

Form **990**
 Department of the Treasury
 Internal Revenue Service

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.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TIDES ADVOCACY Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 29229 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129	D Employer identification number 94-3153687 E Telephone number (415) 561-6373 G Gross receipts \$ 40,265,568
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.TIDESADVOCACY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1992 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE MISSION OF TIDES ADVOCACY IS TO ADVOCATE FOR AND MAKE GRANTS IN SUPPORT OF SOCIAL JUSTICE, THE ENVIRONMENT, AND THE HEALTH OF OUR DEMOCRACY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	271
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	19,205
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	28,890,135	39,317,770
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	371,302	936,049
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,565	11,749
		29,275,002	40,265,568
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,117,212	14,956,204
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,392,906	12,514,201
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,000	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 191,964		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,066,816	11,277,426
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,588,934	38,747,831	
19 Revenue less expenses Subtract line 18 from line 12	8,686,068	1,517,737	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,813,743	16,523,045
	22 Net assets or fund balances Subtract line 21 from line 20	1,476,831	2,543,396
		12,336,912	13,979,649

Part II Signature Block

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

Sign Here	2019-10-09
Signature of officer	Date
ROMILDA JUSTILIEN INTERIM CEO	
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2019-10-04	Check <input type="checkbox"/> if self-employed	PTIN P00366884	
	Firm's name ▶ MOSS ADAMS LLP			Firm's EIN ▶ 91-0189318		
	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no (415) 956-1500		

Part 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

THE MISSION OF TIDES ADVOCACY IS TO ADVOCATE FOR AND MAKE GRANTS IN SUPPORT OF SOCIAL JUSTICE, THE ENVIRONMENT, AND THE HEALTH OF OUR DEMOCRACY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 36,674,595 including grants of \$ 14,956,204) (Revenue \$ 936,049)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 36,674,595

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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 271

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2b Yes

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3a Yes

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

3b Yes

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a No

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 No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b No

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6a Yes

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b Yes

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

7a

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c

d If "Yes," indicate the number of Forms 8282 filed during the year

7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7h

8 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

9a Did the sponsoring organization make any taxable distributions under section 4966?

9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12

10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

13a

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b

c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

14a No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

15 No

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

16 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (7); 1b Enter the number of voting members included in line 1a, above, who are independent (6); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MN, MO, MS, NC, NH, NJ, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ROMILDA JUSTILIEN 1014 TORNEY AVENUE THE PRESIDIO SAN FRANCISCO, CA 94129 (415) 561-6374

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH MOUZON BOARD CHAIR	1 00 0 00	X		X				0	0	0
(2) KRISS DEIGLMEIER BOARD DIRECTOR/CEO	2 00 0 00	X		X				50,534	0	0
(3) BERNARD COLEMAN BOARD DIRECTOR START 6/2018	1 00 0 00	X						0	0	0
(4) ALICE KESSLER BOARD DIRECTOR	1 00 0 00	X						0	0	0
(5) DEB KINNEY BOARD DIRECTOR	1 00 0 00	X						0	0	0
(6) SHAREEN PUNIAN BOARD DIRECTOR	1 00 0 00	X						0	0	0
(7) JOHANNA SILVA WAKI BOARD DIRECTOR	1 00 0 00	X						0	0	0
(8) AMANDA KETON TREASURER/SECRETARY	3 00 0 00			X				28,447	0	0
(9) JACQUELINE VALLE CHIEF OF STAFF/ASSISTANT SECRETARY	17 00 0 00			X				60,397	0	0
(10) ROBERT JOHN SMITH EXEC DIR, THE JUSTICE COLLABORATIVE	40 00 0 00				X			162,394	0	29,377
(11) CHRISTIE M GEORGE PRESIDENT, NEW MEDIA VENTURE	40 00 0 00					X		233,165	0	34,600
(12) DANIEL PENCHINA PRESIDENT, VOICES FOR PROGRESS	40 00 0 00					X		179,808	0	22,210
(13) JULIE MENTER MANAGING DIRECTOR, NEW MEDIA VENTURE	40 00 0 00					X		165,235	0	26,636
(14) MELISSA MIKESSELL DIRECTOR, SIA LEGAL TEAM	40 00 0 00					X		153,088	0	6,191
(15) SHANNON BAKER DIRECTOR OF DEVELOPMENT AND COMM	40 00 0 00					X		152,958	0	23,768

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	39,317,770		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		39,317,770			

Program Service Revenue			Business Code			
	2a PROGRAM FEES		900099	936,049	936,049	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			936,049			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		b Less rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
		c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME	900099	11,749		11,749		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		11,749				
12 Total revenue. See Instructions		40,265,568	936,049	0	11,749	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,496,487	14,496,487		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	425,717	425,717		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	34,000	34,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	331,149	191,772	139,377	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	10,053,340	9,002,546	947,479	103,315
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	255,962	220,408	34,581	973
9 Other employee benefits.	1,181,725	1,070,414	111,281	30
10 Payroll taxes.	692,025	611,950	76,297	3,778
11 Fees for services (non-employees)				
a Management				
b Legal	101,094	93,038	8,056	
c Accounting	32,586	6,938	24,448	1,200
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,939,672	6,624,110	238,495	77,067
12 Advertising and promotion.				
13 Office expenses.	548,725	514,760	33,911	54
14 Information technology.	223,841	147,562	76,279	
15 Royalties.				
16 Occupancy.	411,659	359,696	51,963	
17 Travel.	1,235,292	1,165,900	65,184	4,208
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	472,138	451,569	20,008	561
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	108,546	97,022	11,524	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS/PUBLICAT	1,007,825	992,603	14,796	426
b BUSINESS MEALS	46,437	41,188	5,249	
c SUBSCRIPTIONS	33,092	33,017	75	
d EMPLOYEE SUPPORT	27,574	25,331	2,243	
e All other expenses	88,945	68,567	20,026	352
25 Total functional expenses. Add lines 1 through 24e.	38,747,831	36,674,595	1,881,272	191,964
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	13,309,330	1	15,588,933
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	318,455	3	752,544
	4 Accounts receivable, net	109,073	4	68,423
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,254	9	84,182
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	21,868		
	b Less accumulated depreciation	21,868	5,872	10c 0
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	51,759	15	28,963
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,813,743	16	16,523,045	
Liabilities	17 Accounts payable and accrued expenses	1,476,831	17	2,543,396
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,476,831	26	2,543,396
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	989,559	27	1,783,662
	28 Temporarily restricted net assets	11,347,353	28	12,195,987
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,336,912	33	13,979,649	
34 Total liabilities and net assets/fund balances	13,813,743	34	16,523,045	

Part 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	40,265,568
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,747,831
3	Revenue less expenses Subtract line 2 from line 1	3	1,517,737
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,336,912
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	125,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,979,649

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 94-3153687

Name: TIDES ADVOCACY

Form 990 (2018)

Form 990, Part III, Line 4a:

TIDES ADVOCACY SUPPORTS, THROUGH ADVOCACY AND GRANTMAKING, INNOVATIVE INITIATIVES TO BRIDGE BOUNDARIES AND SUSTAIN INVESTMENT IN SOCIAL CHANGE OUR PRIMARY AREAS OF FOCUS INCLUDE PROMOTING EQUALITY, HUMAN RIGHTS AND SHARED PROSPERITY, IMPROVING AND PROTECTING HEALTH AND THE ENVIRONMENT, AND ADVANCING DEMOCRACY

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization TIDES ADVOCACY	Employer identification number 94-3153687
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	▶
2 Political campaign activity expenditures (see instructions)	▶ \$ 1,823,199
3 Volunteer hours for political campaign activities (see instructions)	▶ 750

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ 881,150
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ 942,049
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ 1,823,199
4 Did the filing organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1 See Additional Data Table				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	TIDES ADVOCACY MAKES CONTRIBUTIONS TO ORGANIZATIONS THAT SUPPORT POLITICAL ACTIVITY, CONDUCTS INDEPENDENT EXPENDITURES, AND MAKES PARTISAN COMMUNICATION TO EXPRESSLY ADVOCATE THE ELECTION OR DEFEAT OF A CANDIDATE

Additional Data**Software ID:****Software Version:****EIN:** 94-3153687**Name:** TIDES ADVOCACY**Form 990, Schedule C, Part 1-C, Line 5**

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
DREAM DEFENDERS POLITICAL ACTION COMMITTEE	6161 NW 9TH AVENUE MIAMI, FL 33127	832031846	50000	
FLIPPABLE	155 WATER STREET SUITE 410 BROOKLYN, NY 11201	815161730	318980	
JUDICIAL ACCOUNTABILITY PAC	PO BOX 8335 CHICAGO, IL 60608	832042774	10000	
RUN FOR SOMETHING PAC	PO BOX 697 CANAL ST STATION NEW YORK, NY 10013	815222116	100000	
SISTER DISTRICT PROJECT INC	340 S LEMON 8737 WALNUT, CA 91789	821066046	200000	
SWING LEFT	700 13TH STREET NW SUITE 600 WASHINGTON, DC 20005	815209959	200000	
TIDES ADVOCACY PROJECTS IN SUPPORT OF THURMOND FOR SUPERINTENDENT OF PUBLI	555 CAPITOL MALL SUITE 400 SACRAMENTO, CA 95814	831784887	45569	
WORKING FAMILIES PARTY	1 METROTECH CENTER NORTH 11TH FLOOR BROOKLYN, NY 11201	200957795	10000	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
TIDES ADVOCACY

Employer identification number
94-3153687

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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 impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		21,868	21,868	0
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				0

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	40,265,568
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	40,265,568
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	40,265,568

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	38,622,831
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		-125,000
e	Add lines 2a through 2d		2e	-125,000
3	Subtract line 2e from line 1		3	38,747,831
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	38,747,831

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-3153687

Name: TIDES ADVOCACY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD HAVE DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(4) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701F THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AS OF DECEMBER 31, 2018 AND 2017, AND IS NOT AWARE OF ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY THE ORGANIZATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	REVERSAL OF PRIOR YEAR GRANT EXPENSE -125,000

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" to 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
TIDES ADVOCACY

Employer identification number

94-3153687

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		34,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			34,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			34,000

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EAST ASIA AND THE PACIFIC	HUMAN RIGHTS	34,000	WIRE			
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 0

3 Enter total number of other organizations or entities ▶ 1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	TIDES ADVOCACY CONDUCTS DUE DILIGENCE ON ORGANIZATIONS BEING CONSIDERED FOR GRANTS AND REQUIRES A NARRATIVE AND FINANCIAL REPORT DETAILING HOW FUNDS WERE USED

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TIDES ADVOCACY

Employer identification number

94-3153687

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18
3 Enter total number of other organizations listed in the line 1 table 73

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ELECTORAL JUSTICE FELLOWSHIP	12	420,000			
(2) YOUTH ENGAGEMENT STIPEND	11	5,217			
(3) HONORARIUM FOR NYU LAW AMERICAN POVERTY AND GENDER EVENT	1	500			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	TIDES ADVOCACY CONDUCTS DUE DILIGENCE ON ORGANIZATIONS BEING CONSIDERED FOR GRANTS AND REQUIRES A NARRATIVE AND FINANCIAL REPORT DETAILING HOW FUNDS WERE USED

Additional Data

Software ID:
Software Version:
EIN: 94-3153687
Name: TIDES ADVOCACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAGUE OF CONSERVATION VOTERS INC 740 15TH STREET NW SUITE 700 WASHINGTON, DC 20005	52-1733698	501(C)(4)	2,600,000				SUSTAINABLE ENVIRONMENT
OHIO SAFE AND HEALTHY COMMUNITIES CAMPAIGN 545 E TOWN ST COLUMBUS, OH 43215	82-3215606	501(C)(4)	2,485,000				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIVISIBLE PROJECT PO BOX 43884 WASHINGTON, DC 20010	81-4944067	501(C)(4)	2,240,875				EQUALITY AND HUMAN RIGHTS
RAGTAG LLC 3656 26TH STREET SAN FRANCISCO, CA 94110	82-0750098		418,916				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA CLUB 408 C STREET NE WASHINGTON, DC 20002	94-1153307	501(C)(4)	400,000				SUSTAINABLE ENVIRONMENT
OUR NEXT ECONOMY LLC 8419 WEST BOULEVARD DRIVE ALEXANDRIA, VA 23308	27-0728022		375,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAW ENFORCEMENT ACTION PARTNERSHIP INC 121 MYSTIC AVE SUITE 9 MEDFORD, MA 02155	16-1645758	501(C)(3)	320,000				HEALTHY INDIVIDUALS AND COMMUNITIES
REFORM LA JAILS A COMMITTEE SUPPORTING JAIL REFORM AND COMMUNITY REINVESTM 111 N LA BREA AVE 408 INGLEWOOD, CA 90301	82-4504425		320,000				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLIPPABLE 155 WATER STREET SUITE 410 BROOKLYN, NY 11201	81-5161730	527	318,980				HEALTHY INDIVIDUALS AND COMMUNITIES
WORKING FAMILIES ORGANIZATION INC 2 NEVINS STREET - 3RD FLOOR BROOKLYN, NY 11217	20-4994004	501(C)(4)	300,250				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDIANS FOR A FAIR DEMOCRACY INC 4797 MAPLE PARK ST ORLANDO, FL 32811	47-2089046	501(C)(4)	240,000				EQUALITY AND HUMAN RIGHTS
SISTER DISTRICT PROJECT INC 340 S LEMON 8737 WALNUT, CA 91789	82-1066046	527	200,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWING LEFT 700 13TH STREET NW SUITE 600 WASHINGTON, DC 20005	81-5209959	527	200,000				HEALTHY INDIVIDUALS AND COMMUNITIES
ILLINOIS IMMIGRANT ACTION 228 S WABASH CHICAGO, IL 60604	26-3187498	501(C)(4)	200,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEEN THIRTY FUND PO BOX 40102 SAN FRANCISCO, CA 94140	26-4486735	501(C)(4)	195,000				EQUALITY AND HUMAN RIGHTS
NPH ACTION FUND A PROJECT OF THE ADVOCACY FUND 369 PINE ST SUITE 350 SAN FRANCISCO, CA 94104	94-3153687	501(C)(4)	184,483				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA INVESTOR ACTION FUND INC PO BOX 77972 ATLANTA, GA 30359	47-4777204	501(C)(4)	150,000				HEALTHY INDIVIDUALS AND COMMUNITIES
PLANNED PARENTHOOD ACTION FUND 123 WILLIAM STREET NEW YORK, NY 10038	13-3539048	501(C)(4)	150,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW FLORIDA MAJORITY 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	27-0167620	501(C)(4)	150,000				EQUALITY AND HUMAN RIGHTS
TOGETHER WISCONSIN ACTS INC 4230 N OAKLAND AVE SUITE 136 MILWAUKEE, WI 53211	47-5656409	501(C)(4)	150,000				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIJENTE 1229 EDGEMONT AVE PHOENIX, AZ 85006	81-3459266	501(C)(4)	134,250				EQUALITY AND HUMAN RIGHTS
ALLIANCE FOR YOUTH ACTION 915 5TH ST NW WASHINGTON, DC 20001	46-2914731	501(C)(4)	126,250				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAYWOKE INC 1 WEST ST APT 2029 NEW YORK, NY 10004	81-3782211	501(C)(4)	125,000				EQUALITY AND HUMAN RIGHTS
CENTER FOR POPULAR DEMOCRACY ACTION FUND INC 449 TROUTMAN STREET SUITE A BROOKLYN, NY 11237	45-3860271	501(C)(4)	125,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON CONSERVATION VOTERS 1402 3RD AVE NO1400 SEATTLE, WA 98101	91-1548791	501(C)(4)	110,000				SUSTAINABLE ENVIRONMENT
NEW VIRGINIA MAJORITY 4914 RADFORD AVE RICHMOND, VA 23230	26-1377619	501(C)(4)	107,274				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION INC 125 BROAD STREET 18TH FLOOR NEW YORK, NY 100042400	13-3871360	501(C)(4)	100,000				HEALTHY INDIVIDUALS AND COMMUNITIES
YES ON TWO 2022 ST BERNARD AVE SUITE 305 NEW ORLEANS, LA 70116	83-1325603		100,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUN FOR SOMETHING PAC PO BOX 697 CANAL ST STATION NEW YORK, NY 10013	81-5222116	527	100,000				EQUALITY AND HUMAN RIGHTS
VOICE OF THE EXPERIENCE PO BOX 13622 NEW ORLEANS, LA 70185	16-1695266	501(C)(3)	99,500				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRC IN ACTION 777 S FIGUEROA ST SUITE 4050 LOS ANGELES, CA 90017	83-1199688	501(C)(4)	98,000				EQUALITY AND HUMAN RIGHTS
PROGRESSNOW 215 S WASHINGTON SQUARE SUITE 135 LANSING, MI 48933	20-8720230	501(C)(4)	63,144				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR WISCONSIN REVOLUTION INC PO BOX 44069 MADISON, WI 537444069	81-4853693	501(C)(4)	60,000				HEALTHY INDIVIDUALS AND COMMUNITIES
PROMISE OF JUSTICE INITIATIVE 636 BARONNE STREET NEW ORLEANS, LA 70113	46-1307037	501(C)(3)	53,933				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZEN STRONG ACTION FUND PO BOX 21853 WASHINGTON, DC 20009	82-4353970	501(C)(4)	50,000				EQUALITY AND HUMAN RIGHTS
PARTNERSHIP PROJECT ACTION FUND 1615 M STREET NW WASHINGTON, DC 20036	81-0606786	501(C)(4)	50,000				SUSTAINABLE ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES ADVOCACY PROJECTS IN SUPPORT OF THURMOND FOR SUPERINTENDENT OF PUBLIC 555 CAPITOL MALL SUITE 400 SACRAMENTO, CA 95814	83-1784887	527	50,000				QUALITY EDUCATION
KENTUCKIANS FOR THE COMMONWEALTH PO BOX 1450 LONDON, KY 40743	61-1015576	501(C)(4)	50,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE ENGAGEMENT FUND 1401 K STREET NW SUITE 700 WASHINGTON, DC 20005	81-0865943	501(C)(4)	50,000				SUSTAINABLE ENVIRONMENT
ALASKA CONSERVATION VOTERS 810 N STREET SUITE 203 ANCHORAGE, AK 99501	92-0090065	501(C)(4)	50,000				SUSTAINABLE ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
314 ACTION PO BOX 14560 WASHINGTON, DC 20044	81-3165165	501(C)(4)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
WESTERN ORGANIZATION OF RESOURCE COUNCILS 220 SOUTH 27TH STREET SUITE B BILLINGS, MT 59101	45-0356819	501(C)(4)	50,000				SUSTAINABLE ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA WATCH ACTION INC 3921 ALTON RD NO 111 MIAMI BEACH, FL 33140	27-1856471	501(C)(4)	50,000				EQUALITY AND HUMAN RIGHTS
CLEAN WATER ACTION 1010 VERMONT AVENUE NW SUITE 100 WASHINGTON, DC 20005	23-7128611	501(C)(4)	50,000				SUSTAINABLE ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPID RESIST ACTION 902 EVERETT AVE OAKLAND, CA 94604	82-2476207	501(C)(4)	50,000				EQUALITY AND HUMAN RIGHTS
ACLU OF NEBRASKA FOUNDATION INC 134 SOUTH 13TH STREET 1010 LINCOLN, NE 68508	23-7259984	501(C)(4)	50,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM DEFENDERS POLITICAL ACTION COMMITTEE 6161 NW 9TH AVENUE MIAMI, FL 33127	83-2031846	527	50,000				EQUALITY AND HUMAN RIGHTS
KITCHEN TABLE CAMPAIGNS 641 S STREET NW 3RD FLOOR WASHINGTON, DC 20001	46-1802969	501(C)(3)	45,512				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO INFORMATION CLEARINGHOUSE (SFIC) 325 CLEMENTINA STREET SAN FRANCISCO, CA 94103	94-3102891	501(C)(3)	45,000				HEALTHY INDIVIDUALS AND COMMUNITIES
P STREET PROJECT 1630 R STREET NW 703 WASHINGTON, DC 20009	27-3204744	501(C)(4)	38,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL HANDS ON DECK NETWORK INC 37 KENSINGTON AVE NORTHAMPTON, MA 01060	37-1697474	501(C)(4)	36,000				HEALTHY INDIVIDUALS AND COMMUNITIES
NEIGHBORHOODS PLANNING AND COMMUNITY DEVELOPMENT NETWORK 1705 S WHITE STREET STE A NEW ORLEANS, LA 70125	35-2281054	501(C)(3)	34,415				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA COALITION ON BLACK CIVIC PARTICIPATION INC PO BOX 954 TITUSVILLE, FL 32781	80-0659599	501(C)(3)	30,000				EQUALITY AND HUMAN RIGHTS
SOCIAL GOOD ADVOCACY FUND INC 1005 CHERRY STREET PORT TOWNSEND, WA 98368	82-5265736	501(C)(4)	28,196				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM FOR ALL 1803 CHAPEL HILL RD SUITE D DURHAM, NC 27707	81-1360384	501(C)(4)	25,000				EQUALITY AND HUMAN RIGHTS
SUNRISE 50 F STREET NW SUITE 700 WASHINGTON, DC 20001	82-1232167	501(C)(4)	25,000				SUSTAINABLE ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE EARTH (ACTION) INC 1101 15TH STREET NW 11TH FLOOR WASHINGTON, DC 20005	13-2644641	501(C)(4)	25,000				SUSTAINABLE ENVIRONMENT
VOTEVETS ACTION FUND 2201 WISCONSIN AVE NW 320 WASHINGTON, DC 20007	51-0596352	501(C)(4)	25,000				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE BAY ACTION FUND 1330 BROADWAY SUITE 1800 OAKLAND, CA 94612	46-5304696	501(C)(4)	25,000				SUSTAINABLE ENVIRONMENT
BEYOND THE CHOIR PO BOX 17 LANCASTER, PA 17608	38-4011604	501(C)(4)	25,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE OF CALIFORNIANS FOR COMMUNITY EMPOWERMENT ACTION 3655 S GRAND AVE SUITE 250 LOS ANGELES, CA 90007	27-1482731	501(C)(4)	23,586				HEALTHY INDIVIDUALS AND COMMUNITIES
MAKE THE ROAD ACTION FUND INC 449 TROUTMAN ST SUITE C BROOKLYN, NY 11237	27-1408443	501(C)(4)	20,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUSION PARTNERSHIPS INC 1601 GUILFORD AVENUE 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	20,000				EQUALITY AND HUMAN RIGHTS
FANM IN ACTION INC 100 NE 84TH ST MIAMI, FL 33138	83-1938535	501(C)(4)	20,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAYLA NEW ORLEANS 13235 CHEF MENTEUR HWY SUITE A NEW ORLEANS, LA 70129	33-1143213	501(C)(3)	15,000				EQUALITY AND HUMAN RIGHTS
MISSOURI IMPACT INC 301 E CAPITOL AVENUE JEFFERSON CITY, MO 65101	43-1755938	501(C)(4)	13,500				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN PEOPLE'S CAMPAIGN 2227 MEDFORD ANN ARBOR, MI 48104	46-4173944	501(C)(4)	11,079				EQUALITY AND HUMAN RIGHTS
CASA IN ACTION 8151 15TH AVENUE LANGLEY PARK, MD 20793	27-2145405	501(C)(4)	10,653				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEPRINT NORTH CAROLINA 3739 NATIONAL DRIVE SUITE 201 RALEIGH, NC 27612	27-2459538	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS
PROGRESSNOW EDUCATION 215 S WASHINGTON SQUARE SUITE 135 LANSING, MI 48933	20-8720291	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN WITH A VISION 1226 NORTH BROAD STREET NEW ORLEANS, LA 70119	72-1202185	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS
JUDICIAL ACCOUNTABILITY PAC PO BOX 8335 CHICAGO, IL 60608	83-2042774	527	10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE KING COUNTY NAACP PO BOX 22148 SEATTLE, WA 98122	13-4798314	501(C)(4)	10,000				EQUALITY AND HUMAN RIGHTS
NEW VOICES PITTSBURGH INC 5987 PENN AVENUE SUITE 205 PITTSBURGH, PA 15206	27-0570462	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE LOVE GLOBAL INC 913 W HOLMES ROAD - SUITE 175 LANSING, MI 48910	20-0373503	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS
GASKINS CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH 26211 SAVAGEVILLE ROAD MELFA, VA 23417	05-0539253	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONNECTIONS FOR YOUTH INC 369 EAST 149TH STREET 7TH FLOOR BRONX, NY 10455	26-4482112	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS
CENTER FOR RACIAL AND GENDER EQUITY 2929 SOUTH WABASH AVE SUITE 203 CHICAGO, IL 60616	45-4461853	501(C)(4)	10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA CALLS ACTION FUND 4801 EXPOSITION BLVD LOS ANGELES, CA 90016	74-3064220	501(C)(4)	10,000				EQUALITY AND HUMAN RIGHTS
OUT FOR JUSTICE INC PO BOX 33468 BALTIMORE, MD 21218	45-2482209	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN ORGANIZING STRATEGY ENABLING STRENGTH AND ACTION 220 BAGLEY STREET SUITE 212 DETROIT, MI 48226	82-3243368	501(C)(4)	10,000				EQUALITY AND HUMAN RIGHTS
WORKING FAMILIES PARTY 1 METROTECH CENTER NORTH 11TH FLOOR BROOKLYN, NY 11201	20-0957795	527	10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK CIVIC NETWORK 986 MARYLAND AVENUE EAST SAINT PAUL, MN 55106	82-4728514	501(C)(4)	10,000				EQUALITY AND HUMAN RIGHTS
MOVEMENT FOR HOUSING JUSTICE COMMITTEE 170 HAGEMANN AVE SANTA CRUZ, CA 95062	82-3335100		10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KOREAN AMERICAN SERVICE AND EDUCATION CONSORTIUM 900 CRENSHWA BOULEVARD LOS ANGELES, CA 90019	11-3303986	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS
NEVADANS FOR SECURE ELECTIONS 401 S CURRY ST CARSON CITY, NV 89703	83-0769395		10,000				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIZE FLORIDA INC 134 E COLONIAL DRIVE ORLANDO, FL 32801	27-1869914	501(C)(4)	8,711				EQUALITY AND HUMAN RIGHTS
NEW GEORGIA PROJECT ACTION FUND 165 COURTLAND STREET NE STE A231 ATLANTA, GA 30303	82-0934131	501(C)(4)	8,414				EQUALITY AND HUMAN RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOR OUR FUTURE ACTION FUND PO BOX 65279 WASHINGTON, DC 20035	81-2638345	501(C)(4)	7,500				EQUALITY AND HUMAN RIGHTS
IGNITE NC ACTION FUND 1803 CHAPEL HILL ROAD SUITE D DURHAM, NC 27707	45-5067246	501(C)(4)	7,274				HEALTHY INDIVIDUALS AND COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIZATION FOR BLACK STRUGGLE 1401 ROWAN AVENUE SAINT LOUIS, MO 63112	46-3236344	501(C)(4)	6,000				EQUALITY AND HUMAN RIGHTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TIDES ADVOCACY

Employer identification number
94-3153687

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

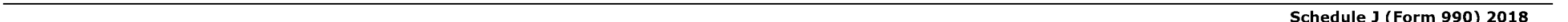
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KRISS DEIGLMEIER BOARD DIRECTOR/CEO	(i)	50,534	0	0	0	0	50,534	0
	(ii)	0	0	0	0	0	0	0
2 AMANDA KETON TREASURER/SECRETARY	(i)	28,447	0	0	0	0	28,447	0
	(ii)	0	0	0	0	0	0	0
3 JACQUELINE VALLE CHIEF OF STAFF/ASSISTANT SECRETARY	(i)	60,397	0	0	0	0	60,397	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT JOHN SMITH EXEC DIR, THE JUSTICE COLLABORATIVE	(i)	162,269	0	125	6,633	22,744	191,771	0
	(ii)	0	0	0	0	0	0	0
5 CHRISTIE M GEORGE PRESIDENT, NEW MEDIA VENTURE	(i)	232,959	0	206	6,220	28,380	267,765	0
	(ii)	0	0	0	0	0	0	0
6 DANIEL PENCHINA PRESIDENT, VOICES FOR PROGRESS	(i)	179,658	0	150	5,833	16,377	202,018	0
	(ii)	0	0	0	0	0	0	0
7 JULIE MENTER MANAGING DIRECTOR, NEW MEDIA VENTURE	(i)	165,117	0	118	6,631	20,005	191,871	0
	(ii)	0	0	0	0	0	0	0
8 MELISSA MIKESELL DIRECTOR, SIA LEGAL TEAM	(i)	153,000	0	88	4,845	1,346	159,279	0
	(ii)	0	0	0	0	0	0	0
9 SHANNON BAKER DIRECTOR OF DEVELOPMENT AND COMM	(i)	152,878	0	80	6,325	17,443	176,726	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
SCHEDULE J, PART II	<p>KRISS DEIGLMEIER (CEO), AMANDA KETON (SECRETARY/TREASURER), AND JACQUELINE VALLE (CHIEF OF STAFF/ASSISTANT SECRETARY) ARE EMPLOYEES OF TIDES NETWORK, AN AFFILIATED (BUT UNRELATED, BY DEFINITION OF THE FORM 990 INSTRUCTIONS) ORGANIZATION. PURSUANT TO A COST-SHARING AGREEMENT, TIDES ADVOCACY MAKES PAYMENTS TO TIDES NETWORK FOR ITS SHARE OF THE ALLOCATED PORTION OF EACH INDIVIDUAL'S WORK FOR TIDES ADVOCACY, WHICH REPRESENT ONLY A FRACTION OF THEIR FULL-TIME EMPLOYMENT STATUS, THESE PAYMENTS HAVE BEEN REPORTED AS "BASE COMPENSATION" WITHIN ROW (I) "COMPENSATION FROM THE ORGANIZATION" ON SCHEDULE J, PART II (AS WELL AS ON FORM 990, PART VII, SECTION A, COLUMN (D)) AS THE ORGANIZATION IS NOT ABLE TO DISTINGUISH WHAT AMOUNT OF THE PAYMENT PERTAINS TO FORM W-2 WAGES, DEFERRED COMPENSATION, OR NON-TAXABLE BENEFITS. THESE PAYMENTS DO NOT REPRESENT ADDITIONAL COMPENSATION EACH INDIVIDUAL RECEIVES ON-TOPI OF COMPENSATION RECEIVED FROM TIDES NETWORK, BUT RATHER REPRESENTS THE REIMBURSEMENTS TIDES NETWORK RECEIVES FOR THE WORK THESE INDIVIDUALS PERFORM FOR TIDES ADVOCACY.</p>



Schedule J Form 990 2018

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
TIDES ADVOCACY

Employer identification number

94-3153687

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	KRISS DEIGLMEIER (CEO), AMANDA KETON (SECRETARY/TREASURER), AND JACQUELINE VALLE (CHIEF OF STAFF/ASSISTANT SECRETARY) ARE EMPLOYEES OF TIDES NETWORK, AN AFFILIATED (BUT UNRELATED, BY DEFINITION OF THE FORM 990 INSTRUCTIONS) ORGANIZATION TIDES ADVOCACY MAKES PAYMENTS TO TIDES NETWORK IN RELATION TO EACH INDIVIDUAL'S WORK FOR TIDES ADVOCACY, WHICH REPRESENTS ONLY A FRACTION OF THEIR FULL-TIME EMPLOYMENT STATUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX PREPARER, IN CONJUNCTION WITH THE ORGANIZATION'S INTERNAL ACCOUNTING STAFF. A DRAFT FORM 990 IS THEN REVIEWED BY THE INTERNAL ACCOUNTING STAFF, ADJUSTMENTS ARE MADE, AS NECESSARY. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD, THE CEO, LEGAL COUNSEL, AND DISTRIBUTED TO ALL MEMBERS OF THE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN PLACE, WHICH COVERS ALL "COVERED INDIVIDUALS" (WHICH INCLUDES ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES) UNDER THE POLICY, EACH COVERED INDIVIDUAL IS REQUIRED TO PROVIDE DISCLOSURE STATEMENTS (I) WHEN THE PERSON BECOMES A COVERED INDIVIDUAL, (II) ANNUALLY THEREAFTER, AND /OR (III) UPON THE OCCURRENCE OF ANY EVENT REQUIRING DISCLOSURE UNDER THE CONFLICT OF INTEREST POLICY THE BOARD SECRETARY COLLECTS THE DISCLOSURE STATEMENTS, AND SUBMITS (IN CONNECTION WITH THE CEO) AN ANNUAL REPORT REGARDING ALL CONFLICTS OF INTEREST DISCLOSED BY OR CONCERNING COVERED INDIVIDUALS TO THE BOARD OF DIRECTORS IF THE BOARD OF DIRECTORS OR A BOARD LEVEL COMMITTEE IS CONSIDERING A BUSINESS TRANSACTION IN WHICH A COVERED INDIVIDUAL IS AN INTERESTED PERSON, THE FOLLOWING PROCEDURES SHALL APPLY (I) THE CONFLICT OF INTEREST MUST BE FULLY DISCLOSED TO THE BOARD OR COMMITTEE PRIOR TO CONSIDERATION OF AN AFFECTED BUSINESS TRANSACTION, (II) A DIRECTOR DESIGNATED AN INTERESTED PERSON MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OR COMMITTEE WHICH AUTHORIZES, APPROVES, OR RATIFIES A PARTICULAR CONTRACT OR TRANSACTION, BUT THE INTERESTED PERSON MAY NOT VOTE ON SUCH CONTRACT OR TRANSACTION, AND (III) THE INTERESTED PERSON MAY, WITH THE APPROVAL OF THE CHAIRPERSON OF THE BOARD OR COMMITTEE, PARTICIPATE IN DISCUSSIONS REGARDING THE AFFECTED BUSINESS, SO LONG AS SUCH INTERESTED PERSON IS EXCUSED FROM THE MEETING PRIOR TO COMPLETION OF THE DISCUSSION, AND DOES NOT RETURN UNTIL DISCUSSION AND VOTING ON THE MATTER HAVE BEEN CONCLUDED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE ORGANIZATION DOES NOT COMPENSATE THE ORGANIZATION'S CEO, RATHER, TIDES NETWORK (AN AFFILIATED, BUT UNRELATED ORGANIZATION) COMPENSATES THE CEO, AND IS REIMBURSED FOR A PORTION OF THE CEO'S TIME DEDICATED TO TIDES ADVOCACY ACCORDINGLY, FORM 990, PART VI, SECTION B, LINE 15A HAS BEEN MARKED "NO" IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS FOR OTHER KEY EMPLOYEES, THE TIDES ADVOCACY BOARD REVIEWS BOTH PERFORMANCE AND COMPENSATION ANNUALLY, TAKING INTO ACCOUNT CUSTOMIZED SALARY SURVEYS PREPARED BY ARTHUR J GALLAGHER & COMPANY THE BOARD MEETS ANNUALLY WITH THE KEY EMPLOYEE(S) AND DETERMINES APPROPRIATE COMPENSATION BY CONSIDERING COMPARABILITY DATA, JOB PERFORMANCE, PROGRESS TOWARDS GOALS, AND PERFORMANCE MANAGEMENT REVIEWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PAYROLL PROCESSING FEES PROGRAM SERVICE EXPENSES 17,779 MANAGEMENT AND GENERAL EXPENSES 5,109 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 22,888 STAFF RECRUITMENT PROGRAM SERVICE EXPENSES 7,791 MANAGEMENT AND GENERAL EXPENSES 50,227 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 58,018 TEMP AGENCIES PROGRAM SERVICE EXPENSES 2,153 MANAGEMENT AND GENERAL EXPENSES 29,628 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 31,781 OTHER FEES FOR SERVICES PROGRAM SERVICE EXPENSES 99,817 MANAGEMENT AND GENERAL EXPENSES 500 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 100,317 CONSULTANTS & CONTRACTORS PROGRAM SERVICE EXPENSES 6,496,570 MANAGEMENT AND GENERAL EXPENSES 153,031 FUNDRAISING EXPENSES 77,067 TOTAL EXPENSES 6,726,668

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REVERSAL OF PRIOR YEAR GRANT EXPENSE 125,000