PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	C Name of organization		D Employer identific	cation number
	Addre	ss grid Alternatives			
	Name			26-0043353	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr		200	(510) 731-13	10
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	65,026,825.
	Amer	OARDAND, CA 94000		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer: ERICA MACKIE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: \boxed{X} 501(c)(3) $\boxed{501(c)}$ () \checkmark (insert no.) $\boxed{4947(a)(1)}$ (or 527	1	list. See instructions
		te: > WWW.GRIDALTERNATIVES.ORG		H(c) Group exemption	
	orm o art I	f organization: X Corporation Trust Association Other ►	L Year (of formation: 2002	State of legal domicile: CA
Га				EC ENVICIONC A	
e	1	Briefly describe the organization's mission or most significant activities: GRID AI RAPID, EQUITABLE TRANSITION TO A WORLD POWERED BY RENEWABLE		ES ENVISIONS A	
ano				than 05% of its pat and	unto .
Governance	2	Check this box			ets. 6
ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			6
ŏ	5	Total number of individuals employed in calendar year 2021 (Part V, line 12)			197
ties	6	Total number of volunteers (estimate if necessary)			81
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		19,129,764.	25,988,291.
nue	9	Program service revenue (Part VIII, line 2g)		8,157,368.	11,772,935.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-242,608.	-247,505.
Ê	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,696.	85,112.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,084,220.	37,598,833.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,612,120.	403,682.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,528,493.	10,965,473.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×pe	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,840,728.	16,714,112.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,981,341.	28,083,267.
		Revenue less expenses. Subtract line 18 from line 12		5,102,879.	9,515,566.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sset. 3alar	20	Total assets (Part X, line 16)		30,271,553.	40,864,368.
et A:	21	Total liabilities (Part X, line 26)		21,852,546.	22,824,308.
ž3	22	Net assets or fund balances. Subtract line 21 from line 20		8,419,007.	18,040,060.
	irt II				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, 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.

Sign	Signature of officer			Date		
Here	ERICA MACKIE, CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	11/03/22	2 self-employed	P00853132	
Preparer	Firm's name 🕒 ARMANINO LLP			Firm's EIN 🕨 🧕	4-6214841	
Use Only	Firm's address 🕨 12657 ALCOSTA BLVD, STE.	500				
	SAN RAMON, CA 94583-4600			Phone no.925-79	0 - 2600	
May the II	RS discuss this return with the preparer shown above	ve? See instructions			X Yes	No
132001 12-0	2-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990	(2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2021) GRID ALTERNATIVES	26-0	043353	Page 2
Par	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: GRID ALTERNATIVES ENVISIONS A RAPID, EQUITABLE TRANSITION TO) A WORLD		
	POWERED BY RENEWABLE ENERGY THAT BENEFITS EVERYONE. OUR MISSI	ION IS TO		
	BUILD COMMUNITY-POWERED SOLUTIONS TO ADVANCE ECONOMIC AND			
	ENVIRONMENTAL JUSTICE THROUGH RENEWABLE ENERGY.			
2	Did the organization undertake any significant program services during the year wh	nich were not listed on the		
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it cond	lucts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three	largest program services, as measured	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of c			
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 20,597,360. including grants of \$	403,682.) (Revenue \$	11,772,	935.)
	PROVIDED ALTERNATIVE RENEWABLE ENERGY TECHNOLOGY AND JOB TRAI	INING		
	ACCESSIBLE TO UNDERSERVED COMMUNITES. IN-KIND SERVICES DONATE	ID TO THE		
	ORGANIZATION IN 2021 INCLUDED LEGAL COUNSEL(PRIMARILY AROUND			
	AFFILIATION, HUMAN RESOURCES, AND PROJECT FINANCING) AND SKII	LED SOLAR		
	INSTALLATION ASSISTANCE THROUGH GRID ALTERNATIVE'S VOLUNTEER	TEAM		
	LEADER PROGRAM.			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 20,597,360.		/	
		-	Form 99	0 (2021)
132002	2 12-09-21			. ,
	3			

Par		ecklist of Required Schedules			
		r an		Yes	No
1	Is the orga	nization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," c	omplete Schedule A	1	Х	
2	Is the orga	nization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the or	ganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public offi	ce? If "Yes," complete Schedule C, Part I	3		х
4	Section 5	01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
		tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the orga	nization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar am	ounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the or	ganization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide ad	lvice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		ganization receive or hold a conservation easement, including easements to preserve open space,			
	the enviro	nment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the or	ganization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
		D, Part III	8		х
9	Did the or	ganization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts r	not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," c	omplete Schedule D, Part IV	9		X
10	Did the or	ganization, directly or through a related organization, hold assets in donor-restricted endowments			
		endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the orga	nization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applica				
а		ganization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI		11a	X	
b	Did the or	ganization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets rep	orted in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С		ganization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
		orted in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
d		ganization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
		e 16? If "Yes," complete Schedule D, Part IX	11d	X	
е		ganization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		ganization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		zation's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the or	ganization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		D, Parts XI and XII	12a		X
b		rganization included in consolidated, independent audited financial statements for the tax year?		77	
40		nd if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13		anization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	X
14a		ganization maintain an office, employees, or agents outside of the United States?	14a	Х	
b		ganization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
		t, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
45		f "Yes," complete Schedule F, Parts I and IV	14b	X	
15		ganization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16		panization? If "Yes," complete Schedule F, Parts II and IV ganization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16			40		x
17		gn individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17		ganization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
12), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18			10	х	
19		? If "Yes," complete Schedule G, Part II ganization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		
19			19		x
20a		Schedule G, Part III	19 20a		X
			20a 20b		
21		June 20a, did the organization attach a copy of its audited financial statements to this return?	200		
		government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I. Parts I and II</i>	21	х	
132003	12-09-21				(2021)
	!				()

GRID ALTERNATIVES

Form 990 (2021)

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га	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		254		
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</i> "Yes," <i>complete</i>			
		OFh		x
00	Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
54		34	х	ł
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	a		
u		254	х	1
26	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		<u>л</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
De	Note: All Form 990 filers are required to complete Schedule O	38	X	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 149			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2021) GRID ALTERNATIVES

Form	<u>990 (2021)</u> GRID ALTERNATIVES 26-004335	3	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 197			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		x
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).	0.0		
	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		x
		7b		
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		<u> </u>
C		70		x
لم		7c		
		7.		x
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
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?	17		1
	If "Yes," complete Form 6069.			
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011		. 5111		

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2021.05000 GRID ALTERNATIVES

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	1990 (2021) GRID ALTERNATIVES			26-0043		Р	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t				a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See ii	nstructi	ions.			
	Check if Schedule O contains a response or note to any line in this Part VI						X
C	tion A. Governing Body and Management						
		Ι.	I		c 📃	Yes	No
a	Enter the number of voting members of the governing body at the end of the tax year	1 a			6		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				6		
D	Enter the number of voting members included on line 1a, above, who are independent	1b			-		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			er	0		х
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			vicion	2		^
		e ulleci	super	VISION	3		x
	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9		filod?				x
	Did the organization make any significant changes to its governing documents since the phoreorne s Did the organization become aware during the year of a significant diversion of the organization's as				. 4		x
	Did the energy institution have an each sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-				. 5		x
а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				0		
a					70		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s				7a		<u> </u>
b	non-sea other the second is here 0				7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				01		
a				-	8a	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?				8b	x	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				00		
,	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code		. 3		
	The internal requests information about policies not required by the internal re	venue	<u>Coue.)</u>			Yes	No
а	Did the organization have local chapters, branches, or affiliates?				10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			es	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptoro	, anna		10b	х	
а	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v befor	e filina	the form?	11a	Х	
b		,	o ming		The		
ã					12a	х	
b						Х	
õ							
-	on Schedule O how this was done	,			12c	х	
;	Did the organization have a written whistleblower policy?				13	Х	
ļ	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а					15a	Х	
b					15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6 Sa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a				
	taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure				1.00		
,	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA, IL						
;	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (sect	tion 501(c)(3	3)s onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.		. (-,,,		
	Own website Another's website X Upon request Other (explain	n on Sc	hedule	(0)			
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			,	nd finand	cial	
	statements available to the public during the tax year.			,,, u			
)	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d record	ds 🕨			
	TIM SEARS - (510) 731-1310						
	1171 OCEAN AVE, STE 200, OAKLAND, CA 94608						
20	6 12-09-21				Form	990	(2021
Ĩ	7						、·)
. 1	LO3 701245 107982.1 2021.05000 GRID ALT	ERNA	ATIV	ES		10	798

Form 990 (2	021) GRID ALTERNATIVES	26-0043353	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization	's tax year.
● List a	I of the organization's current officers, directors, trustees (whether individuals or organizations), re	egardless of amount of compension	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior			Reportable	Reportable	Estimated
	hours per	box	. unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus T	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TIMOTHY SEARS	40.00									
CHIEF OPERATIONS OFFICER		1		х				190,613.	0.	14,944.
(2) STANLEY GRESCHNER	40.00									
CHIEF POLICY AND BUS DEV OFFICER						х		194,395.	0.	9,469.
(3) JEFFREY COLEMAN	40.00									
VP OF OUTREACH						x		170,984.	0.	2,370.
(4) ADAM BAD WOUND	40.00									
CHIEF DEVELOPMENT OFFICER						x		156,738.	0.	5,497.
(5) ZACHARY FRANKLIN	40.00									
CHIEF STRATEGY OFFICER						x		134,494.	0.	16,294.
(6) ANHDAI BAMBI TRAN	40.00									
VP OF REGIONS						x		125,143.	0.	8,308.
(7) ERICA MACKIE	24.00									
CEO				Х				127,632.	0.	1,876.
(8) PHYLLIS CURRIE	1.00									
CHAIR		Х		Х				0.	0.	0.
(9) ORSON AGUILAR	1.00									
VICE CHAIR		Х		Х				٥.	0.	0.
(10) PILAR THOMAS	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) BRAD SPARKS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(12) BEN PASSER	1.00									
DIRECTOR (START 4/2021)		Х						0.	0.	0.
(13) NOLAN HIGHBAUGH	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ROBERT ROBINSON	1.00									
DIRECTOR (LEFT 10/2021)		Х						0.	0.	0.
		<u> </u>								
										Farm 990 (2021)

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132007 12-09-21

Form 990 (2021)

Form 990 (2021) GRID ALTERNAT	TIVES								26-004	1335	3	P	'age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Es	stimate	ed
	hours per					than c s both		compensation	compensatior	ו ו	ar	nount	of
	week	offi	cer ar	nd a d	irecto	or/trust	ee)	from	from related			other	
	(list any	ector						the	organizations	;	com	pensa	ation
	hours for	or dir	a.			ted		organization	(W-2/1099-MIS	C/	fi	rom th	ie
	related organizations	stee	truste			pense		(W-2/1099-MISC/	1099-NEC)			anizat	
	below	ial tru	onal		ploye	com		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ions
		-	=	5	Т _л	ΕΞ	R			-+			
		1											
										\neg			
										-+			
		1											
										\neg			
1b Subtotal								1,099,999.		٥.		58,	758.
c Total from continuation sheets to Part VI	I, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								1,099,999.		٥.		58,	758.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization												Yes	23
2 Did the event institut list out former officer							la : a			ſ		res	NO
3 Did the organization list any former officer,		,					0	, , ,	,		2		x
line 1a? If "Yes," complete Schedule J for si											3		
4 For any individual listed on line 1a, is the su												х	
and related organizations greater than \$150											4	Λ	
5 Did any person listed on line 1a receive or a	-				-			-			5		x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	piele Schedule	3 J 10	or st	<u>ICH (</u>	oers	<u>on</u> .				<u></u>	5		
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	rith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)		_	(0		
Name and business								Description of s	ervices	C	ompe	nsatio	n
EVGO SERVICES LLC, 11835 W OLYMPIC 1 #1020E, LOS ANGELES, CA 90064	вглр,							EV CHARGING			1	517	000
LITTLE UNIVERSE LLC							-	EV CHARGING			1	, 547,	000.
1027 GRAND ST. #211, BROOKLYN, NY 12	1211							CONSULTING				656,	900.
SANTA CRUZ WESTSIDE ELECTRIC, INC													
2656 MISSION ST, SANTA CRUZ, CA 9500	60						þ	CONTRACTOR				356,	491.
ENVIRONMENTAL HEALTH COALITION, 2727													
HOOVER AVE STE 202, NATIONAL CITY, CA	A							CONSULTING				329,	886.
WESLEY LAZARA												216	E 2 1
2329 OAK STREET, BERKELEY, CA 94708 2 Total number of independent contractors (ir	actuding but p	nt lin	niter	t to t	thos	e lie		IT SERVICES	ore than			240,	531.
\$100,000 of compensation from the organiz	•	51 11		0	19								
												~~~	

132008 12-09-21

Form 990 (2021)

art	: VIII	Statement of Re	ven	ue						
		Check if Schedule O o	conta	ains a resp	onse	or note to any line			/ <b>-</b> \	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclue from tax und
2	1 0	Federated campaigns		1a						sections 512 -
<u>l</u>										
Ā		Fundraising events								
a.				<u>1d</u>		4,049,124.				
		Government grants (contri				4,049,124.				
Ð	т	All other contributions, gifts,				21 020 167				
5		similar amounts not included			•	21,939,167.				
D	-	Noncash contributions included in				12,884,810.	25 099 201			
σ	h	Total. Add lines 1a-1f				<b>&gt;</b>	25,988,291.			
						Business Code	E E00 E00	<b>7 7 0 0 0</b>		
	2 a	FEE FOR SERVICE				900099	7,789,580.	7,789,580.		
Ð	b	SOMAH ADMIN CONTRAC				900099	2,741,992.	2,741,992.		
eur	С	SASH/DAC SASH CONTR				900099	1,227,318.	1,227,318.		
Revenue	d	OTHER REBATES/INCEN	TIV			900099	14,045.	14,045.		
٦	е									
		All other program service				L				
4	g	Total. Add lines 2a-2f					11,772,935.			
	3	Investment income (incluc	•							
		other similar amounts)				🕨	24,280.			24,2
	4	Income from investment of	of tax	exempt be	ond p	roceeds 🕨 🕨				
	5	Royalties	· <u>·····</u>			►				
			1	(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	29,	315.	ļ [				
	b	Less: rental expenses	6b		0.					
	с	Rental income or (loss)	6c	29,	315.					
	d	Net rental income or (loss)	)		<u></u> .	►	29,315.			29,3
	7 a	Gross amount from sales of	1	(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	27,149,	707.					
	b	Less: cost or other basis								
		and sales expenses	7b	27,421,	492.					
	с	Gain or (loss)								
		Net gain or (loss)				-	-271,785.			-271,7
		Gross income from fundraisir				F				,
		including \$								
		contributions reported on								
		Part IV, line 18		,	8a	62,297.				
	h	Less: direct expenses								
		Net income or (loss) from					55,797.			55,7
		Gross income from gamin				▶				
	Jd									
	h	Part IV, line 19								
		Less: direct expenses				<u> </u>				
.		Net income or (loss) from			,s					
1	iu a	Gross sales of inventory, l			100					
		and allowances								
		Less: cost of goods sold				-				
+	С	Net income or (loss) from	sales	s of invento	ory					
						Business Code				
	11 a									
evenue	b									
	С									
ר	d	All other revenue								
1	е	Total. Add lines 11a-11d								
		Total revenue. See instruction					37,598,833.	11,772,935.	0.	-162,39

GRID ALTERNATIVES

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns ΔII othe	r organizations must com	$n lete column (\Delta)$	
Sect	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		I		
	and domestic governments. See Part IV, line 21	394,682.	394,682.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,000.	9,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	335,075.		335,075.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	8,761,531.	5,920,192.	1,991,736.	849,603.
7	Other salaries and wages	0,101,331.	5,520,152.	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	049,003.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,840.	38,232.	16,566.	7,042.
9	Other employee benefits	1,044,400.	710,131.	245,236.	89,033.
10	Payroll taxes	762,627.	513,108.	184,699.	64,820.
11	Fees for services (nonemployees):	,	,		,
a	Management	500,000.		500,000.	
b	Legal	484,081.	17.	484,064.	
	Accounting	127,337.		127,337.	
	Lobbying	·			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	22,986.		22,986.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,392,642.	3,188,129.	123,701.	80,812.
12	Advertising and promotion	8,618.	255.	8,363.	
13	Office expenses	513,760.	270,740.	224,775.	18,245.
14	Information technology	990,830.	123,236.	855,603.	11,991.
15	Royalties				
16	Occupancy	476,721.	263,765.	179,328.	33,628.
17	Travel	245,138.	228,534.	9,363.	7,241.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	88,790.	54,864.	22 627	1,289.
19 00	Conferences, conventions, and meetings	5,358.	54,004.	32,637. 5,358.	1,205.
20	Interest	5,550.		5,550.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	52,364.	48,023.	4,173.	168.
22		595,085.	,	595,085.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROJECT EXPENSES	7,545,628.	7,545,375.	253.	
b	IN-KIND MATERIALS	1,442,122.	1,175,109.	267,013.	
С	BUSINESS LICENSES AND P	128,162.	80,217.	47,945.	
d	MISCELLANEOUS	65,862.	9,573.	56,289.	
е	All other expenses	28,628.	24,178.	3,734.	716.
25	Total functional expenses. Add lines 1 through 24e	28,083,267.	20,597,360.	6,321,319.	1,164,588.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

12

Pa	tΧ	Balance Sheet					Г
		Check if Schedule O contains a response or	note to any line	e in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,372,348.	1	3,047,166
	2	Savings and temporary cash investments			73,874.	2	73,70
	3	Pledges and grants receivable, net			3,057,000.	3	503,514
	4	Accounts receivable, net			4,644,153.	4	6,534,85
S	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial contr	ibutor, or 35%			
		controlled entity or family member of any of t	nese persons			5	
	6	Loans and other receivables from other disqu	alified persons	s (as defined			
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			15,085,448.	7	14,982,963
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	557,890.	9	704,013		
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	310,805.			
	b	Less: accumulated depreciation	10b	171,869.	162,498.	10c	138,936
	11	Investments - publicly traded securities			1,607,872.	11	11,445,633
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,710,470.	15	3,433,57		
	16	Total assets. Add lines 1 through 15 (must e			30,271,553.	16	40,864,368
	17	Accounts payable and accrued expenses	1,711,487.	17	2,335,584		
	18	Grants payable		18			
	19	Deferred revenue	1,527,028.	19	456,178		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple			21		
ŝ	22	Loans and other payables to any current or for	ormer officer, c	lirector,			
litie		trustee, key employee, creator or founder, su	ostantial contr	ibutor, or 35%			
Liabilities		controlled entity or family member of any of t		22			
2	23	Secured mortgages and notes payable to un	elated third pa	arties	815,000.	23	2,836,052
	24	Unsecured notes and loans payable to unrela	ted third partie	es		24	
	25	Other liabilities (including federal income tax,	payables to re	lated third			
		parties, and other liabilities not included on li	nes 17-24). Co	mplete Part X			
		of Schedule D			17,799,031.	25	17,196,494
	26	Total liabilities. Add lines 17 through 25			21,852,546.	26	22,824,308
		Organizations that follow FASB ASC 958, o	heck here 🕨	X			
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			-854,064.	27	-1,437,753
Ba	28	Net assets with donor restrictions			9,273,071.	28	19,477,813
pur		Organizations that do not follow FASB ASC	958, check l	nere 🕨 🗌 📗			
Ĕ.		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipment fu	nd		30	
As	31	Retained earnings, endowment, accumulated	income, or ot	her funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,419,007.	32	18,040,060
-	33	Total liabilities and net assets/fund balances			30,271,553.	33	40,864,368

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

GRID ALTERNATIVES

Form	990 (2021) GRID ALTERNATIVES	26-004335	3	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,	598,	833.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,	083,	267.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,	515,	566.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	419,	007.
5	Net unrealized gains (losses) on investments	5		105,	487.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,	040,	060.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Earm	uur)	(0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Inspection

Nam	e of t	the organization						Employer	identification number
			LTERNATIVES						26-0043353
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus							
С		Type III functionally inte						ly integrate	ed with,
		its supported organization	.,.	•			-		
d		Type III non-functionally						-	
		that is not functionally int			•		-	l an attentiv	/eness
		requirement (see instructi	-	-					
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			-
f		er the number of supported c	•						
<u> </u>		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization	(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
		-		above (see instructions))	163				
Tota	I								

Sch	edule A (Form 990) 2021 GI	RID ALTERNATIV	ES			26-004335	³ Page <b>2</b>
Pa	rt II Support Schedule for	Organizations	<b>Described in</b>	Sections 170(	b)(1)(A)(iv) and	l 170(b)(1)(A)(vi)	
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify u	under Part III. If the o	ganization
	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		() 0017	(1) 0040	() 0010	( 1) 0000	() 0001	(0 T ) )
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10							
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)	•		12	
13	First 5 years. If the Form 990 is for th	ne organization's fir				i01(c)(3)	
	organization, check this box and <b>stop</b>	-			-		
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	1 33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box a	and
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2020.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organizat	ion
	meets the facts-and-circumstances te	-		• • • •		17a and line 15 is 10	
k	• 10% -facts-and-circumstances test	-					% Or
	more, and if the organization meets the				• •		
18	organization meets the facts-and-circu Private foundation. If the organization		•				
10	- mate roundation. In the organizatio	THE THE THE CHECK &		a, 100, 17a, 01 17h	o, oncon uno dux a		

Schedule A (Form 990) 2021

132022 01-04-22

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

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

#### Section A. Public Support (d) 2020 Calendar year (or fiscal year beginning in) 🕨 **(a)** 2017 (b) 2018 (c) 2019 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 15,229,048 11,011,647 6,929,470 19,129,764 25,988,291 78,288,220. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 13,196,428 4,433,903. 9,282,608. 8,157,368. 11,772,935. 46,843,242. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 28,425,476, 15,445,550. 16,212,078 27,287,132, 37,761,226. 125,131,462. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 6,655,200. 6,116,000 931,356 10,625,000. 14,178,450 38,506,006. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 114 2,058,441 3,956,362 6,293,889 12,308,806. 20,472,339 c Add lines 7a and 7b 6,655,200 6,116,114 2,989,797 14,581,362, 50,814,812, 74,316,650. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 28,425,476 15,445,550 16,212,078 27,287,132 37,761,226 125,131,462. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 302,375. 43,703 318,897 39,696, 53,595, 758,266. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 302,375 43,703 318,897 39,696. 53,595 758,266. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 55,797 55,797. assets (Explain in Part VI.) 125,945,525. 28,727,851. 15,489,253. 16,530,975. 27,326,828. 37,870,618. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 59.01 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 61.98 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .60 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 .89 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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1

Yes No

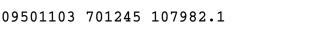
### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
13202	5 01-04-22 Schedule	e A (Fori	n 990)	2021
	18			

#### a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

Part IV Supporting Organizations (continued)

Schedule A (Form 990) 2021

GRID ALTERNATIVES

11 Has the organization accepted a gift or contribution from any of the following persons?

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11a

Yes No

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chedule A (Form 990) 2021 GRID ALTERNATIVES Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	26-0043353 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2021

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instructions).

_	dule A (Form 990) 2021 GRID ALTERNATIVES				26-0043353	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions				Current Y	'ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
-	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	GRID AL	TERNATIVES	26-0043353	Page <b>8</b>
Part VI	Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 V, Section E, lines 2, 5, and 6. Also complete this part for any	, lines 1 and 2; Part IV, Sectior ; Part V, Section B, line 1e; Pa	n C, art V,
132028 01-04-2	22		21	Schedule A (Form 9	990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

GRID ALTERNATIVES	26-0043353
Organization type (check one):	

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

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

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

#### **General Rule**

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

#### Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization		Employer identification number
GRID ALT	PERNATIVES		26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
1		\$220,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$1,050,0	D00.       Person       X         Payroll       D         Noncash       D         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution:	(d) s Type of contribution
3		\$100,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$10,0	D00.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
5		\$10,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
6		\$360,3	BECOMPTENDED Schedule B (Form 990) (2021)

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	B (Form 990) (2021)	I	Page <b>2</b>
Name of o	rganization	Emp	oloyer identification number
GRID ALT	PERNATIVES		26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$33,076.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$3,122,916.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    10</u>		\$\$	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$162,772.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	· · ·	\$38,154.	Person X Payroll

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	3 (Form 990) (2021)		Page <b>2</b>
Name of or	rganization	E	Employer identification number
GRID ALT	ERNATIVES		26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$339,4	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$128,5	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
15	Name, address, and ZIP + 4	\$10,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,0	Person       Payroll         55.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$5,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$25,0	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Name of or	rganization	Empl	oyer identification number
GRID ALT	ERNATIVES		26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$540,720.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$51,920.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$16,900.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	-21	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021

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	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization		Employer identification number
GRID ALT	PERNATIVES		26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
25_		\$72,	130. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
26			,514. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
27			,000. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
28		\$10,	,243. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$1,017,	Ad01. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
30			Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	3 (Form 990) (2021)		Page <b>2</b>
Name of or	rganization	Emplo	oyer identification number
GRID ALT	ERNATIVES	2	6-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$52,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$24,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page <b>2</b>
Name of or	rganization		Employer identification number
GRID ALT	ERNATIVES		26-0043353
Part I	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 contributio	(d) ns Type of contribution
37_		- \$\$,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
38_		- _ \$5, -	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
39		- _ \$5, _	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- \$\$	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
41		- \$\$,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- \$\$\$	000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	3 (Form 990) (2021)	1	Page <b>2</b>
Name of or	rganization	Emplo	oyer identification number
GRID ALT	ERNATIVES	2	26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u> </u>	Name, address, and ZIP + 4	\$\$	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>		\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
GRID ALT	PERNATIVES		26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$24, 	058.       Person       X         Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
50		\$10,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
51		\$	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
52		_ \$25, _	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
53		\$15,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
54_		\$10,	Person       X         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)

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	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	E	mployer identification number
GRID ALT	PERNATIVES		26-0043353
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$8,0	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$171,1	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57_		\$40,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58_		\$5,8	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$602,9	Berson     X       Payroll     Noncash       36.     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$2,178,4	Person     X       Payroll

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	B (Form 990) (2021)		Page <b>2</b>	
Name of o	rganization		Employer identification number	
GRID ALTERNATIVES			26-0043353	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
61		\$47	,520. Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
62		\$10	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
63		\$150	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
64		\$100	,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
65		\$42	,000. Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
66		\$50	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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	3 (Form 990) (2021)		Page	
Name of or	ganization		Employer identification number	
GRID ALTERNATIVES			26-0043353	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
67		\$5,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
68		\$10,	000.       Person       X         Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
69		\$25,	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
		\$10,;	246. Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
71		\$5,0	D000.       Person       X         D000.       Payroll       Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
72		\$57,5	500. Person X Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)	

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Name of or	rganization	Emp	loyer identification number	
GRID ALT	ERNATIVES		26-0043353	
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
73		\$120,000.	Person X 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.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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Name of organization			Employer identification number		
GRID ALTERNATIVES				26-0043353	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
8	3391 SHARES OF AMZN				
		\$11,734	,025.	12/30/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
10	IQ7PLUS-72-X-US [240V] AND IQ7-60-X-US [240V] INVERTERS				
		\$415	<u>,515.</u>	12/31/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
16	93 SHARES OF DOW				
		\$5	,065.	01/14/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
	ENPHASE ENERGY INCIQ7PLUS-72-X-US [240V]_QTY:3,600, @:\$111;720IQ7-60-X-US [240V] ENPHASE ENERGY INC.(2 ITEMS)				
		\$540	,720.	01/22/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
22	EVGO_LEVITON 320 EVB32-H25 ELECTRIC VEHICLE CHARGING STATION_QTY:80, @:\$649				
		\$51	<u>,920.</u>	03/31/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
61	TIGO ACCESS POINT GATEWAY 2, PART NUMBER 158-00000-40 IN NEW CONDITION.				
		\$ 47	,520.	12/31/21	

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Schedule B (Form 990) (2021)

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Schedule I	3 (Form 990) (2021)			Page 3
Name of o	rganization		Employ	yer identification number
GRID ALT	ERNATIVES		26	5-0043353
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	TESLA WALL CONNECTORS			
65		\$ 42,	,000.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
70	105 SHARES OF VTSAX	\$10,	,246.	02/18/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
72	UNITED AIRLINES_JETSTREAM TRAVEL CERTIFICATES (DONATION BASED ON MONETARY AMOUNT, NOT # OF CERTIFICATES)_QTY:1, @:\$37500	\$37,	,500.	05/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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Schedule B (Form 990) (2021)

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Schedule E	3 (Form 990) (2021)		Page <b>4</b>				
Name of or	rganization		Employer identification number				
GRID ALT	ERNATIVES		26-0043353				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year r. For organizations ss for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				

123454 11-11-21

Schedule B (Form 990) (2021)

### 09501103 701245 107982.1

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Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

	GRID ALTERNATIVES	26-0043353					
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	counts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fund	de la companya de la				
•	are the organization's property, subject to the organization's	-					
6							
U	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
Par							
			, 1110 7.				
•	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreation)		ariably important land area				
		Preservation of a certi	prically important land area				
	Protection of natural habitat		med historic structure				
0	Preservation of open space	ind concernation contribution in the form of a co	nonvetion accoment on the last				
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form of a co	Held at the End of the Tax Year				
a	Total number of conservation easements		2a				
b			2b				
с	Number of conservation easements on a certified historic stru		2c				
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organi	ization during the tax				
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements during the year				
	►\$						
8							
	and section 170(h)(4)(B)(ii)? Yes No						
9	,						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Dee	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		limilar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet works				
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furtherar	nce of public				
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		► \$				
	(ii) Assets included in Form 990, Part X		► \$				
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain, p	provide				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		▶ \$				
b	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021				
	10-28-21						

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Sche	dule D (Form 990) 2021 GRID ALTER							26 - 004		Р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of	of Art, H	listorical Tre	easures, o	r Other S	Similar	Assets	(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other r	ecords, ch	neck any of the	following that	t make sigr	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition		d [	Loan or exc	change progra	am					
b	Scholarly research		е [	Other							
с	c Preservation for future generations										
4	Provide a description of the organization's co	ollections and e	explain how	w they further th	ne organizatio	on's exemp	t purpos	se in Part 2	XIII.		
5	During the year, did the organization solicit o	r receive donat	tions of ar	t, historical trea	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran	gements. _C	omplete if	f the organizatio	on answered '	"Yes" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other inte	ermediary	for contribution	s or other as	sets not inc	cluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete t	the followi	ng table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		
	Did the organization include an amount on Fe					-	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	<b>t V   Endowment Funds.</b> Complete i							aara baak	(a) Equ	wooro	book
		(a) Current y	ear (	( <b>b)</b> Prior year	(c) Two yea	IS DACK (U	<b>i)</b> Thee y	ears back	(e) Fou	years	Dack
1a	Beginning of year balance										
D	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs										
t	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		•	<b>e</b> , (	i)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment										
с		%	,								
0.	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the org	ganization	i that are held al	na administer	ed for the	organiza	tion	1	Yes	No
	by:								20(1)	100	
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii) 3b		
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm		chaowine								
	Complete if the organization answere		m 990, Pa	art IV, line 11a. S	See Form 990	, Part X, lin	ne 10.				
	Description of property	(a) Cos	st or other	(b) Cost	t or other	(c) Acc	umulate	d	(d) Boo	k valu	е
	· -···································		nvestment		(other)	.,	eciation		.,==•		
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment				310,805.		171,8	869.		138,	936.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		Part X. co	olumn (B). line 1	0c.)		<u></u>			138,	936.
					-,			Schedule	D (Forn	n 990)	2021

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 Soo Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	
			n-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			3,337,713.
(2) REFUNDABLE DEPOSITS			95,866.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		3,433,579.
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.	
1. (a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			. ,
(2) INTERCOMPANY PAYABLE			17,092,572.
(3) WARRANTY PAYABLE			103,922.
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	- 05 )		17,196,494.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9.25.)		-,,-,0,-,4

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

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 GRID ALTERNATIVES			26-0043353	B Page <b>4</b>
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		-		
1	Total revenue, gains, and other support per audited financial statements			1	38,141,904.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	105,487.		
b			454,070.		
с	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	559,557.
3	Subtract line 2e from line 1			3	37,582,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,986.		
b	Other (Describe in Part XIII.)	4b	-6,500.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	16,486.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)			37,598,833.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	28,520,851.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	454,070.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		6,500.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	460,570.
3	Subtract line <b>2e</b> from line <b>1</b>			3	28,060,281.
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	22,986.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	22,986.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)		5	28,083,267.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information	tion.		
PART	FX, LINE 2:				
THE	ORGANIZATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDE	ERAL INCOME			
TAXI	ES UNDER THE PROVISIONS OF SECTIONS 501(C)(3) OF THE INTER	RNAL REVENUE			
CODE	E AND 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE	ς,			
RESE	PECTIVELY.				

U.S. GAAP REQUIRE MANAGEMENT TO EVALUATE THE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND TO RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS

TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WOULD NOT BE

SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS").

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND

HAS CONCLUDED THAT, AS OF DECEMBER 31, 2021, THERE ARE NO UNCERTAIN

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 GRID ALTERNATIVES	26-0043353	Page 5
Part XIII Supplemental Information (continued)		
POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, THAT WOULD REQUIRE RECOGNITION		
OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE		
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS;		
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES -6,500.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES 6,500.		

Schedule D (Form 990) 2021

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09501103	701245	107982.1

### Statement of Activities Outside the United States

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

Attach to Form 990.

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes 🗌 No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
3	Activities per Region. (T	ne following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
	FRAL AMERICA AND CARIBBEAN	1	2	PROGRAM SERVICES	SOLAR INSTALLATION & TRAINING	187,591.
SOU	TH ASIA	0	1	PROGRAM SERVICES	SOLAR INSTALLATION & TRAINING	6,231.
3 a	Subtotal	1	3			193,822.
b	Total from continuation sheets to Part I	0	0			0.
С	Totals (add lines 3a and 3b)	1	3			193,822.

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

Schedule F (Form 990) 2021

26-0043353

OMB No. 1545-0047 **Open to Public** Inspection

> ٦..

Department of the Treasury Internal Revenue Service

GRID ALTERNATIVES

Name	of the	organization

SCHEDULE F (Form 990)

Form 990, Part IV, line 14b.

Schedule F (Form 990) 2021 GRID	Schedule F	(Form 990)	2021	GRID
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GRID ALTERNATIVES

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatior	l ns listed above that are r	ecognized as charities by the f	l foreign country,	l recognized as a tax	1	<u> </u>	1
			or counsel has provided a sect			►		
3 Enter total number of	other organizations o	or entities						

Schedule F (Form 990) 2021

Page 2

#### Schedule F (Form 990) 2021

GRID ALTERNATIVES

26-0043353

#### Page 3

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

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#### Part V Supplemental Information

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

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury			Open to Public					
Internal Revenue Service Name of the organization	► Go	<b>F</b> aran January inte						
	GRID ALTERN						26-004335	
Part I Fundrais required to	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations dicitations on have a written o red in Form 990, Pa dighest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser sted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z.		Schedule	e G (Form 990) 2021

GRID ALTERNATIVES

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

		5		,	<b>U</b> 1	5
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			INTERCONNECTION			col. (c))
			(event type)	(event type)	(total number)	
nu						
Revenue	1	Gross receipts	62,297.			62,297.
۳						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	62,297.			62,297.
	4	Cash prizes				
	5	Noncash prizes				
ses						
jen (	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
ä						
	8	Entertainment				
	9	Other direct expenses	6,500.			6,500.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	6,500.
	11					55,797.
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			()3	bingo/progressive bingo	(-)	col. (a) through col. (c))
se e						
ш	1	Gross revenue				
ý	2	Cash prizes				
ses			1			

xpen	3	Noncash prizes								
Direct Expen	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes %	└── Yes % └── No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>					
9	<b>9</b> Enter the state(s) in which the organization conducts gaming activities:									
а	a Is the organization licensed to conduct gaming activities in each of these states?									
b	lf "	No," explain:								

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

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Schedule G (Form 990) 2021

No

11       Does the organization conclude gaming activities with nonmembers?       IVes       Ives	Sch	edule G (Form 990) 2021	GRID ALTERNATIVES		26-0	043353	Page 3
to administer charatable gaming?	11	Does the organization conduct gar	ming activities with nonmerr	nbers?		Yes	No
13       Indicate the preventage of gaming activity conducted in:       13a       13b       13b       13c         a The organization's facility       13b       3c       13c	12	Is the organization a grantor, bene	ficiary or trustee of a trust, o	or a member of a partnership or other entity	formed		
a The organization's facility		to administer charitable gaming?				Yes	No
b An outside facility	13	Indicate the percentage of gaming	activity conducted in:				
14       Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name ▶							
Name  Address  Address  Address  Address  Address  Yes						13b	%
Address	14	Enter the name and address of the	eperson who prepares the o	organization's gaming/special events books	and records:		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       □ Yes □ No         b If 'Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party:       Name ▶		Name					
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$         a If "Yes," enter name and address of the third party:         Name ▶		Address ►					
or gaming revenue retained by the third party ▶ \$	15a	Does the organization have a cont	ract with a third party from v	whom the organization receives gaming rev	enue?	🗌 Yes	No No
o If Yes,* enter name and address of the third party: Name ▶	b	If "Yes," enter the amount of gamin	ng revenue received by the	organization 🕨 💲 a	nd the amount		
Name							
Address         IG Gaming manager information:         Name         Gaming manager compensation       \$	С	If "Yes," enter name and address of	of the third party:				
Address		Nama N					
16 Gaming manager information:         Name ▶							
Name		Address 🕨					
Name	16	Gaming manager information:					
Garning manager compensation ▶ \$         Description of services provided ▶         □ Director/officer       Employee         Independent contractor         17 Mandatory distributions:         a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		danning managor mormatori.					
Description of services provided ▶		Name					
Description of services provided ▶		Gaming manager compensation	► \$				
Director/officer     Employee     Independent contractor      Mandatory distributions:     a Is the organization required under state law to make charitable distributions from the gaming proceeds to     retain the state gaming license?     Mo     b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the     organization's own exempt activities during the tax year ▶ \$     Part M Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,     15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			· • •				
17 Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided	▶				
17 Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
17 Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer	Employee	Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	47	Mandatan, diatributiana					
retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		•	state law to make charitable	e distributions from the gaming proceeds to	,		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u	and a state manifest line as a				Yes	No
organization's own exempt activities during the tax year  \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	b						
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		organization's own exempt activitie	es during the tax year 🕨 \$	6	•		
	Pa	rt IV Supplemental Inform	mation. Provide the expla	nations required by Part I, line 2b, columns	(iii) and (v); and Par	rt III, lines 9,	9b, 10b,
132083 10-21-21 Schedule G (Form 990) 2021		15b, 15c, 16, and 17b, as	applicable. Also provide any	y additional information. See instructions.			
132083 10-21-21 Schedule G (Form 990) 2021							
132083 10-21-21 Schedule G (Form 990) 2021							
132083 10-21-21 Schedule G (Form 990) 2021							
132083 10-21-21 Schedule G (Form 990) 2021							
132083 10-21-21 Schedule G (Form 990) 2021							
132083 10-21-21 Schedule G (Form 990) 2021							
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132083 10-21-21 Schedule G (Form 990) 2021							
132083 10-21-21 Schedule G (Form 990) 2021							
132083 10-21-21 Schedule G (Form 990) 2021							
54	13208	3 10-21-21		- /	Sched	ule G (Form	990) 2021

Part IV Supplemental Information (continued)	
	Schedule G (Form 99

132084 11-18-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047				
Department of the Treasury	-	-	Attach to Form				Open to Public				
Internal Revenue Service											
Name of the organization     Employer identification number       GRID ALTERNATIVES     26-0043353											
Part I General Information on Grants and Assistance											
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>											
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	eu. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
TANANA CHIEFS CONFERENCE 122 1ST AVE SUITE 600 FAIRBANKS, AK 99701	92-0040308	7871	11,174.	0.			TRIBAL SOLAR PROJECT				
BISHOP PAIUTE TRIBE 50 N TU SU LANE BISHOP , CA 93514	95-1905064	7871	59,336.	0.			TRIBAL SOLAR PROJECT				
MANZANITA BAND OF DIEGUENO MISSION INDIANS - P.O. BOX 2745 - BOULEVARD, CA 91905	95-3126854	7871	55,000.	0.			TRIBAL SOLAR PROJECT				
MESA GRANDE BAND OF DIEGUENO MISSION INDIANS - 27236 HIGHWAY 78 - RAMONA, CA 92065	82-5263270	7871	121,000.	0.			TRIBAL SOLAR PROJECT				
LOS COYOTES BANK OF CAHUILLA AND CUPENO INDIANS - P.O. BOX 189 - WARNER SPRINGS, CA 92086	95-6401710	7871	121,000.	0.			TRIBAL SOLAR PROJECT				
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BOULEVARD DENVER, CO 80221	52-1573446	501(C)3	25,000.	0.			SCHOLARSHIP SUPPORT RENEWABLE ENERGY				
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>	•	, L tabla					<b>b</b> <u>6.</u> 0.				

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

Schedule I (Form 990) 2021

26-0043353

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FELLOWSHIP STIPEND AND
					INDUSTRY RESOURCES TO SUPPORT
					THE DEVELOPMENT OF INNOVATIVE
RIBAL ENERGY INNOVATORS FELLOWSHIP	3	9,000.	0.	FMV	IDEAS AND THE USE OF
Part IV Supplemental Information. Provide the information re			//->		1

PART I, LINE 2:

CONTRIBUTIONS MADE TO DOMESTIC ORGANIZATIONS:

THE ORGANIZATION'S EXECUTIVE BOARD REVIEWS THE PURPOSE AND MISSION OF

POTENTIAL CONTRIBUTION RECIPIENTS PRIOR TO PAYMENT OF CONTRIBUTIONS MADE TO

ANY DOMESTIC ORGANIZATION.

PROJECT EXPENSES WILL BE PAID VIA PROGRESS BILLING BETWEEN TSAF AND GRID

INSTALLER FOR WORK COMPLETED AS NOTED ON INVOICE. ANY GRANT FUNDS THAT HAVE

#### NOT BEEN SPENT FOR THE GRANTEE PROJECT BY THE DATE ON WHICH THE GRANT

AGREEMENT TERMINATES, INCLUDING ANY GRANT FUNDS SPENT FOR PURPOSES OTHER
THAN THE GRANTEE PROJECTS, MUST BE IMMEDIATELY REPAID TO GRID WITHIN 30
DAYS. GRANTEE SHALL WORK IN COLLABORATION WITH FUNDER AND THE GRID
INSTALLER TO MAINTAIN A RECORD OF THE INVOICING OF THE GRANT FUNDS FOR THE
"FEE-FOR-SERVICE" PROJECT PAYMENTS (INCLUDING, WITHOUT LIMITATION, A
COMPARISON OF BUDGET TO ACTUAL), AND MUST RETAIN ITS RECORDS RELATED TO THE
GRANTEE PROJECT. THE GRANTEE AND FUNDER ALSO AGREES TO PROVIDE GRID WITH AN
ANNUAL BUDGET REPORT ON THE INVOICING AND USE OF GRANT FUNDS IN ACCORDANCE
WITH THE REPORTING GUIDELINES
(F) DESCRIPTION OF NON-CASH ASSISTANCE: FELLOWSHIP STIPEND AND INDUSTRY
RESOURCES TO SUPPORT THE DEVELOPMENT OF INNOVATIVE IDEAS AND THE USE OF
PROBLEM-SOLVING PROCESSES THAT LEAD TO SUSTAINABLE RENEWABLE ENERGY
SOLUTIONS.

Schedule I (Form 990)

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 Schedule I (Form 990)
 GRID AL¹

 Part IV
 Supplemental Information

GRID ALTERNATIVES

SCHEDULE J	Compensa	tion Information	I	OMB No. 1	545-004	17
(Form 990)	_	, Trustees, Key Employees, and Highest		20	71	
	Comper	nsated Employees		20	<b>Z I</b>	1
		wered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic
Department of the Treasur Internal Revenue Service		for instructions and the latest information.		Inspe	ction	
Name of the organiz	ation		Employer ide	ntificatio	on nur	nber
	GRID ALTERNATIVES		26-004	3353		
Part I Quest	ons Regarding Compensation					
					Yes	No
1a Check the app	opriate box(es) if the organization provided any of t	the following to or for a person listed on Form	990,			
Part VII, Section	A, line 1a. Complete Part III to provide any relevan	nt information regarding these items.				
First-class	or charter travel	Housing allowance or residence for persor	nal use			
	companions	Payments for business use of personal res				
	nification and gross-up payments	Health or social club dues or initiation fees				
Discretion	ary spending account	Personal services (such as maid, chauffeu	r, chef)			
•	es on line 1a are checked, did the organization fol					
	or provision of all of the expenses described above			1b		<u> </u>
	ation require substantiation prior to reimbursing or					
trustees, and c	ficers, including the CEO/Executive Director, regar	rding the items checked on line 1a?		2		<u> </u>
<b>0 b c b c c b c c b c c b c c b c c b c c b c c b c c b c c c c c c c c c c</b>	· · · · · · · · · · · · · · · · · · ·					
	if any, of the following the organization used to est					
	Director. Check all that apply. Do not check any be		on to			
·	ensation of the CEO/Executive Director, but explain	_				
·		Written employment contract				
·						
Form 990	of other organizations	X Approval by the board or compensation co	ommittee			
4 During the yea	did any person listed on Form 990, Part VII, Secti	on A. line 1a. with respect to the filing				
	a related organization:					
				4a		х
	receive payment from a supplemental nonqualified					x
c Participate in c	receive payment from an equity-based compensation	tion arrangement?		4c		Х
If "Yes" to any	of lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part III.				
Only section 5	)1(c)(3), 501(c)(4), and 501(c)(29) organizations n	nust complete lines 5-9.				
5 For persons lis	ed on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensation	n			
contingent on	ne revenues of:					
a The organization	n?			5a		X
<b>b</b> Any related or	anization?			5b		X
If "Yes" on line	5a or 5b, describe in Part III.					
6 For persons lis	ed on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensation	n			
	ne net earnings of:					
	ו?			6a		X
	anization?			6b		X
	6a or 6b, describe in Part III.					
	ed on Form 990, Part VII, Section A, line 1a, did the					
	n lines 5 and 6? If "Yes," describe in Part III			7		X
	nts reported on Form 990, Part VII, paid or accrue		e			v
	xception described in Regulations section 53.4958			8		X
	3, did the organization also follow the rebuttable p					
	tion 53.4958-6(c)?			9		0000 1
LHA FOR Paperwo	k Reduction Act Notice, see the Instructions for	Form 990.	Schedul	e J (⊦orm	1 990)	2021

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26-0043353

#### 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 aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	mpensation		reported as deferred on prior Form 990
(1) TIMOTHY SEARS	(i)	190,613.	0.	0.	1,968.	12,976.	205,557.	٥.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) STANLEY GRESCHNER	(i)	194,395.	0.	0.	1,895.	7,574.	203,864.	0.
CHIEF POLICY AND BUS DEV OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY COLEMAN	(i)	170,984.	0.	0.	1,650.	720.	173,354.	0.
VP OF OUTREACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADAM BAD WOUND	(i)	156,738.	0.	0.	1,599.	3,898.	162,235.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ZACHARY FRANKLIN	(i)	134,494.	0.	0.	1,451.	14,843.	150,788.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

### Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

ZUZ Open to Public Inspection

Name of the organization

Employer identification num
26-0043353

ber GRID ALTERNATIVES Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 11,749,336.FMV Х 3 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 ( INVERTERS Х 3 956,235,FMV 25 Other 🕨 ( EV CHARGERS Х 2 93,920.FMV Other 🕨 26 ) ( MISCELLANEOUS х 2 47,819.FMV 27 Other ) ( AIRLINE MILES Х 1 37,500.FMV Other 28 29 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a

**b** If "Yes," describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II

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

Schedule M (Form 990) 2021

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Schedule M (Form 990) 2021 GRID ALTERNATIVES	26-0043353	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a co this part for any additional information.	33, and whether the organi mbination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF		
CONTRIBUTORS, NOT THE NUMBER OF ITEMS RECEIVED.		
	Cabadula M /Fa	m 000\ 0001
132142 11-17-21	Schedule M (For	m 990j 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

OMB No. 1545-0047

26-0043353

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRID ALTERNATIVES

THAT BENEFITS EVERYONE. OUR MISSION IS TO BUILD COMMUNITY-POWERED

SOLUTIONS TO ADVANCE ECONOMIC AND ENVIRONMENTAL JUSTICE THROUGH

RENEWABLE ENERGY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXEMPT ORGANIZATION RETURNS ARE PREPARED BY AN OUTSIDE ACCOUNTING FIRM.

AFTER COMPLETION OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE

EXEMPT ORGANIZATION RETURNS TO BE REVIEWED AND EXAMINED INTERNALLY. THE

ORGANIZATION MAKES COPIES OF THE RETURNS AND DISTRIBUTES THEM TO THE BOARD

OF DIRECTORS. AN AFFIDAVIT IS THEN SIGNED TO AUTHORIZE THE OUTSIDE

ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES OF THE RETURNS TO BE

FILED WITH THE DESIGNATED GOVERNMENTAL AGENCIES. BEFORE THE EXEMPT

ORGANIZATION RETURNS ARE FILED, A FINAL EXEMPT ORGANIZATION RETURN COPY IS

FORWARDED TO ALL BOARD MEMBERS. THE EXECUTIVE DIRECTORS AND THEIR BOARDS

WILL REVIEW THE FORM 990. ADDITIONALLY, THE AUDIT COMMITTEE, FINANCE

COMMITTEE AND THE BOARD OF DIRECTORS OF GRID INC., REVIEW THE AFFILIATE

FORM 990'S. THE EXEMPT ORGANIZATION RETURNS ARE THEN FILED BY THE OUTSIDE

ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT

OF INTEREST DISCLOSURE FORM AS PART OF THEIR APPLICATION PROCESS AND TO

UPDATE THIS FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990) 2021

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2021.05000 GRID ALTERNATIVES

Name of the organization GRID ALTERNATIVES		Employer identification number 26-0043353
AN AD HOC COMMITTEE IS FORMED BY THE BOARD AT THE	E END OF EACH YEAR TO	
REVIEW THE CHIEF EXECUTIVE OFFICER AND CHIEF FINA	NCIAL/OPERATIONS OFFICER	
AND SET THEIR SALARY FOR THE FOLLOWING YEAR. THE	COMMITTEE REVIEWS THE	
PERFORMANCES OF THE CHIEF EXECUTIVE OFFICER AND T	THE CHIEF	
FINANCIAL/OPERATIONS OFFICER, AS WELL AS SALARY S	URVEYS FOR RELEVANT	
COMPARABLE SALARY LEVELS IN THE NON-PROFIT FIELD.	THE COMMITTEE MAKES A	
RECOMMENDATION TO THE FULL BOARD, AND THE BOARD V	OTES TO APPROVE SALARY	
ADJUSTMENTS. THE SALARY ADJUSTMENTS ARE THEN PRES	ENTED TO THE CHIEF	
EXECUTIVE OFFICER AND CHIEF FINANCIAL/OPERATIONS	OFFICER.	
FORM 990, PART VI, SECTION C, LINE 19:		
GOVERNANCE DOCUMENTS ARE AVAILABLE FOR PUBLIC INS	PECTION AT THE PRINCIPAL	
PLACE OF BUSINESS. THE CONFLICT OF INTEREST POLIC	Y AND THE ORGANIZATION'S	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER CONSULTING:		
PROGRAM SERVICE EXPENSES	2,824,570.	
MANAGEMENT AND GENERAL EXPENSES	121,701.	
FUNDRAISING EXPENSES	80,812.	
TOTAL EXPENSES	3,027,083.	
OTHER STIPEND:		
PROGRAM SERVICE EXPENSES	363,559.	
MANAGEMENT AND GENERAL EXPENSES	2,000.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	365,559.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, 132212 11-11-21	· ·	Schedule O (Form 990) 202
01103 701245 107982.1	65 2021.05000 GRID ALTERNAT	TIVES 1079

Schedule O (Form 990) 2021

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Page **2** 

Name of the organization

GRID ALTERNATIVES

Page 2 Employer identification number 26-0043353

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ANNUAL OVERSIGHT OF THE

ANNUAL AUDIT AND FOR SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990) 2021

66 2021.05000 GRID ALTERNATIVES

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### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

GRID ALTERNATIVES

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(c Section 5 contr ent	
				501(c)(3))		Yes	No
GRID ALTERNATIVES COLORADO INC 46-1815422	TO PROVIDE ENERGY COST						1
1171 OCEAN AVE. STE 200	SAVINGS TO LOW-INCOME						1
OAKLAND, CA 80239	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	х	
GRID ALTERNATIVES GREATER LOS ANGELES INC	TO PROVIDE ENERGY COST						
46-1652604, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME						
OAKLAND, CA 90015	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	х	
GRID ALTERNATIVES BAY AREA, INC	TO PROVIDE ENERGY COST						
83-1439572, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME						
OAKLAND, CA 94608	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	х	
GRID ALTERNATIVES CENTRAL VALLEY, INC	TO PROVIDE ENERGY COST						
32-0488262, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME						
OAKLAND, CA 93722	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	х	1

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

Open to Public Inspection

Employer identification number

26-0043353

OMB No. 1545-0047

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	(g) 512(b)(13) htrolled hization?	
				501(c)(3))		Yes	No	
GRID ALTERNATIVES INLAND EMPIRE, INC	TO PROVIDE ENERGY COST							
83-1454791, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME							
OAKLAND, CA 92507	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	Х		
GRID ALTERNATIVES MID-ATLANTIC, INC	TO PROVIDE ENERGY COST							
47-2717517, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME							
OAKLAND, DC 20002	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	х		
GRID ALTERNATIVES NORTH VALLEY, INC	TO PROVIDE ENERGY COST							
47-2700073, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME							
OAKLAND, CA 95928	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	х		
GRID ALTERNATIVES SAN DIEGO, INC	TO PROVIDE ENERGY COST							
47-2682164, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME							
OAKLAND, CA 92102	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	x		
GRID ALTERNATIVES TRI-STATE INC	TO PROVIDE ENERGY COST							
46-4330266, 1171 OCEAN AVE. STE 200,	SAVINGS TO LOW-INCOME							
OAKLAND, CA 94608	HOMEOWNERS.	DELAWARE	501(C)(3)	LINE 7	GRID ALTERNATIVES	x		
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# Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	al or Percenta ging er?	tage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
										+		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		01 11000		400010		Yes	No
									<u> </u>
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	1								

#### Schedule R (Form 990) 2021 GRID ALTERNATIVES

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
During the tax year, did the organization 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	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)	<u>1e</u>	X	_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses			
<b>q</b> Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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 and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) GRID ALTERNATIVES GREATER LOS ANGELES, INC.	E	2,672,825.	CASH
(2) GRID ALTERNATIVES BAY AREA, INC.	D	5,292,696.	CASH
(3) GRID ALTERNATIVES CENTRAL VALLEY, INC.	D	8,066,924.	CASH
(4) GRID ALTERNATIVES INLAND EMPIRE, INC.	D	3,730,499.	CASH
(5) GRID ALTERNATIVES MID-ATLANTIC, INC.	E	5,291,676.	CASH
(6) GRID ALTERNATIVES NORTH VALLEY, INC.	Е	2,744,203.	CASH

#### Schedule R (Form 990) GRID ALTERNATIVES

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) GRID ALTERNATIVES SAN DIEGO, INC.	Е	1,041,363.	CASH
(8) GRID ALTERNATIVES COLORADO INC.	Е	3,232,894.	CASH
(9)			
_ (10)			
(11)			
_ (12)			
_ (13)			
_ (14)			
_ (15)			
_ (16)			
(17)			
_ (18)			
_ (19)			
(20)			
_(21)			
(22)			
(23)			
(24)			

#### Schedule R (Form 990) 2021 GRID ALTERNATIVES

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 taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501( org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											$\square$		
											$\square$		

Schedule R (Form 990) 2021

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21