karen C211 .as Vegas, NV 89109					
57) Got Green O Box 18794 seattle, WA 98118	91-1656676	501c3	85,000	0	Program Support
58) Grassroots Policy Project 20 Box 2125 Berkeley, CA 94702	52-1846313	501c3	10,000	0	Program support
59) Heart Women & Girls 473 S MLK Dr 192 Chicago, IL 60616	27-3625796	501c3	22,500	0	Program support
60) Higher Heights Leadership un 47 Prince St No 30 Brooklyn, NY 11201	46-3554404	501c3	20,000	0	Program Support
61) Highlander Research & iduc Cn 959 Highlander Way	62-0646373	501c3	272,500	0	Program Support
lew Market, TN 37820 62) Honor the Earth O Box 63 Callaway, MN 56521	45-4714238	501c3	20,000	0	Program Support
63) House of Rebirth TX 302 Burning Light Dr Dallas, TX 75211	84-4065712	501c3	18,000	0	Program Support
64) House of Tulip 20 Box 770335 Jew Orleans, LA 70177	85-1376745	501c3	23,000	0	Program Support
65) I Am Human Foundation 5482 Peachtree Landing Dr Ellenwood, GA 30294	83-1450516	501c3	45,000	0	Program Support
66) Idaho Coalition Against Sexua 1402 West Grove St Boise, ID 83102	82-0410899	501c3	10,000	0	Program Support
67) Illinois Caucus for Idolescen 19 S State St 5th Fl Chicago, IL 60619	36-3223988	501c3	80,000	0	Program Support
68) Indigenous Women Rising O Box 7475 Ibuquerque, NM 87194	85-3336543	501c3	12,500	0	Program Support
69) Interfaith Working Group 757 Green St Ste 200 hiladelphia, PA 19119	23-2842734	501c3	22,000	0	Program support
70) Intl Indian Treaty Council 1940 16th St 305 San Francisco, CA 94103	94-3330491	501c3	50,000	0	Program Support
71) Jamaa Birth Village 10 N Florissant Rd Ferguson, MO 63135	47-5592021	501c3	43,000	0	Program Support
72) Jannahs Hands Inc 195 Flatbush Ave Ste 50 Brooklyn, NY 11225	84-4289169	501c3	8,000	0	Program Support
73) Khmer Girls in Action 355 Redondo Ave Ste 9 ong Beach, CA 90804	27-3087079	501c3	270,000	0	Program Support
74) La Raza For Liberation 750 Germantown Ave 2nd Fl hiladelphia, PA 19140	82-5366417	501c3	8,000	0	Program support
75) Legal Svcs for Prisoners <i>i</i> th 40 Market Street Jakland, CA 94608	94-3080408	501c3	60,000	0	Program Support
76) Make The Road States 01 Grove St rooklyn, NY 11237	11-3344389	501c3	6,000	0	Program support
77) Mama Sana Vibrant Voman 33 Hwy 290 Justin, TX 78723	45-5638520	501c3	103,000	0	Program Support
78) Mamatoto Village Inc 315 Sheriff Rd NE Vashington, DC 20019	46-2564702	501c3	110,500	0	Program Support
79) Miami Workers Center 330 Biscayne Blvd Iiami, FL 33138	65-0942224	501c3	270,000	0	Program Support
80) Mississippi Low-Income hild- O Box 204 biloxi, MS 39533	64-0943404	501c3	30,000	0	Program Support
81) Mondo Bizarro Productions 09 St Ferdinand St lew Orleans, LA 70117	84-1891312	501c3	15,000	0	Program Support
82) Mothering Justice 22 Walnut Ave oyal Oak, MI 48073	45-3740989	501c3	135,000	0	Program Support
83) Movement for Justice in El la 35 E 57th St 14th Floor lew York, NY 10022	45-0927557	501c3	10,000	0	Program Support
84) Movement Strategy Senter 36 14th St 500 Dakland, CA 94612	20-1037643	501c3	333,850	0	Program Support

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(85) MS Black Womens Roundtable PO Box 21499 Jackson, MS 39290	83-1193631	501c3	60,000	0		Program Support
(86) Ms Foundation for Women 12 MetroTech Center 26th Fl Brooklyn, NY 11201	23-7252609	501c3	150,000	0		Program Support
(87) Mujeres Unidas y Activas 3543 18th St 23 San Francisco, CA 94110	20-2986926	501c3	222,500	0		Program Support
(88) Nat Advocates for Pregnant Wo 875 6th Avenue Ste 1807 New York, NY 10001	52-2282183	501c3	50,000	0		Program Support
(89) National Asian Pacific Women 1730 Rhode Island Ave NW 210 Washington, DC 20036	36-4799986	501c3	290,000	0		Program Support
(90) National Latina Institute 50 Broad St Ste 1807 New York, NY 10001	52-1891734	501c3	157,500	0		Program Support
(91) National Network of Abortion PO Box 170280 Boston, MA 02117	04-3236982	501c3	150,000	0		Program Support
(92) National Womens Health Netwk 1413 K St NW Ste 400 Washington, DC 20005	52-1081261	501c3	105,000	0		Program Support
(93) Nationz Foundation Inc 4794 Finlay St Ste 1 Richmond, VA 23231	47-3964152	501c3	8,000	0		Program Support
(94) Native American Community Bd PO Box 572 Lake Andes, SD 57356	46-0392867	501c3	68,000	0		Program Support
(95) Native Movement PO BOX 83467 Fairbanks, AK 99708	68-0535413	501c3	75,000	0		Program Support
(96) NEO Philanthropy 45 West 36th Street 6th Floor New York, NY 10018	13-3191113	501c3	30,000	0		Program Support
(97) New Florida Majority 10800 Biscayne Blvd 1050 Miami, FL 33161	27-0167620	501c3	40,000	0		Program Support
(98) New Mexico Community Foundati 8 Calle Medico Santa Fe, NM 87505	85-0311210	501c3	13,000	0		Program Support
(99) New Venture Fund 1828 L St NW Suite 300-A Washington, DC 20036	20-5806345	501c3	68,000	0		Program Support
(100) New Voices Pittsburgh Inc 5987 Broad St Pittsburgh, PA 15206	27-0570462	501c3	137,500	0		Program Support
(101) New York Womens Foundation 39 Broadway 23rd Floor New York, NY 10006	13-3457287	501c3	110,500	0		Program Support
(102) Ohio Voice 5657 Vore Ridge Rd Athens, OH 45701	82-3381404	501c3	20,800	0		Program Support
(103) OPP Reform Coalition 4035 Washington Ave New Orleans, LA 70125	82-4969210	501c3	8,000	0		Program Support
(104) Peace Development Fund 44 North Prospect St Amherst, MA 01002	04-2738794	501c3	10,700	0		Program support
(105) Phoenix Transition Program 1365 Conley Rd D-10 Conley, GA 30288	85-1580942	501c3	8,000	0		Program Support
(106) Possibility Labs 1410 Franklin St 135 San Francisco, CA 94109	85-3989363	501c3	10,400	0		Program Support
(107) Power Safe Place Resource Ctr PO Box 1849 Front Royal, VA 22630	84-4606674	501c3	7,000	0		Program Support
(108) Power Shift Network PO Box 73116 Washington, DC 20020	45-5616367	501c3	15,000	0		Program Support
(109) Pro-Choice Arizona 4141 N 32ND St 105 Phoenix, AZ 85018	30-0380039	501c3	10,000	0		Program Support
(110) Prog Leadership Alliance- NV 203 S Arlington Ave Reno, NV 89501	88-0318655	501c3	35,000	0		Program Support
(111) Project South Institute for t 9 Gammon Ave SW Atlanta, GA 30315	58-1956686	501c3	60,000	0		Program Support
(112) Proteus Fund 15 Research Drive Suite B Amherst, MA 01002	04-3243004	501c3	175,000	0		Program Support
(113) Rainier Valley Corps 1225 S Weller St Seattle, WA 98144	47-4257834	501c3	33,000	0		Program Support
(114) Reuniting Of African Descenda	83-0683693	501c3	16,500	0		Program Support

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Groundswell Fund - Full Filing- Nonprofit Explorer - ProPublica

New York, NY 10026				i a - i an i ning- iv		1
(115) ROOTT PO Box 14916 Columbus, OH 43214	82-1964469	501c3	68,000	0		Program Support
(116) Ruth Ellis Center 77 Victor St Highland Park, MI 48203	38-3501697	501c3	31,100	0		Program Support
(117) Sister Song Inc 1237 Ralph D Abernathy Bl SW Atlanta, GA 30310	51-0544927	501c3	163,000	0		Program Support
(118) SisterLove Inc 3709 Bakers Ferry Rd SW Atlanta, GA 30331	58-2016070	501c3	22,000	0		Program Support
(119) Sisters PGH Corp 2014 Monongahela Ave Pittsburgh, PA 15218	82-1600131	501c3	20,000	0		Program Support
(120) Social & Enviro Entrepreneurs 23532 Calabasas Road Suite A Calabasas, CA 91302	95-4116679	501c3	15,000	0		Program Support
(121) Social Good Fund PO Box 5473 Richmond, CA 94805	46-1323531	501c3	75,000	0		Program Support
(122) Southeastern Transgender Ctr 3519 Colley Ave Norfolk, VA 23508	83-0734080	501c3	8,000	0		Program Support
(123) Southern Birth Justice Networ 3900 YORKTOWNE BLVD APT 3906 Port Orange, FL 32129	61-1565139	501c3	141,000	0		Program Support
(124) Southerners on New Ground 250 GEORGIA AVE SUITE 201 Atlanta, GA 30312	61-1274170	501c3	100,000	0		Program Support
(125) St James Infirmary 730 Polk St 4th Fl San Francisco, CA 94109	94-3330568	501c3	20,600	0		Program Support
(126) Stand for Art Foundation 2541 WIndbreak Dr Alexandria, VA 22306	27-1207295	501c3	8,000	0		Program Support
(127) Sylvia Rivera Law Project 147 W 24th St 5th Floor New York, NY 10011	81-0640342	501c3	80,000	0		Program Support
(128) TAKE 7769 2nd Ave South Birmingham, AL 35206	85-0702039	501c3	135,000	0		Program Support
(129) TEWA Women United PO Box 397 Santa Cruz, NM 87567	85-0480836	501c3	110,500	0		Program Support
(130) The Afiya Center Inc 501 Wynnewood Village 255 Dallas, TX 75231	36-4625704	501c3	155,000	0		Program Support
(131) The Body Political 3235 Hyde St Oakland, CA 94601	82-2685177	501c3	10,000	0		Program Support
(132) The DuBois Institute PO Box 6102 Dothan, AL 36302	20-4446221	501c3	40,000	0		Program Support
(133) The InTune Mother Society PO Box 55803 Del City, OK 73155	83-2403226	501c3	28,000	0		Program Support
(134) The Knights & Orchids 17 Broad St Selma, AL 36701	45-2603909	501c3	60,000	0		Program Support
(135) The Louisiana Perinatal Justi 1429 Gallier St New Orleans, LA 70117	84-3591201	501c3	118,000	0		Program support
(136) The Mahogany Project 9896 Bissonnet St Ste 370 Houston, TX 77036	82-1799016	501c3	8,000	0		Program Support
(137) The Maternal Coalition 935 Federal Ave E Seattle, WA 98102	83-2796268	501c3	15,000	0		Program Support
(138) The Outlaw Project 2936 N 36th St No 206 Phoenix, AZ 85018	86-2369593	501c3	28,000	0		Program Support
(139) The Philadelphia Sisters 5233 Irving St Philadelphia, PA 19139	83-3834472	501c3	20,000	0		Program Support
(140) The Praxis Project PO Box 7259 Oakland, CA 94601	30-0044814	501c3	8,000	0		Program Support
(141) The SEAD Project 1007 W Broadway Ave Minneapolis, MN 55411	47-4088420	501c3	10,000	0		Program Support
(142) The TAJA Coalition 1440 Thrush Ave Unit 43 San Leandro, CA 94578	85-0847335	501c3	8,000	0		Program Support
(143) The TransLatinCoalition 3055 Wilshire Blvd Ste 350 Los Angeles, CA 90010	27-3801872	501c3	118,000	0		Program Support
(144) Tides Center PO Box 29198 San Francisco, CA 94129	94-3213100	501c3	92,500	0		Program Support
(145) Tides Foundation PO Box 399389 San Francisco, CA 94139	51-0198509	501c3	20,000	0		Program Support
(146) Trans Queer Pueblo 1726 E Roosevelt St	81-3625797	501c3	122,500	0		Program Support
attas://projects.propublica.	ora/popprofita/	orgonizations/474	002615/202212140	240204611/full		

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Groundswell Fund - Full Filing- Nonprofit Explorer - ProPublica

(14) (15) <td< th=""><th>0/21/24, 0.14 AW</th><th></th><th>Gi</th><th>Sundsweil Fund - Fu</th><th></th><th>xpiorei - FroFublica</th><th></th></td<>	0/21/24, 0.14 AW		Gi	Sundsweil Fund - Fu		xpiorei - FroFublica	
Variation Variation <t< td=""><td>Phoenix, AZ 85006</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Phoenix, AZ 85006						
(14) Transporter 65 95.000 0 Program Support (14) Transporter 65 95.000 0 Program Support (14) Transporter 65 95.000 0 Program Support (14) Transporter 65 95.000 Program Support Program Support (15) Transporter 10 95.000 0 Program Support (15) Transporter 11 95.000 0 Program Support (15) Transporter 11 95.000 0 Program Support (15) Transporter 11 95.000 0 Program Support (15) Transporter 13 95.010 95.000 Program Support (15) Transporter 13 95.010 10.000 Program Support (15) Transporter 13 95.010 12.000 0 Program Support (15) Transporter 13 95.010 12.000 0 Program Sup	Variant 370 Turk St 370	85-3693121	501c3	95,000	0		Program Support
Service (199) Theory of Avarchi Inc. 1990 Terret	(148) Transgender Law Center PO Box 70976	05-0544006	501c3	50,000	0		Program Support
B1 Mes Ch 453.00 Ch Ch <thch< th=""> Ch Ch</thch<>	(149) Transwomen in need of Service 480 SW 102 Way Unit 101	47-5607347	501c3	10,000	0		Program Support
(15) (17) (13) (13) (13) (13) (13) <th< td=""><td>831 West 6th St</td><td>84-2041921</td><td>501c3</td><td>20,000</td><td>0</td><td></td><td>Program Support</td></th<>	831 West 6th St	84-2041921	501c3	20,000	0		Program Support
(152) United for Respect Educ 13-388514 5012 85,000 0 Program Support (153) United for Marsaire Society, NY 1120 83-3553019 5012 12,000 0 Program Support (154) United for Marsaire Society, NY 1120 83-3553019 5012 12,000 0 Program Support (155) United for Marsaire Society, NY 1120 83-3553019 23-7916393 5012 12,500 0 Program Support (155) United for Base 10 04-2660311 5012 85,000 0 Program Support (155) United for Base 10 04-2660311 5012 85,000 0 Program Support (156) United for Base 10 04-2660311 5012 280,000 0 Program Support (156) United for Base 10 04-2660311 5012 98,000 0 Program Support (157) United for Base 10 04-1260728 5012 115,000 0 Program Support (157) United for Base 10 11-300400 5012 20,000 0 Program Support (158) Wohingron CMH 83-2965969 5	(151) UTOPIA 841 Central Ave N Ste C106	61-1668192	501c3	35,000	0		Program Support
(13) Hupscher Treasure Society 83-3533019 501.23 12,000 0 Program Support (15) Hoff R. 12501 23-7046393 501.23 12,500 0 Program Support (15) Hoff R. 12501 23-7046393 501.23 12,500 0 Program Support (15) Hoff R. 12501 23-7046393 501.23 85,000 0 Program Support (15) Hoff R. 12501 501.23 280,000 0 Program Support (15) Hoff R. 12502 85,012 280,000 0 Program Support (15) Hoff R. 12502 501.23 115,000 0 Program Support (15) Hoff R. 12502 501.23 115,000 0 Program Support (15) Hoff R. 12502 501.23 10,000 0 Program Support (15) Hoff R. 12502 501.23 10,000 0 Program Support (15) Hoff R. 12504 13-3109400 501.23 20,000 0 Program Support (15) Woff Arm Program Support 13-3109400 501.23 20,000 0 Program Support	(152) United for Respect Educ Fund 77 Sands St 6th Floor	13-3885314	501c3	85,000	0		Program Support
(150) Ubah Affairs Cabilition 23-7046333 S01c3 12,500 0 Program Support (150) Ubah Affairs Cabilition 04-2660311 S01c3 85,000 0 Program Support (150) Ubah Affairs Cabilition 04-2660311 S01c3 85,000 0 Program Support (150) Ubah Affairs Cabilition 04-2660311 S01c3 280,000 0 Program Support (150) Ubah Affairs Cabilition 80-0804818 S01c3 280,000 0 Program Support (150) Ubah Affairs Cabilition 46-0589830 S01c3 98,000 0 Program Support (150) Uback (170) 91-1206728 S01c3 115,000 0 Program Support (150) Washingnon CAN 91-1206728 S01c3 10,000 0 Program Support (150) Washingnon CAN 81-296566 S01c3 10,000 0 Program Support (160) West Fund 04-326982 S01c3 120,000 0 Program Support (160) West Fund 04-326982 S01c3 120,000 0 Program	(153) Unspoken Treasure Society 1001 NE 16th Ave Ste 8	83-3553019	501c3	12,000	0		Program Support
Lif DamaGa Plan, PA 02130 Image Image Image Image Image Damaga Plan, PA 02130 80-0804818 5013 280,000 0 Image Program Support Vasilington, DC 20005 60-0804818 5013 280,000 0 Image Program Support Vasilington, DC 20005 91-1206728 5013 115,000 0 Image Program Support Vasilington, DC 20005 91-1206728 5013 115,000 0 Image Program Support V159 Vasilington, DC 20005 91-1206728 5013 10,000 0 Image Program Support V159 VectoreTN Weenphis, TN 38116 83-2965896 5013 10,000 0 Image Program Support V159 VectoreTN Weenphis, TN 18116 04-3236982 5013 45,000 0 Image Program Support V1610 Vestor Native Failes, MT 10672 5013 125,000 0 Image Program Support V1610 Vestor Native Failes, MT 10672 93-0952137 50	(154) Urban Affairs Coalition 1207 Chestnut St Suite 700	23-7046393	501c3	12,500	0		Program Support
(155) URGE 734 ISIN STW Stule 800 80-0804818 501c3 280,000 0 Program Support (157) UL321 (Wilding 4232 Troots Ave Strates City, NO. 64110 46-059830 501c3 98,000 0 Program Support (158) Washington CAN 1036 E Yesler Way Seattle, WA 98122 91-1206728 501c3 115,000 0 Program Support (159) Washington CAN 1030 E Yesler Way Seattle, WA 98122 83-2965696 501c3 10,000 0 Program Support (161) West Fund Probe Yesler Way Seattle, WA 98122 83-2965696 501c3 10,000 0 Program Support (161) West Fund Probe Yesler Way Seattle, WA 98122 13-3109400 501c3 20,000 0 Program Support (161) West Fund Probe Yesler Way Seattle, WA 98122 13-3109400 501c3 20,000 0 Program Support (161) West Fund Probe Yeslor 310 X 276 St 04-3236982 501c3 125,000 0 Program Support (163) West Fund Probe Yeslor 310 X 276 St 93-0952137 501c3 125,000 0 Program Support (164) Women Faudeton of A Can Attomation A 2002 72-1202185 501c3	Lif PO Box 300107	04-2660311	501c3	85,000	0		Program Support
(157) Uzazi Village 46-0589830 501c3 98,000 0 Program Support (158) Weshington CAN 1806 F Vesler Way 91-1206728 501c3 115,000 0 Program Support (159) Weshington CAN 1806 F Vesler Way 91-1206728 501c3 10,000 0 Program Support (159) Weshington CAN 1806 F Vesler Way 83-2965696 501c3 10,000 0 Program Support (150) Weshington CAN Memplis, IN 38116 83-2965696 501c3 10,000 0 Program Support (160) WESP Conduction Inc 77 Tarytown Road Sta ZW 13-3109400 501c3 45,000 0 Program Support (161) West Fund Po Bax 500302 04-3236982 501c3 125,000 0 Program Support (161) West Fund Po Bax 500302 45.001 0 Program Support Program Support (163) West Fund Po Bax 500302 93-0952137 501c3 125,000 0 Program Support (164) Worme Fingged I 1530 Declab Ave States Center Po Bax 40305 93-0952137 501c3 55,000 0 Program Support (164) Worme K State Center	(156) URGE 734 15th St NW Suite 800	80-0804818	501c3	280,000	0		Program Support
(158) Washington CAN 91-1206728 501c3 115,000 0 Program Support (159) Wez-rerN 83-2965696 501c3 10,000 0 Program Support (150) WESPAC Foundation Inc 77 Tarrytown Road Ste 2W 13-3109400 501c3 20,000 0 Program Support (160) WESPAC Foundation Inc 77 Tarrytown Road Ste 2W 13-3109400 501c3 20,000 0 Program Support (161) WEST Fund Polsov 920088 04-3236982 501c3 45,000 0 Program Support (162) Western Native Volce Ballings, MT 59103 04-3236982 501c3 125,000 0 Program Support (162) Western Native Volce Ballings, MT 59103 45-3771715 501c3 125,000 0 Program Support (163) Western States Center Polsov 40305 93-0952137 501c3 25,000 0 Program Support (164) Wester West State A Adatats, CA 30307 72-1202185 501c3 195,000 0 Program Support (165) Women Engaged (166) Women Repute Adatats, CA 30307 72-1202185 501c3 75,000 0 Program Support	(157) Uzazi Village 4232 Troost Ave	46-0589830	501c3	98,000	0		Program Support
4005 Patte Ann Dr Memphis, TN: 3811611111(160) WESPAC Foundation Inc Y Tarrytown Road Sta 2W White Plains, NY: 1060713-3109400\$01:320,000000(161) WESPAC Foundation Inc P Dians, NY: 1060704-3236982\$01:345,0000000(161) West Fund P Dians, NY: 1060704-3236982\$01:3125,00000000(161) West Fund P Dians, NY: 1060745-3771715\$01:3125,000000000(162) Western Native Voice Dians, NT: 591039-0952137\$01:325,00 <td>(158) Washington CAN 1806 E Yesler Way</td> <td>91-1206728</td> <td>501c3</td> <td>115,000</td> <td>0</td> <td></td> <td>Program Support</td>	(158) Washington CAN 1806 E Yesler Way	91-1206728	501c3	115,000	0		Program Support
77 Tarytown Road Ste 2W White Plans, W1 10007CCCCC(161) West Fund PO Box 520088 El Paso, TX 7990204-3236982501c345,00000Program Support(162) Western Native Voice Billings, MT 5910345-3771715501c3125,00000Program Support(163) Western States Center PO Box 40305 Portand, 08793-0952137501c325,00000Program Support(164) Women Engaged 1530 Dekalb Ave St Suite A Jobekalb Ave St Suite A 300758-1318198501c355,00000Program Support(165) Western with a Vision 1001 S forad St Suite 20672-1202185501c3195,00000Program Support(166) Womens Foundation of CA Oakland, CA 9461294-2752421501c375,00000Program Support(168) Womens Voices for the Barth M St St 200 Columbia, SC 2020181-0075184501c38,0000Program Support(169) Yanawana Herbalanios I033 Creekview Dr San Antone, NZ 7821946-0969842501c3170,0000Program Support	4005 Patte Ann Dr	83-2965696	501c3	10,000	0		Program Support
PO Box 920088 [Plaso, TX 19902Image: section of the	77 Tarrytown Road Ste 2W	13-3109400	501c3	20,000	0		Program Support
310 A 27th St Billings, MT 59103SelectionSelectionProgram Support(163) Western States Center PO Box 4030593-0952137S01c325,0000Program Support(164) Women Engaged 1530 Dekalb Ave SE Suite A Atlanta, GA 3030758-1318198S01c355,0000Program Support(165) Women with a Vision 1001 S Broad St Suite 20672-1202185S01c3195,0000Program Support(166) Womens Foundation of CA 300 Frank H Ogawa Plaza 420 Oakland, CA 9461294-2752421S01c375,0000Program Support(167) Womens Rights Empowerment Nt 1031 Stroet 20081-0775184S01c38,0000Program Support(168) Womens Voices for the Earth 1031 3rd Street Denver, CO 8020581-0501011S01c3170,0000Program Support(169) Yanawana Herbalarios I003 Creekivew Dr San Antonio, TX 7821946-0969842S01c317,50000	PO Box 920088	04-3236982	501c3	45,000	0		Program Support
PO 65x 40305 Portland, OR 97240ParticlePortlandParticlePortland<	310 N 27th St	45-3771715	501c3	125,000	0		Program Support
1530 Dekalb Ave SE Suite A Atlanta, GA 30307Image: suite A Atlanta, GA 30307 </td <td>PO Box 40305</td> <td>93-0952137</td> <td>501c3</td> <td>25,000</td> <td>0</td> <td></td> <td>Program Support</td>	PO Box 40305	93-0952137	501c3	25,000	0		Program Support
101 S Broad St Suite 206 New Orleans, LA 70125Sond St Suite 206 New Orleans, LA 70125Sond St Suite 206Program Support(166) Womens Foundation of CA 300 Frank H Ogawa Plaza 42094-2752421Soncal75,0000Program Support(167) Womens RIghts Empowerment Nt 1201 Main St Ste 320 Columbia, SC 2920181-0775184SoncalSoncalProgram support(168) Womens Voices for the Earth 1031 33rd Street Denver, CO 8020581-0501011Soncal170,0000Program Support(169) Yanawana Herbalarios San Antonio, TX 7821946-0969842Soncal17,5000Program Support	1530 Dekalb Ave SE Suite A	58-1318198	501c3	55,000	0		Program Support
CA 300 Frank H Ogawa Plaza 420 Oakland, CA 94612Bit - OT75184SolidSolidProgram support(167) Womens Rights Empowerment Nt 1201 Main St Ste 320 Columbia, SC 2920181-0775184Solid8,0000Program support(168) Womens Voices for the Earth 1031 33rd Street Denver, CO 8020581-0501011Solid170,0000Program Support(169) Yanawan Herbalarios San Antonio, TX 7821946-0969842Solid17,5000Program Support	1001 S Broad St Suite 206	72-1202185	501c3	195,000	0		Program Support
Empowerment Nt 1201 Main St Ste 320 Columbia, SC 29201Ste 320Ste 320Ste 320(168) Womens Voices for the Earth 1031 33rd Street Denver, CO 8020581-0501011501c3170,0000Program Support(169) Yanawana Herbalarios San Antonio, TX 7821946-0969842501c317,5000Program Support	(166) Womens Foundation of CA 300 Frank H Ogawa Plaza 420	94-2752421	501c3	75,000	0		Program Support
(168) Womens Voices for the Earth 1031 33rd Street Denver, CO 80205 81-0501011 501c3 170,000 0 Program Support (169) Yanawana Herbalarios 1003 Creekview Dr San Antonio, TX 78219 46-0969842 501c3 17,500 0 Program Support	Èmpowerment Nt 1201 Main St Ste 320	81-0775184	501c3	8,000	0		Program support
(169) Yanawana Herbalarios 1003 Creekview Dr San Antonio, TX 7821946-0969842501c317,5000Program Support	Èarth 1031 33rd Street	81-0501011	501c3	170,000	0		Program Support
	(169) Yanawana Herbalarios 1003 Creekview Dr	46-0969842	501c3	17,500	0		Program Support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.			-			 <u></u> .∎	169 0

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

(6)

— Page 2 —

Cat. No. 50055P

Page 2 Page 2 Page 1 III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assista	ance (b) Nur recip		Amount of ash grant	(d) Amount of noncash assistance	 (e) Method of valuation (book, FMV, appraisal, other) 		(f) Desc	ription of noncash assistance	_
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

Schedule I (Form 990) 2021

(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	Reference Explanation									
Grantmaker's Description of How Grants are Used	while also supporting work led the greatest reproductive healt organizations with:*A highly er transform;*Organizational lead policy changes;*A strategic dir and to work well in coalition;*I these;*An integrated racial, ge movement;*A strong track recc benchmarks for success.Grounn manner; requires all grantees t restrictions; engages in frequer annual progress reports, along	by low-income white women, tran h disparities and the largest barrie gaged and growing membership/ ership that reflects the diversity o ection with clear goals and objecti nnovation in framing and thought nder, and class justice analysis;* ord of policy wins or strong strateg dswell Fund conducts pre-grant in to sign a grant agreement in which nt oral and written communication with final reports on their grant sg	sgender, and gender non-conform ers to reproductive freedom in the constituent base comprised of peo f this base; *Clear mechanisms for ves that are driven by the member leadership;*A clear timeline for ac connections to intermediary suppor gy towards future wins; and*Syste quiries of applicant organizations t organtees promise to use funds in with grantees regarding their use sending, which reports must include	ng people, who together make the U.S. When identifying groups to su ole directly impacted by the condit leadership development;*The abi ship/constituency;*Ability to forgy hieving goals and objectives and of t organizations that build the capa m for measuring the impact of the o determine their ability to carry o a manner that complies with IRC of grant funds; and requires all gr le both a narrative description of t ds were conducted in compliance	ions that they seek to lity to mobilize a base to win concrete e inter- and cross-movement alliances organizational capacity to achieve acity and collective; power of the RJ e work, including clearly defined ut the proposed activities in a compliant					

Schedule I (Form 990) 2021

Return to Form

efile Public Visual Render ObjectId: 202213149349304611 - Submission: 2022-11-10 T									
Schedule J	chedule J Compensation Information								
Form 990)	For	certain Officers, Dire	ctors, T	rustees, Key Employees, and High	est				
		Co	mpensa	ted Employees ered "Yes" on Form 990, Part IV,		20	21		
partment of the Treas		•	Attach	to Form 990. instructions and the latest inform		Open t	o Pub	lic	
ernal Revenue Service		. <u>www.iis.gov/Poims</u>	<u>101</u>			Insp	ectio		
Name of the org Groundswell Fund	anization				Employer identifi	cation nu	mber		
					47-4003615				
Part I Que	estions Regarding	Compensation					¥	Na	
a Check the a	ippropiate box(es) if th	ne organization provide	d anv of	the following to or for a person listed	on Form		Yes	No	
990, Part V	II, Section A, line 1a.	Complete Part III to pro	vide an	y relevant information regarding these	e items.				
First-	class or charter travel			Housing allowance or residence for p	ersonal use				
Trave	l for companions			Payments for business use of person	al residence				
0	lemnification and gros			Health or social club dues or initiatio					
□ Discr	etionary spending acco	ount		Personal services (e.g., maid, chauff	eur, chef)				
b If any of the	e boxes on Line 1a are	checked, did the organ	nization	follow a written policy regarding payn	nent or				
reimbursen	nent or provision of all	of the expenses describ	ped abov	ve? If "No," complete Part III to expla	in	1b			
Did the org	anization require subst	antiation prior to reimb	oursing o	or allowing expenses incurred by all r, regarding the items checked on Line	1a?	2			
unectors, ti	uscees, oncers, incluc	ing the CLO/Executive	Director	, regarding the items thetted on the					
				d to establish the compensation of the	9				
				ot check any boxes for methods CEO/Executive Director, but explain in	Part III				
useu by a r		establish compensation	orthe		Part III.				
🗹 Comp	ensation committee			Written employment contract					
-	endent compensation			Compensation survey or study					
Form	990 of other organiza	tions		Approval by the board or compensat	ion committee				
During the related orga		sted on Form 990, Part	VII, Sec	tion A, line 1a, with respect to the fili	ng organization or	а			
a Receive a s	everance payment or o	change-of-control paym	ent? .			4a		No	
b Participate	in, or receive payment	from, a supplemental	nonquali	ified retirement plan?		4b		No	
c Participate	in, or receive payment	from, an equity-based	comper	isation arrangement?		4c		No	
If "Yes" to a	any of lines 4a-c, list th	ne persons and provide	the app	licable amounts for each item in Part	III.				
Only 501((3) 501(c)(4) = 0	d 501(c)(29) organia	ations	must complete lines 5-9.					
				the organization pay or accrue any					
	on contingent on the r			···· ·· g-····· p-/ -···/					
a The organiz	ation?					5a		No	
-	organization?					5b		No	
If "Yes," on	line 5a or 5b, describe	e in Part III.							
	listed on Form 990, P on contingent on the r		1a, did t	he organization pay or accrue any					
a The organiz	ation?					6a		No	
	organization? .					6b		No	
If "Yes," on	line 6a or 6b, describe	e in Part III.							
		art VII, Section A, line and 6? If "Yes," descril		he organization provide any nonfixed		7		No	
Were any a	mounts reported on Fo	orm 990, Part VII, paid	or accur	ed pursuant to a contract that was					
subject to t in Part III .				section 53.4958-4(a)(3)? If "Yes," de	scribe				
						8		No	
				presumption procedure described in F					
53.4958-6(u)r		• •		• •	9			

Cat. No. 50053T Schedule J (Form 990) 2021 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 -

Schedule J (Form 990) 2021 Page **2** 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 J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and/or 1099-NEC and other benefits columns column (B) reported as deferred (B)(i)-(D) (i) Base (iii) Other (ii) Bonus & incentive reportable compensation compensation deferred on prior Form 990 compensation 1 Chanda Jones CFO 150,250 (i) 42,120 211,870 19,500 - - - - - - -- - - - - -- - - - - -- - - - - - - - -- - - - -- - - - -- - - -----(ii) - - - -- - - -- - - -- - - - - . - - - -2 Judy Thomas CFO 162,903 (i) 5.000 4.835 172,738 - -- - - - - -- - - - -. - - - -- - - - - -(ii) ----- - - -- - - -- - - - -- - - -3 Meenakshi Menon Chief Develop Ofcr 175,000 (i) 3,750 10,476 189,226 - - -- - -- - - -- - - -- - - - -(ii) - - - -- - - ------ - - -4 Quanita Toffie Sr Dir-Action Fund (i) 180,250 10,590 32,112 222,952 ------ - - - -- - - - - -. - - - -- - - - -- - - - - - - - -- - - - - -(ii) - - - -- - - -- - - -- - - - -- - - -5 Sheena Johnson Sr Dir Grantmaking 127,750 (i) 5,110 28,368 161.228 _ - -- - - - -. _ - - -- - - -(ii) - - - -- - - -- - - -- - - -- - - - - -

- - - -

10/27/24, 8:14 AM

Groundswell Fund - Full Filing- Nonprofit Explorer - ProPublica

6 Tara Ellison Deputy Director	(i)	193,183			2,533	11,748	207,464	
	(ii)							
7 Vanessa Daniel Exec Director	(i)	252,622			18,480	42,120	313,222	
	(ii)							
			•	•		5	Schedule J (Fo	orm 990) 2021
		P	age 3					

Schedule J (Form 990) 2021	Page 3
Part III Supplemental Inform	nation
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.
Return Reference	Explanation
	Schedule J (Form 990) 2021

Additional Data

 Software ID:
 21013475

 Software Version:
 2021v4 0

Return to Form

efil	e Public Visua	al Render Ob	jectId: 2	02213149349304611 -	Submission: 2022-1	1-10	TIN: 47-	4003	615		
SCH	EDULE M		-	loncash Contri			OMB No. 1				
	m 990) ment of the Treasury	 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information. 									
	ame of the organization Employer identification number										
	dswell Fund	1011				47-4003615	tification n	umber			
Ра	rt I Types	of Property		1		1					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determi ontribution a		S		
2 3 4 5 6 7	1 Art—Works of art .										
9	Securities—Publi	cly traded .	Х	8	1,479,01	2 FMV					
10 11		nership, LLC,									
12 13	or trust interests										
14	Qualified conser- contribution-O										
15	Real estate—Res										
16 17	Real estate—Cor Real estate—Oth										
18	Collectibles .										
19 20	Food inventory										
20 21	Drugs and medic Taxidermy										
	Historical artifac										
23	Scientific specim										
	Archeological art Other ► (
	Other ► (
27	Other 🕨 ()									
28	Other ► ()									
29				ation during the tax year for 3, Part IV, Donee Acknowledg		29					
30a	hold for at least	three years from th	ne date of th	 contribution any property r initial contribution, and w 	nich isn't required to be use	ed for exempt	must	Yes	No		
	purposes for the	e entire holding peri	od?				30a		No		
b	If "Yes," describ	e the arrangement	in Part II.								
31	Does the organi	zation have a gift a	cceptance p	olicy that requires the reviev	v of any nonstandard contr	ibutions?	31		No		
	contributions?		nird parties	or related organizations to so	olicit, process, or sell nonca	ash • • • •	32a		No		
	If "Yes," describ If the organizat describe in Part	ion didn't report an	amount in c	olumn (c) for a type of prop	erty for which column (a) is	s checked,					
For P	aperwork Reducti	on Act Notice, see th	e Instructior	ns for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) (2021)		

Page **2**

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

 Return Reference
 Explanation

 Schedule M (Form 990) (2021)

Additional Data

Return to Form

Software ID: 21013475

efile Public	Public Visual Render ObjectId: 202213149349304611 - Submission: 2022-11-10 TIN: 47-4003						
SCHEDUL	EO	Su	pplemental Informa	ation to Form 990 or 9	90-EZ	OMB No. 1545-0047	
(Form 990) Department of the Trea Internal Revenue Servi			Form 990 or 990-EZ or to Form 990 or 990-EZ or to Attach to	on for responses to specific questi provide any additional informatio Form 990 or 990-EZ. <u>orm990</u> for the latest information.	ons on	2021 Open to Public Inspection	
Name of the org Groundswell Fund	anization				Employer identi	ication number	
					47-4003615		
Return Reference				Explanation			
Form 990, Part III, Line 4d: Other Program Services Description	those who increasing justice. We	are Blac resource support	, Indigenous, Transgender, and s for healing justice, organization	ngWe explicitly center our giving on wo Gender Non-Conforming and do more nal development, civic education, data onnect and build together across geog their engagement and learning.	e to sustain and not management, lega	urish our grantees: al support, and climate	
Form 990, Part VI, Line 11b: Form 990 Review Process	MANAGEN CONTENT THE TAX R	/IENT, TH S OF TH RETURN	E CFO, AND THE EXECUTIVE E RETURN WITH THE OUTSID IS PROVIDED TO ALL MEMBEF	ROFESSIONAL. THE FORM IS THEN DIRECTOR. THIS GROUP OF INDIVI E TAX PROFESSIONAL. AFTER A FU RS OF THE ORGANIZATION'S VOTIN 190 WHICH IS THEN E-FILED WITH T	IDUALS THEN DIS JLL REVIEW, THE NG BODY. A REPR	CUSSES THE FINAL VERSION OF ESENTATIVE OF	
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	PERSONN RELATED BOARD AF POTENTIA	IEL AND PARTY / RE STRI AL CONF	BOARD MEMBERS ARE REQU FFILIATIONS. LOANS BETWEE CTLY PROHIBITED. THEORGAN	IEW ALL POTENTIAL CONFLICTS OI IRED TO DISCLOSE (INWRITING) P EN THEORGANIZATION AND MEMBE VIZATION SEEKS FULL TRANSPARE CE) ARE DISCUSSED OPENLY AND RES.	OTENTIAL CONFL ERS OF MANAGEI NCY ON ALL REL	ICTS AND ANY MENT AND THE ATIONSHIPS. ANY	
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	PERIODIC. COMPENS APPROPR	ALLY IN SATION I	ACCORDANCE WITH IRS RULE DATA FROM INDUSTRY SOURC SS OF SALARIES. EVERY EFFC	IEW THE COMPENSATION OF ALL H ES AND REGULATIONS. EFFORTS A SES IN ORDER TO DETERMINE COM ORT IS MADE TO ENSURE THAT THI DELINES AND THE ORGANIZATION'S	RE MADE TO SEC IPETITIVENESS A E PROCESS IS TH	CURE ND IOROUGH AND	
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	MEMBERS ORDER TO	S OF MA D DETER	AGEMENT. EFFORTS ARE MA	ONNEL AND KEY EMPLOYEES IS RE IDE TO SECURE COMPENSATION D O APPROPRIATENESS OF SALARIE ONNEL FILES.	DATA FROM INDUS	STRY SOURCES IN	
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	MAINTAINE GENERAL	ED IN A PUBLIC	ECURE ENVIRONMENT AND I TAX RETURNS ARE POSTED	UMENTS, FINANCIAL STATEMENTS HELD AVAILABLE FOR INSPECTION ANNUALLY TOWWW.GUIDESTAR.O RE ALSO AVAILABLE UPON REQUES	BYTAX AUTHORI RG (WHERE THE)	TIES AND THE	
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in t	discount	for long-term pledges = -\$8196				
Other Changes In Net Assets Or Fund Balances - Other	Other = -\$3	3					

Decreases

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

Additional Data

Cat. No. 51056K

Schedule O (Form 990) 2021

Return to Form

Software ID: 21013475

efile Public Visual Rend	er ObjectId: 20	2213149	3493046	11 - Subi	nission: 20	22-11-1	0							-	TIN: 47	/-400	3615						
SCHEDULE R		Rel	ated C	Drganiz	ations a	nd Un	relate	ed Pa	rtners	hips				NO	MB No. 1	_	47						
(Form 990)	►c	omplete if	the organ	ization and	wered "Yes" Attach to F	' on Form	990, Pa	rt IV, li	ne 33, 34	, 35b, 3	6, or 37.				20	21							
Department of the Treasury		Þ 6	io to <u>www</u>		orm990 for i			he lates	t informa	tion.				0	pen to Inspe		С						
Internal Revenue Service Name of the organization Groundswell Fund											Employer	identif	ication	numbe									
											47-400361	.5											
Part I Identification	n of Disregarded En	ntities. Co	mplete if	the organ	zation answ (b)	ered "Yes	s" on For	m 990, (c)	Part IV,	line 33. (d)		(e)			(f)								
Name, address, and	d EIN (if applicable) of disre	garded entity			Primary act	tivity	Legal do or forei	omicile (st ign countr	ate To 'y)	otal incom	e End-o	of-year as	ssets	I	Direct con entit	trolling							
	of Related Tax-Exe npt organizations du							ed "Yes'		n 990, P		e 34 be	ecause		one or r	-							
Name, address, and	(a) EIN of related organization	ı		Primar	(b) y activity	Legal dor	(c) nicile (state n country)		(d) npt Code sec	tion P (if	(e) ublic charity s f section 501(status c)(3))	Dir	(f) rect contro entity	olling	Section (13) co	g) n 512(b) ontrolled tity? No						
(1)GROUNDSWELL ACTION FUND 548 Market Street 49734				Supporting R Rights	eproductive		CA	501c4	4			Grou		well Fund			No						
San Francisco, CA 94104 47-4003615																							
								_								<u> </u>							
For Paperwork Reduction Ac	ct Notice, see the Ins	tructions fo	or Form 9	90.		Ca	it. No. 50	135Y					Sche	edule R	(Form 9	90) 20	021						
			— Page	2							_												
Schedule R (Form 990) 2021																Pac	ae 2						
Part III Identification							e organi	zation a	answered	"Yes" o	on Form 99	90, Par	t IV, lir	ne 34, t	pecause	it had	i						
	ated organizations tr (a) ress, and EIN of	ealeu as a	(b) Primary	(c)	(d) Direct	(e Predom		(f) Share of	(g) Share of	Dian	(h)	Cada	(i)	(j) eral or		k) entage						
related	organization		activity	Legal domicile (state or foreign country)	controlling entity	income(r unrela excluded t under se 512-5	elated, ited, from tax ections	total income	end-of- year assets	all	box 20 Schedule		locations? amount box 20 Schedule		b Sch		cations? amount in box 20 of Schedule K-1 (Form 1065)		amount in box 20 of Schedule K-1		aging tner?		ership
										Yes	No			Yes	No	1							
							$_{-}\top$																
	of Related Organiz									answer	ed "Yes" o	n Form	ו 990,	Part IV,	line 34	ł							
(a) Name, address, and EI related organization		(b) Primary a) activity	L	(c) .egal micile	Direct c	d) ontrolling htity	(e) Type of (C cor	entity Sha	(f) are of tota income	(g) Share of of-yea		(h Percen owner	tage		(i) n 512(b) olled ent							
_				(state	or foreign untry)			corp or tru	o,		assets				Yes		No						
		•						•			•				•								

	•	•	•		Schedule R	(Form 990) 2021

Schedule R (Form 990) 2021	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 3	4, 35b, or 36.
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	
b Gift, grant, or capital contribution to related organization(s)	1b No
c Gift, grant, or capital contribution from related organization(s)	1c No
d Loans or loan guarantees to or for related organization(s)	1d Yes
e Loans or loan guarantees by related organization(s)	1e No
f Dividends from related organization(s)	1f No
g Sale of assets to related organization(s)	1g No
h Purchase of assets from related organization(s)	1h No
i Exchange of assets with related organization(s)	1i No
j Lease of facilities, equipment, or other assets to related organization(s)	1j No
k Lease of facilities, equipment, or other assets from related organization(s)	
I Performance of services or membership or fundraising solicitations for related organization(s)	11 No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes
• Sharing of paid employees with related organization(s)	10 Yes
p Reimbursement paid to related organization(s) for expenses	
q Reimbursement paid by related organization(s) for expenses	1q No
r Other transfer of cash or property to related organization(s)	1r No
s Other transfer of cash or property from related organization(s)	1s No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships a	and transaction thresholds.
(a) (b) (c) Name of related organization Transaction type (a-s) Amount invo type (a-s)	· · · · · · · · · · · · · · · · · · ·

	type (a-s)		
(1)GROUNDSWELL ACTION FUND	d	96,907	Cost basis
(2)GROUNDSWELL ACTION FUND	0	463,131	Actual Cost
			Schodulo B (Form 990) 2021

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021													Page 4
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.													
Provide the following information for each entity was not a related organization. See instructions r					nducted mor	e than five	e percent of	its activitie	s (measure	ed by total as	ssets or g	ross rev	enue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	e section d, 501(c)(3) ed, organizations? from der 512-		(f) Share of total income	end-of-year	(h) Disproprtionate r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
							1						

_____ Page 4 _____

	1	1	1	1	1	I	l	1	I	1	1	1 1	
		_											
			+										
											1		
										Sch	edule R (Form 9	90) 2021
		– Page 5 –											
Schedule R (Form 990) 2021													Da
Part VII Supplemental Infor	mation												Page 5
Provide additional informa		stions on Sche	edule R. See in	structions.									
Return Reference					Ex	planation	l						
`											Schedu	e R (Forr	m 990) 2021
Additional Data											D	eturn t	o Form
												scarn t	
	Soft	ware ID:	21013475										
	Software	Version: 2	2021v4.0										

efile Public Visual Render	ObjectId: 202213149349304611 - Submission: 2022-11-10	TIN: 47-4003615
TY 2021 IRS 990 e-l	File Render	

Name:Groundswell FundEIN:47-4003615Software ID:21013475Software Version:2021v4.0Explanation:No lobbying expenses in 2020