

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314037400

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
TIDES CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 29907

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 941290907

D Employer identification number

94-3213100

E Telephone number

(415) 561-6300

G Gross receipts \$ 201,105,395

F Name and address of principal officer:
TUTI B SCOTT
PO BOX 29907
SAN FRANCISCO, CA 941290907

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TIDES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994

M State of legal domicile: CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TIDES CENTER ACCELERATES THE PACE OF SOCIAL CHANGE, WORKING WITH INNOVATIVE PARTNERS TO SOLVE SOCIETY'S TOUGHEST PROBLEMS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	7
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	957
6	Total number of volunteers (estimate if necessary)	580
7a	Total unrelated business revenue from Part VIII, column (C), line 12	159
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	137,116,829	171,030,552
9 Program service revenue (Part VIII, line 2g)	11,480,746	27,737,842
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,919,407	2,188,364
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-57,827	-541,667
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,459,155	200,415,091

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,752,568	19,507,079
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)	66,443,013	77,626,185
16a Professional fundraising fees (Part IX, column (A), line 11e)	200,040	122,767
b Total fundraising expenses (Part IX, column (D), line 25) ▶11,528,916		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	59,414,796	58,277,026
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	147,810,417	155,533,057
19 Revenue less expenses. Subtract line 18 from line 12	2,648,738	44,882,034

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	122,229,712	166,214,850
21 Total liabilities (Part X, line 26)	20,645,744	16,804,088
22 Net assets or fund balances. Subtract line 21 from line 20	101,583,968	149,410,762

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

Signature of officer

JUDITH HILL CFO/TREASURER
Type or print name and title

2020-11-08
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2020-11-08	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	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TIDES ACCELERATES THE PACE OF SOCIAL CHANGE, WORKING WITH INNOVATIVE PARTNERS TO SOLVE SOCIETY'S TOUGHEST PROBLEMS.

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 \$ 37,608,628 including grants of \$ 5,769,091) (Revenue \$ 8,203,285)
See Additional Data	

4b	(Code:) (Expenses \$ 86,510,327 including grants of \$ 13,270,517) (Revenue \$ 18,869,842)
See Additional Data	

4c	(Code:) (Expenses \$ 3,047,441 including grants of \$ 467,472) (Revenue \$ 664,715)
See Additional Data	

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

4e	Total program service expenses ▶	127,166,396
-----------	---	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,338
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 957			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
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		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
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	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	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.)

		Yes	No
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	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, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, 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 ☒ 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:
▶JUDITH HILL 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129 (415) 561-6300

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) MICHAEL FERNANDEZ CHAIR	2.00 2.00	X		X				0	0	0
(2) CHERYL ALSTON DIRECTOR	2.00 2.00	X						0	0	0
(3) EDWARD LLOYD DIRECTOR	2.00 2.00	X						0	0	0
(4) PETER MELLEN DIRECTOR	2.00 2.00	X						0	0	0
(5) SUZANNE NOSSELL DIRECTOR	2.00 2.00	X						0	0	0
(6) DEEPAK PURI DIRECTOR THRU 4/2019	2.00 2.00	X						0	0	0
(7) TUTI SCOTT DIR THRU 7/2019/INT CEO START 7/2019	16.00 34.00	X		X				0	184,241	24,909
(8) JASON WINGARD DIRECTOR	2.00 2.00	X						0	0	0
(9) KRISS DEIGLMEIER CEO THROUGH 7/2019	16.00 34.00			X				0	442,989	47,862
(10) JUDITH HILL TREASURER/CFO	16.00 34.00			X				0	392,155	45,124
(11) SUNEELA JAIN SECRETARY/GENERAL COUNSEL	16.00 34.00			X				0	258,984	52,592
(12) AMANDA KETON SECR/HEAD OF PEOPLE & FDN THRU 4/19	16.00 34.00			X				0	253,833	27,250
(13) JENNIFER MARIE LANDIG ASSISTANT SECRETARY/CHIEF OF STAFF	16.00 34.00			X				0	119,040	20,227
(14) KELLY FITZSIMMONS FOUNDER/MAN DIR - PROJECT EVIDENT	40.00 0.00					X		323,022	0	43,543
(15) MARK SMOLINSKI PRESIDENT - ENDING PANDEMICS	40.00 0.00					X		316,878	0	43,981
(16) CATHERINE LENORE ANDERSON PRESIDENT - ASJ/CSJ	40.00 0.00					X		271,224	0	37,787
(17) AMY LESNICK CHIEF EXECUTIVE - PLEDGE 1%	40.00 0.00					X		255,894	0	28,030

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,418,068	1,651,242	402,536

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 135

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HOME FRONT COMMUNICATIONS LLC 1201 NEW YORK AVE NW STE 900 WASHINGTON, DC 20005	CONSULTING SERVICES	616,300
SEVEN INTERNATIONAL 660 4TH STREET 227 SAN FRANCISCO, CA 94107	CONSULTING SERVICES	451,002
WEIDA CREATIVE SERVICES LLC 1275 E 6TH ST 10A LOS ANGELES, CA 90021	EVENT PLANNING	404,375
STUDIO WATERSHED 1507 SHERIDAN ROAD HIGHLAND PARK, IL 60035	CONSULTING SERVICES	225,778
FARHANA HOSSAIN 60 W 70TH STREET APT 2 NEW YORK, NY 10023	CONSULTING SERVICES	207,387

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 32

Form 990 (2019)		Page 9					
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	1,111,952				
	d Related organizations	1d	8,319,650				
	e Government grants (contributions)	1e	15,639,181				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	145,959,769				
	g Noncash contributions included in lines 1a - 1f:\$	1g	5,830,963				
	h Total. Add lines 1a-1f		171,030,552				
Program Service Revenue	2a GOVERNMENT CONTRACTS	Business Code 541900	9,466,644	9,466,644			
	b CONTRACT FEES	541900	6,798,962	6,798,962			
	c RENTAL INCOME - NP ORGS	531120	2,942,555	2,942,555			
	d MEMBERSHIP REVENUE	900099	2,196,610	2,196,610			
	e CONFERENCE/EVENT REVENUE	900099	1,218,462	1,218,462			
	f All other program service revenue.		5,114,609	5,114,609			
	g Total. Add lines 2a-2f		27,737,842				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,113,792		2,113,792		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	74,572				
		b Less: cost or other basis and sales expenses	7b	0			
	c Gain or (loss)	7c	74,572				
	d Net gain or (loss)		74,572		74,572		
	8a Gross income from fundraising events (not including \$ 1,111,952 of contributions reported on line 1c). See Part IV, line 18	8a	139,993				
		b Less: direct expenses	8b	670,059			
		c Net income or (loss) from fundraising events		-530,066		-530,066	
	9a Gross income from gaming activities. See Part IV, line 19	9a	8,485				
b Less: direct expenses		9b	20,245				
c Net income or (loss) from gaming activities		-11,760		-11,760			
10aGross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11aADVERTISING		541800	159	159			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			159				
12 Total revenue. See instructions			200,415,091	27,737,842	159		
					1,646,538		

Form 990 (2019)

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	16,998,924	16,998,924		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	673,684	673,684		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,834,471	1,834,471		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	61,693,195	45,061,931	8,329,996	8,301,268
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,288,850	1,671,822	309,047	307,981
9 Other employee benefits	8,948,358	6,536,058	1,208,233	1,204,067
10 Payroll taxes	4,695,782	3,429,892	634,038	631,852
11 Fees for services (non-employees):				
a Management				
b Legal	488,670		488,670	
c Accounting	235,920		235,920	
d Lobbying	682,635	682,635		
e Professional fundraising services. See Part IV, line 17	122,767			122,767
f Investment management fees	73,884		73,884	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,971,407	25,895,877		75,530
12 Advertising and promotion	1,814,852	1,777,426		37,426
13 Office expenses	1,914,613	1,914,613		
14 Information technology	952,379	950,780		1,599
15 Royalties				
16 Occupancy	4,972,356	4,972,356		
17 Travel	6,421,550	6,385,475		36,075
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,969,353	4,913,372		55,981
20 Interest	1,453	1,453		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,756	65,756		
23 Insurance	580,175	580,175		
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 ADMIN, IT, HR	5,557,957		5,557,957	
b OTHER PROJECT EXPENSES	1,179,817	1,159,827		19,990
c OTHER FUNDRAISING EXP	722,827			722,827
d				
e All other expenses	1,671,422	1,659,869		11,553
25 Total functional expenses. Add lines 1 through 24e	155,533,057	127,166,396	16,837,745	11,528,916
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 SheetCheck 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		-101,985	1	3,499,917
	2	Savings and temporary cash investments		25,008,449	2	34,570,730
	3	Pledges and grants receivable, net		22,654,588	3	32,895,382
	4	Accounts receivable, net		2,349,736	4	1,581,908
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		626,539	9	761,617
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,557,098		
	b	Less: accumulated depreciation	10b	1,980,421		
	11	Investments—publicly traded securities		69,192,294	11	88,917,426
	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		1,387,332	15	2,411,193
16	Total assets. Add lines 1 through 15 (must equal line 34)		122,229,712	16	166,214,850	
Liabilities	17	Accounts payable and accrued expenses		10,336,329	17	10,117,591
	18	Grants payable		97,680	18	1,771,444
	19	Deferred revenue		1,113,427	19	231,200
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		336,652	21	246,859
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		8,761,656	25	4,436,994
	26	Total liabilities. Add lines 17 through 25		20,645,744	26	16,804,088
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		53,182,828	27	64,273,863
	28	Net assets with donor restrictions		48,401,140	28	85,136,899
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances		101,583,968	32	149,410,762	
33	Total liabilities and net assets/fund balances		122,229,712	33	166,214,850	

Part XI Reconciliation of Net AssetsCheck 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	200,415,091
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,533,057
3	Revenue less expenses. Subtract line 2 from line 1	3	44,882,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,583,968
5	Net unrealized gains (losses) on investments	5	2,944,760
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	149,410,762

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?	Yes	
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	

Additional Data

Software ID:
Software Version:
EIN: 94-3213100
Name: TIDES CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

EQUITY: WITHIN OUR LARGEST AREA OF IMPACT, TIDES PROJECTS WORK MULTILATERALLY TO CREATE MORE EQUAL OPPORTUNITY AND EQUITABLE TREATMENT FOR ALL. PROJECTS FOCUS ON ETHNIC AND RACIAL EQUITY, ECONOMIC OPPORTUNITY, HUMAN RIGHTS POLICIES, REPRODUCTIVE JUSTICE, REFUGEE AID, AND INCREASED CIVIC ENGAGEMENT. SEVERAL PROGRAMS WORKED TO END HOMELESSNESS BY PROVIDING TRANSITIONAL HOUSING AND SOCIAL SERVICES. OTHERS ADVOCATED FOR ISSUES SUCH AS THE SOCIAL AND ECONOMIC EMPOWERMENT OF WOMEN AND GIRLS, ACCESS TO QUALITY HEALTH CARE, AND CRIMINAL JUSTICE REFORM.

Form 990, Part III, Line 4b:

EDUCATION: IN 2019, TIDES PROJECTS ENRICHED THE EDUCATION OF YOUTH AND ADULTS LIVING IN LOCAL, UNDER-SERVED COMMUNITIES, FOCUSING ON AREAS SUCH AS LEADERSHIP DEVELOPMENT, ARTS EDUCATION, HEALTH AND NUTRITION, FAMILY SELF-SUFFICIENCY, AND STEM. INTERNATIONALLY, TIDES PROJECTS PROVIDED TRAINING IN PUBLIC HEALTH PRACTICES FOR HEALTHCARE PROVIDERS AND IN EFFECTIVE CONDOM USAGE TO PREVENT THE SPREAD OF HIV/AIDS. OTHER TIDES PROJECTS INSTITUTED A VARIETY OF PROGRAMS THAT RANGED FROM EDUCATING MEN TO ADVOCATING AGAINST DOMESTIC VIOLENCE, TO SUPPORTING QUALIFIED CANDIDATES SEARCHING FOR CAREERS IN HIGHER EDUCATION, TO EXPLORING THE INTERSECTION OF THE ARTS AND SOCIAL JUSTICE.

Form 990, Part III, Line 4c:

ENVIRONMENT: IN 2019, TIDES PROJECTS WORKED IN THE AREAS OF ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE, AND SUSTAINABLE AGRICULTURE PRACTICES. PROGRAMS WORKED AT THE LOCAL LEVEL TO ADDRESS ENVIRONMENTAL ISSUES FACING LOW-INCOME, MARGINALIZED COMMUNITIES, AS WELL AS THE NATIONAL AND INTERNATIONAL LEVELS TO SPEARHEAD CAMPAIGNS FOR THE PRESERVATION OF OUR NATURAL ENVIRONMENT AND ANIMAL WELFARE. TIDES PROJECTS ADVOCATED FOR A MORE JUST, CLEAN, AND SUSTAINABLE WORLD FROM A VARIETY OF PERSPECTIVES, FROM REDUCING ENVIRONMENTAL MERCURY EXPOSURE TO DEVELOPING REGIONAL FOOD SYSTEMS AND ENHANCING FOOD SECURITY TO SUPPORTING THE FARM TO SCHOOL FOOD MOVEMENT.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TIDES CENTER

Employer identification number
94-3213100

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	90,488,342	97,647,384	140,466,455	137,116,829	171,030,552	636,749,562
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	90,488,342	97,647,384	140,466,455	137,116,829	171,030,552	636,749,562
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						10,001,585
6	Public support. Subtract line 5 from line 4.						626,747,977

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	90,488,342	97,647,384	140,466,455	137,116,829	171,030,552	636,749,562
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	593,590	671,144	1,273,700	1,722,664	2,113,792	6,374,890
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .		12,046	2,494			14,540
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .				162,840		162,840
11	Total support. Add lines 7 through 10						643,301,832
12	Gross receipts from related activities, etc. (see instructions)					12	76,216,801

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.430 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	95.860 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	Yes	No
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	REIMBURSEMENTS - 2018 AMOUNT: \$ 162,840.

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

2019

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 CENTER	Employer identification number 94-3213100
--	--

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)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input 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					
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		1,818
d	Mailings to members, legislators, or the public?	Yes		12,194
e	Publications, or published or broadcast statements?	Yes		8,782
f	Grants to other organizations for lobbying purposes?	Yes		412,026
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		790,126
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		2,724
i	Other activities?	Yes		5,160
j	Total. Add lines 1c through 1i			1,232,830
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 II-B, LINE 1:	TIDES CENTER, THROUGH ITS FISCALLY SPONSORED PROJECTS, ENGAGES IN LOBBYING ACTIVITIES IN SUPPORT OF A WIDE VARIETY OF ISSUES AND CAUSES TO ADVANCE TIDES' MISSION TO ACCELERATE THE PACE OF SOCIAL CHANGE, INCLUDING IN THE AREAS OF EDUCATION, ENVIRONMENT, AND EQUITY.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493314037400

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TIDES CENTER

Employer identification number
94-3213100

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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 ► \$ 0

(ii) Assets included in Form 990, Part X ► \$ 419,000

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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		2,493,568	1,421,974	1,071,594
d Equipment		572,530	558,447	14,083
e Other		491,000		491,000
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,576,677

Schedule D (Form 990) 2019

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	4,436,994

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	
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	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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: 94-3213100
Name: TIDES CENTER

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	ONE OF TIDES CENTER'S PROJECTS, THE NATIONAL AIDS MEMORIAL GROVE, HOLDS TITLE TO THE AIDS MEMORIAL QUILT. THE NATIONAL AIDS MEMORIAL GROVE IS A FEDERALLY DESIGNATED AIDS MEMORIAL, ENCOMPASSING EFFORTS TO RESTORE, CREATE AND PERPETUALLY MAINTAIN A 15-ACRE WOODED SITE IN SAN FRANCISCO'S GOLDEN GATE PARK. THE GROVE IS DEDICATED TO ALL LIVES TOUCHED BY AIDS. IN NOVEMBER 2019, THE NATIONAL AIDS MEMORIAL GROVE BECAME THE PERMANENT CARETAKER AND STEWARD OF THE AIDS MEMORIAL QUILT, RETURNING IT TO SAN FRANCISCO, WHERE ITS STORY BEGAN DURING THE HEIGHT OF THE AIDS EPIDEMIC. THE NATIONAL AIDS MEMORIAL GROVE WORKS WITH HUNDREDS OF PARTNERS ACROSS THE COUNTRY TO ORCHESTRATE MORE THAN 1,000 DISPLAYS EVERY YEAR IN SCHOOLS, UNIVERSITIES, PLACES OF WORSHIP, CORPORATIONS AND COMMUNITY CENTERS. ON WORLD AIDS DAY, DECEMBER 1ST OF EACH YEAR, MORE THAN 1/2 OF THE QUILT GOES ON DISPLAY AROUND THE NATION.

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	DURING 2019, THE ORGANIZATION HELD FUNDS IN AN AGENCY CAPACITY (ON BEHALF OF THE THOMAS J. LONG FOUNDATION, WHICH IS WINDING DOWN OPERATIONS) FOR THE ULTIMATE BENEFIT OF LINCOLN ELEMENTARY SCHOOL IN THE WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT. TIDES CENTER HAS NO VARIANCE POWER IN DETERMINING THE GRANTEE, AND THUS RECORDED AN ASSET (CASH) AS WELL AS A CORRESPONDING LIABILITY UPON RECEIPT OF THE PASS-THROUGH FUNDS; ITEMS ARE NOT RECORDED WITHIN REVENUES OR EXPENSES IN REGARDS TO THIS ARRANGEMENT.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT EVALUATED TIDES ORGANIZATIONS' TAX POSITIONS AND CONCLUDED THAT THEY HAD MAINTAINED THEIR TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TIDES CENTER

Employer identification number
94-3213100

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			1,834,471
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,834,471

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

[illegible]

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	▶	18
3	Enter total number of other organizations or entities	▶	0

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

Part III can be duplicated if additional space is needed.

[illegible]

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:	THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE WHETHER A GROUP WILL BE AN APPROPRIATE GRANTEE. POTENTIAL RECIPIENTS ARE REQUIRED TO PROVIDE PROOF OF TAX STATUS AND/OR REGISTRATION DOCUMENTS AND THEIR ORGANIZATIONAL DOCUMENTS. ALL GRANTEES ARE NOTIFIED OF THE TERMS AND CONDITIONS OF EACH GRANT SHOULD IT BE AWARDED AND GRANTEES INDICATE ACCEPTANCE BY SIGNATURE. ALL INTERNATIONAL GRANTS ARE RESTRICTED TO A CLEARLY CHARITABLE OR EDUCATIONAL PURPOSE AND MUST BE USED EXCLUSIVELY FOR ACTIVITIES CONDUCTED OUTSIDE OF THE UNITED STATES. ALL GRANTEES RECEIVE A WRITTEN GRANT AGREEMENT, AND BY ACCEPTING PAYMENT, THE GRANTEE AGREES TO THE CONDITIONS OF THE AWARD.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	THE ORGANIZATION UTILIZES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES ON SCHEDULE F, PART I, LINE 3.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 94-3213100

Name: TIDES CENTER

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		211,533
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		631,677

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		338,969
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		191,653

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		238,303
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		222,336

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EAST ASIA AND THE PACIFIC	EQUALITY AND HUMAN RIGHTS	211,533	WIRE			
		MIDDLE EAST AND NORTH AFRICA	ECONOMIC DEVELOPMENT	238,112	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		MIDDLE EAST AND NORTH AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	210,360	WIRE			
		MIDDLE EAST AND NORTH AFRICA	ECONOMIC DEVELOPMENT	97,952	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		MIDDLE EAST AND NORTH AFRICA	HEALTHY INDIVIDUALS AND COMMUNITIES	85,253	WIRE			
		RUSSIA AND NEIGHBORING STATES	ECONOMIC DEVELOPMENT	299,766	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		RUSSIA AND NEIGHBORING STATES	ECONOMIC DEVELOPMENT	20,767	WIRE			
		RUSSIA AND NEIGHBORING STATES	ECONOMIC DEVELOPMENT	16,240	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	CIVIC ENGAGEMENT	83,984	WIRE			
		SOUTH AMERICA	CIVIC ENGAGEMENT	51,432	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	CIVIC ENGAGEMENT	26,330	WIRE			
		SOUTH AMERICA	CIVIC ENGAGEMENT	23,283	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	CIVIC ENGAGEMENT	18,977	WIRE			
		SOUTH AMERICA	CIVIC ENGAGEMENT	18,026	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	CIVIC ENGAGEMENT	16,271	WIRE			
		SOUTH ASIA	CIVIC ENGAGEMENT	191,653	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SUB-SAHARAN AFRICA	EQUALITY AND HUMAN RIGHTS	141,759	WIRE			
		SUB-SAHARAN AFRICA	EQUALITY AND HUMAN RIGHTS	80,576	WIRE			

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LIGHT IN THE GROVE (event type)	CREATING HOPE (event type)	11 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	385,474	247,933	618,538	1,251,945
	2 Less: Contributions	383,624	225,233	503,095	1,111,952
	3 Gross income (line 1 minus line 2)	1,850	22,700	115,443	139,993
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	50,946	47,112	5,267	103,325
	7 Food and beverages	163	639	10,291	11,093
	8 Entertainment				
	9 Other direct expenses	198,170	50,289	307,182	555,641
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				670,059
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-530,066

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
TIDES CENTER

Employer identification number
94-3213100

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 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.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 202

3 Enter total number of other organizations listed in the line 1 table ▶ 4

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) STIPEND/SUPPORT/SCHOLARSHIP	18	673,684			
(2)					
(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:	THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING, INCLUDING REVIEW OF THE GROUP'S TAX-EXEMPT STATUS AND WHETHER THE GRANT WOULD ADVANCE TIDES' MISSION. ALL GRANTEEES RECEIVE A WRITTEN GRANT AGREEMENT. BY ACCEPTING PAYMENT, THE GRANTEE AGREES TO THE CONDITIONS OF THE AWARD. IF A GRANT IS RESTRICTED TO A SPECIFIC PROGRAM OR SPECIFIC ACTIVITIES, GRANTEEES FURTHER AGREE THAT ANY PORTION OF THE GRANT NOT USED FOR THE STATED PURPOSE MUST BE REPAYED AND ANY CHANGE OF THE PURPOSE MUST BE REQUESTED AND APPROVED IN ADVANCE IN WRITING. AWARD LETTERS FOR GRANTS THAT ARE RESTRICTED TO A NON-LOBBYING PURPOSE ALSO PROHIBIT THE USE OF GRANT FUNDS TO ENGAGE IN LOBBYING ACTIVITY. BASED ON A RISK ASSESSMENT AND CONSIDERATION OF THE GRANTEE'S TAX-EXEMPT STATUS, NARRATIVE AND FINANCIAL REPORTS DESCRIBING USE OF GRANTS FUNDS ARE REQUIRED FOR CERTAIN GRANTS AFTER THE GRANT AWARD.

Additional Data

Software ID:
Software Version:
EIN: 94-3213100
Name: TIDES CENTER

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
A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)(3)	182,000				HEALTHY INDIVIDUALS AND COMMUNITIES
ACCESS REPRODUCTIVE CARE - SOUTHEAST PO BOX 7354 ATLANTA, GA 30357	47-3813101	501(C)(3)	35,000				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
ACCOUNTING FOR YOUR FUTURE 366 LUDLOW AVENUE CINCINNATI, OH 45220	81-1047750	501(C)(3)	25,000				EQUALITY AND HUMAN RIGHTS
ADELANTE ALABAMA WORKER CENTER 2104 CHAPEL HILL ROAD HOOVER, AL 35216	46-5635459	501(C)(3)	15,000				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
AI4ALL 344 20TH STREET OAKLAND, CA 94612	82-2792979	501(C)(3)	240,635				QUALITY EDUCATION
ALAMEDA COUNTY BEHAVIORAL HEALTHCARE 2000 EMBARCADERO COVE SUITE 400 OAKLAND, CA 94606	94-6000501	COUNTY OF ALAMEDA	50,000				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
ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK OGAWA PLAZA OAKLAND, CA 94612	94-3103136	501(C)(3)	100,000				HEALTHY INDIVIDUALS AND COMMUNITIES
ALEX'S LEMONADE STAND FOUNDATION 1111 PRESIDENTIAL BOULEVARD BALA CYNWYD, PA 19004	56-2496146	501(C)(3)	50,000				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
ALLIANCE FOR GLOBAL JUSTICE 225 EAST 26TH STREET SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	63,305				EQUALITY AND HUMAN RIGHTS
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	100,000				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
AMERICAN ASSOCIATION OF STATE COLLEGES AND UNIVERSITIES 1307 NEW YORK AVENUE NW 5TH FLOOR WASHINGTON, DC 20005	52-0747578	501(C)(3)	45,000				QUALITY EDUCATION
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	24,400				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
ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY PO BOX 2260 TEMPE, AZ 852802260	86-6021042	501(C)(3)	15,000				QUALITY EDUCATION
ARRIBA LAS VEGAS WORKER CENTER 1948 E CHARLESTON BOULEVARD LAS VEGAS, NV 89104	83-4206510	501(C)(3)	7,500				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
ASIAN HEALTH SERVICES 101 8TH STREET RNSUITE 100 OAKLAND, CA 94607	94-2235908	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES 1307 NEW YORK AVENUE NW SUITE 400 WASHINGTON, DC 20005	53-0183246	501(C)(3)	55,516				QUALITY EDUCATION

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
AXIS COMMUNITY HEALTH INC 5925 WEST LAS POSITAS BOULEVARD PLEASANTON, CA 94588	94-2232394	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE LANCASTER, CA 93535	27-3261289	501(C)(3)	100,000				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
BEHAVIORAL HEALTH SERVICES INC 15519 CRENSHAW BLVD GARDENA, CA 90249	95-2838006	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
BELCHERTOWN PUBLIC SCHOOLS 14 MAPLE STREET BELCHERTOWN, MA 01007	04-6001083	STATE OF MA	14,924				QUALITY EDUCATION

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 PHOENIX ORGANIZING COLLECTIVE (FISCAL SPONSOR - PODER IN ACTION INC) 3358 W PORTLAND STREET PHOENIX, AZ 85009	46-2284158	501(C)(3)	20,000				HEALTHY INDIVIDUALS AND COMMUNITIES
BOREAL SONGBIRD INITIATIVE 1904 THIRD AVENUE SEATTLE, WA 98101	91-2158784	501(C)(3)	24,423				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
BUILDING OPPORTUNITIES FOR SELF-SUFFICIENCY 1918 UNIVERSITY AVENUE SUITE 2A BERKELEY, CA 94704	51-0173390	501(C)(3)	20,000				HEALTHY INDIVIDUALS AND COMMUNITIES
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	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
CALIFORNIA CHARTER SCHOOLS ASSOCIATION 250 EAST 1ST STREET SUITE 1000 LOS ANGELES, CA 90012	51-0465703	501(C)(3)	150,000				QUALITY EDUCATION
CAROLINA FEDERATION PO BOX 61113 DURHAM, NC 27715	83-0936641	501(C)(4)	7,500				QUALITY EDUCATION

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
CAROLINA YOUTH ACTION PROJECT PO BOX 20971 CHARLESTON, SC 29413	27-5484213	501(C)(3)	25,000				EQUALITY AND HUMAN RIGHTS
CENTER FOR COMMUNITY RESEARCH INC 8885 RIO SAN DIEGO DRIVE SUITE 111 SAN DIEGO, CA 92108	27-1000906	501(C)(3)	75,000				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
CENTER FOR THE STUDY OF CHILD CARE EMPLOYMENT (UC BERKELEY) 2521 CHANNING WAY 2ND FLOOR BERKELEY, CA 94704	94-6002123	STATE OF CA	30,000				HEALTHY INDIVIDUALS AND COMMUNITIES
CENTER ON JUVENILE AND CRIMINAL JUSTICE 424 GUERRERO STREET SUITE A SAN FRANCISCO, CA 94110	94-3136811	501(C)(3)	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
CENTRAL ARKANSAS HARM REDUCTION PROJECT 719 WRIGHT AVENUE LITTLE ROCK, AR 72205	83-3867162	501(C)(3)	15,000				HEALTHY INDIVIDUALS AND COMMUNITIES
CHAPA-DE INDIAN HEALTH PROGRAM INC 11670 ATWOOD ROAD AUBURN, CA 95603	94-2583156	501(C)(3)	50,000				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
CHARITABLE VENTURES OF ORANGE COUNTY INC 4041 MACARTHUR BOULEVARD SUITE 510 NEWPORT BEACH, CA 92660	20-8756660	501(C)(3)	20,000				HEALTHY INDIVIDUALS AND COMMUNITIES
CHARLESTON COUNTY SCHOOL DISTRICT 75 CALHOUN STREET CHARLESTON, SC 29405	57-6000322	STATE OF SC	15,000				QUALITY EDUCATION

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
CHICAGO COMMUNITY BOND FUND 601 S CALIFORNIA CHICAGO, IL 60612	47-5015710	501(C)(3)	9,500				HEALTHY INDIVIDUALS AND COMMUNITIES
CHILD WELFARE INNOVATION INCORPORATED 1452 DORCHESTER AVE SUITE 4 DORCHESTER, MA 02122	38-4011253	501(C)(3)	300,000				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
CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVENUE 5TH FLOOR SAN FRANCISCO, CA 94133	23-7404756	501(C)(3)	54,543				EQUALITY AND HUMAN RIGHTS
CLINICA MSR OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501(C)(3)	50,000				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
COMMUNITIES IN SCHOOLS OF SAN FERNANDO VALLEY AND GREATER LOS ANGELES INC 8743 BURNET AVENUE NORTH HILLS, CA 91343	95-4523780	501(C)(3)	20,000				EQUALITY AND HUMAN RIGHTS
COMMUNITY BONDS INC 347 GRAND AVENUE NEW HAVEN, CT 06513	81-2912950	501(C)(3)	123,281				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 CAPACITY DEVELOPMENT 89-39 SUTPHIN BOULEVARD 303 JAMAICA, NY 11435	83-1205784	501(C)(3)	29,000				ECONOMIC DEVELOPMENT
COMMUNITY FOUNDATION OF SAN JOAQUIN 6735 HERNDON PLACE SUITE B STOCKTON, CA 95219	26-1476916	501(C)(3)	114,100				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
COMMUNITY FOUNDATION OF SNOHOMISH COUNTY 2823 ROCKEFELLER AVE EVERETT, WA 98201	94-3188703	501(C)(3)	60,177				HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST INC 150 TEJAS PLACE NIPOMO, CA 93444	95-3253302	501(C)(3)	50,000				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
COMMUNITY LABOR UNITED INC 8 BEACON STREET 5TH FLOOR BOSTON, MA 01208	20-3404034	501(C)(3)	45,000				HEALTHY INDIVIDUALS AND COMMUNITIES
COMMUNITY SUCCESS INITIATIVE INC PO BOX 61114 RALEIGH, NC 27661	16-1702165	501(C)(3)	8,252				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 WORKS WEST 110 BROADWAY OAKLAND, CA 94607	20-5278030	501(C)(3)	75,000				HEALTHY INDIVIDUALS AND COMMUNITIES
COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY 1080 EMELINE AVENUE SUITE D SANTA CRUZ, CA 95060	94-6000534	COUNTY OF SANTA CRUZ	100,000				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
CVILLE IMMIGRANT BOND FUND PO BOX 7881 1155 SEMINOLE TRAIL CHARLOTTESVILLE, VA 22906	83-1201014	501(C)(3)	5,088				EQUALITY AND HUMAN RIGHTS
DIGITAL HARBOR FOUNDATION 1045 LIGHT STREET BALTIMORE, MD 21230	45-2536579	501(C)(3)	7,500				QUALITY EDUCATION

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
EASTERN IOWA COMMUNITY BOND PROJECT PO BOX 3174 IOWA CITY, IA 52244	82-0931341	501(C)(3)	28,000				EQUALITY AND HUMAN RIGHTS
EL DORADO COUNTY COMMUNITY HEALTH CENTER 3108 PONTE MORINO DRIVE SUITE 130 CAMERON PARK, CA 95683	42-1533531	501(C)(3)	50,000				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
ENGAGE SAN DIEGO 3009 CENTRE STREET SAN DIEGO, CA 92103	27-7332048	501(C)(3)	40,000				HEALTHY INDIVIDUALS AND COMMUNITIES
EPISCOPAL CITY MISSION 138 TREMONT STREET BOSTON, MA 02111	04-2104171	501(C)(3)	41,491				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
EQUAL RIGHTS ADVOCATES 1170 MARKET STREET SUITE 700 SAN FRANCISCO, CA 94102	23-7217027	501(C)(3)	19,186				EQUALITY AND HUMAN RIGHTS
ESCONDIDO UNION HIGH SCHOOL DISTRICT 302 N MIDWAY DRIVE ESCONDIDO, CA 92027	95-6001096	STATE OF CA	20,000				QUALITY EDUCATION

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
EX-OFFENDER FELLOWSHIP NETWORK 5444 CRENSHAW BOULEVARD 202 LOS ANGELES, CA 90043	20-0879289	501(C)(3)	30,000				HEALTHY INDIVIDUALS AND COMMUNITIES
FAIR WORK CENTER 116 WARREN AVENUE N SUITE A SEATTLE, WA 98109	47-5249092	501(C)(3)	399,020				ECONOMIC DEVELOPMENT

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
FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0805373	COUNTY OF FAIRFAX	20,000				QUALITY EDUCATION
FAITH IN ACTION NETWORK 999 NORTH CAPITOL STREET NE SUITE 200 WASHINGTON, DC 20002	94-2206497	501(C)(3)	71,200				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
FAITH IN THE VALLEY 2027 E HARDING WAY STOCKTON, CA 95205	77-0635938	501(C)(3)	20,000				HEALTHY INDIVIDUALS AND COMMUNITIES
FAMILIES FOR JUSTICE AS HEALING INC 100 R WARREN STREET ROXBURY, MA 02119	45-4148974	501(C)(3)	60,000				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
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES INC 6501 GARFIELD AVE BELL GARDENS, CA 90201	95-1641454	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	100,000				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
FANG COLLECTIVE (FISCAL SPONSOR - PROVIDENCE YOUTH STUDENT MOVEMENT) 545 PAWTUCKET AVE PAWTUCKET, RI 02860	65-1224536	501(C)(3)	10,000				HEALTHY INDIVIDUALS AND COMMUNITIES
FEMINIST WOMEN'S HEALTH CENTER INC 1924 CLIFF VALLEY WAY ATLANTA, GA 30329	58-1273243	501(C)(3)	35,000				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
FII - NATIONAL (DBA FAMILY INDEPENDENCE INITIATIVE) 663 13TH STREET OAKLAND, CA 94612	02-0784790	501(C)(3)	24,500				EQUALITY AND HUMAN RIGHTS
FREEDOM FOR IMMIGRANTS 1322 WEBSTER STREET SUITE 300 OAKLAND, CA 94612	80-0875881	501(C)(3)	17,703				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
FREEDOM FUND NETWORK INC 213 SW 2ND STREET SUITE J FORT LAUDERDALE, FL 33301	82-2069282	501(C)(3)	5,872				EQUALITY AND HUMAN RIGHTS
FRESNO NEW CONNECTION INC 4411 N CEDAR AVENUE SUITE 108 FRESNO, CA 93726	77-0534019	501(C)(3)	50,000				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
FUND FOR THE CITY OF NEW YORK INC 121 6TH AVENUE 6TH FLOOR NEW YORK, NY 10013	13-2612524	501(C)(3)	850,000				EQUALITY AND HUMAN RIGHTS
GLOBAL COMMUNITIES OF HOPE 16 PALOMAR DRIVE CHULA VISTA, CA 91911	47-1497512	501(C)(3)	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
GOLDEN VALLEY HEALTH CENTER 737 WEST CHILDS AVENUE MERCED, CA 95341	94-2196086	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
GRASSROOTS LEADERSHIP INC PO BOX 6310 AUSTIN, TX 78762	58-1581743	501(C)(3)	12,000				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
GULF COAST CENTER FOR LAW & POLICY (FISCAL SPONSOR - PROJECT SOUTH) PO BOX 784 SLIDELL, LA 70459	58-1956686	501(C)(3)	45,000				HEALTHY INDIVIDUALS AND COMMUNITIES
GVNGORG 907 WESTWOOD BOULEVARD SUITE 144 LOS ANGELES, CA 90024	81-2446261	501(C)(3)	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
HABESHA INC PO BOX 1291 REDAN, GA 30074	02-0536428	501(C)(3)	29,000				QUALITY EDUCATION
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY INC 1800 GREEN HILLS ROAD SUITE 100 SANTA CRUZ, CA 95066	01-0826156	501(C)(3)	75,000				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
HEALTHY AND FREE TENNESSEE 1726 POPLAR AVENUE MEMPHIS, TN 38104	62-0931089	501(C)(3)	32,362				HEALTHY INDIVIDUALS AND COMMUNITIES
HIGHLANDER RESEARCH AND EDUCATION CENTER INC 1959 HIGHLANDER WAY NEW MARKET, TN 37820	62-0646373	501(C)(3)	7,500				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
HILL COUNTRY COMMUNITY CLINIC PO BOX 228 ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
HOLLER HEALTH JUSTICE PO BOX 11032 CHARLESTON, WV 25339	83-1203957	501(C)(3)	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
HOMEBOY INDUSTRIES 130 WEST BRUNO STREET LOS ANGELES, CA 90012	95-4800735	501(C)(3)	20,000				EQUALITY AND HUMAN RIGHTS
HOMELESS YOUTH ALLIANCE INC PO BOX 170427 SAN FRANCISCO, CA 94117	81-3036333	501(C)(3)	505,582				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
IMMERSION FOR SPANISH LANGUAGE ACQUISITION PO BOX 16278 CHAPEL HILL, NC 27516	45-5336885	501(C)(3)	18,490				QUALITY EDUCATION
INDIGENOUS VISION 4301 N 24TH STREET 165 PHOENIX, AZ 85016	47-4307849	501(C)(3)	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
INLAND COALITION FOR IMMIGRANT JUSTICE 1441 N D STREET SUITE 208 SAN BERNANDINO, CA 92405	33-0480298	501(C)(3)	18,500				EQUALITY AND HUMAN RIGHTS
INLAND CONGREGATIONS UNITED FOR CHANGE SPONSORING COMMITTEE INC 1441 N D STREET SUITE 208 SAN BERNARDINO, CA 92405	33-0480298	501(C)(3)	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
INSTITUTE OF ART THERAPY INC 200 N GREENSBORO STREET D-6 CARRBORO, NC 27510	26-3447555	501(C)(3)	14,790				HEALTHY INDIVIDUALS AND COMMUNITIES
JAMAA BIRTH VILLAGE 40 N FLORISSANT RD FERGUSON, MO 63135	47-5592021	501(C)(3)	30,000				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
JOY LIKE A RIVER UNITED CHURCH OF CHRIST 1841 HAVANA AVENUE SW WYOMING, MI 495051363	82-3183846	501(C)(3)	15,000				EQUALITY AND HUMAN RIGHTS
JUDSON MEMORIAL CHURCH 239 THOMPSON STREET NEW YORK, NY 10012	13-2664489	501(C)(3)	19,500				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
JWCH INSTITUTE INC 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
KNOXVILLE ABORTION DOULA COLLECTIVE (FISCAL SPONSOR - HOLLER HEALTH JUSTICE 5832 WOODED ACRES DRIVE KNOXVILLE, TN 37921	83-1203957	501(C)(3)	15,000				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
KOREAN COMMUNITY SERVICES INC 8633 KNOTT AVENUE BUENA PARK, CA 90620	95-3245254	501(C)(3)	100,000				HEALTHY INDIVIDUALS AND COMMUNITIES
KOREAN HEALTH EDUCATION INFORMATION RESEARCH CENTER 3727 WEST 6TH STREET SUITE 200 LOS ANGELES, CA 90020	95-4074660	501(C)(3)	50,000				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
LA CLINICA DE LA RAZA INC PO BOX 22210 OAKLAND, CA 94623	94-1744108	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
LA COLECTIVA (FISCAL SPONSOR - ALLIANCE FOR GLOBAL JUSTICE) 225 E 26TH STREET TUCSON, AZ 85713	52-2094677	501(C)(3)	18,500				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
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY 764 P STREET SUITE 12 FRESNO, CA 93721	46-1517800	501(C)(3)	713,140				EQUALITY AND HUMAN RIGHTS
LEADERSHIP PUBLIC SCHOOLS 99 LINDEN STREET OAKLAND, CA 94607	73-1643646	501(C)(3)	20,000				QUALITY EDUCATION

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
LEARNING POLICY INSTITUTE 1530 PAGE MILL ROAD SUITE 200 PALO ALTO, CA 94304	47-2772048	501(C)(3)	35,000				QUALITY EDUCATION
LIFT UP CONTRA COSTA ACTION (PROJECT OF TIDES ADVOCACY) 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	121,250				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
LIVINGSTON COMMUNITY HEALTH 600 B STREET LIVINGSTON, CA 95334	94-1719656	501(C)(3)	100,000				HEALTHY INDIVIDUALS AND COMMUNITIES
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR UCLA MEDICAL CENTER 1124 W CARSON STREET TORRANCE, CA 90506	95-2138184	501(C)(3)	50,000				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
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE 12070 TELEGRAPH ROAD RNSUITE 207 SANTA FE SPRINGS, CA 90670	23-7110152	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES 5850 S MAIN STREET LOS ANGELES, CA 90003	95-6000927	COUNTY OF LOS ANGELE	100,000				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
LOS ANGELES UNIFIED SCHOOL DISTRICT 333 SOUTH BEAUDRY AVENUE LOS ANGELES, CA 90017	95-6001908	STATE OF CA	15,000				QUALITY EDUCATION
LOUISIANA RISE 916 EAST BUTLER STREET RAYNE, LA 70518	82-1555123	501(C)(3)	7,500				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
MANO AMIGA 174 S GUADALUPE ST SUITE 205 SAN MARCOS, TX 78666	83-2030465	501(C)(3)	18,500				EQUALITY AND HUMAN RIGHTS
MARIN CITY HEALTH AND WELLNESS CENTER 630 DRAKE AVENUE MARIN CITY, CA 94965	06-1787661	501(C)(3)	50,000				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
MASSACHUSETTS BAIL FUND 2161 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	82-4924766	501(C)(3)	9,500				EQUALITY AND HUMAN RIGHTS
MEDIA MOBILIZING PROJECT 4534 BALTIMORE AVENUE PHILADELPHIA, PA 19143	26-0307123	501(C)(3)	67,026				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
MEMPHIS CENTER FOR REPRODUCTIVE HEALTH 1726 POPLAR AVENUE MEMPHIS, TN 38104	62-0931089	501(C)(3)	32,362				HEALTHY INDIVIDUALS AND COMMUNITIES
MINNESOTA FREEDOM FUND INC 2611 1ST AVENUE SOUTH MINNEAPOLIS, MN 55408	82-1214607	501(C)(3)	6,105				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
MISSION CITY COMMUNITY NETWORK INC 8527 N SEPULVEDA BOULEVARD NORTH HILLS, CA 91343	95-4226189	501(C)(3)	100,000				HEALTHY INDIVIDUALS AND COMMUNITIES
MISSISSIPPI ACTION FOR COMMUNITY EDUCATION INC 119 SOUTH THEOBALD STREET GREENVILLE, MS 38701	64-0465680	501(C)(3)	15,000				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
MLK HEALTH AND WELLNESS COMMUNITY DEVELOPMENT CORPORATION 1748 E 118TH STREET SUITE S243 LOS ANGELES, CA 90059	81-1255345	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
MOBILE ENVIRONMENTAL JUSTICE ACTION COALITION PO BOX 717 MOBILE, AL 36601	46-5243511	501(C)(3)	45,000				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
MOMSRISING EDUCATION FUND 12011 BEL-RED ROAD SUITE 100B BELLEVUE, WA 98005	45-2499952	501(C)(3)	30,000				EQUALITY AND HUMAN RIGHTS
MOUNTAIN VALLEYS HEALTH CENTERS PO BOX 277 BIEBER, CA 96009	94-2533006	501(C)(3)	50,000				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
MOVEMENT STRATEGY CENTER 436 14TH STREET 5TH FLOOR OAKLAND, CA 94612	20-1037643	501(C)(3)	52,500				SUSTAINABLE ENVIRONMENT / HEALTH INDIVIDUALS AND COMMUNITIES
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM PO BOX 13255 CHICAGO, IL 60613	36-4799986	501(C)(3)	215,378				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 LATINA INSTITUTE FOR REPRODUCTIVE HEALTH 50 BROAD STREET SUITE 1937 NEW YORK, NY 10004	52-1891734	501(C)(3)	55,000				EQUALITY AND HUMAN RIGHTS
NATIVE MOVEMENT PO BOX 83467 FAIRBANKS, AK 99708	68-0535413	501(C)(3)	7,500				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
NATIVE ORGANIZERS ALLIANCE (FISCAL SPONSOR - ALLIANCE FOR A JUST SOCIETY) 3518 S EDMUNDS STREET SEATTLE, WA 981181727	91-1635554	501(C)(3)	45,000				EQUALITY AND HUMAN RIGHTS
NC COMMUNITY BAIL FUND OF DURHAM (FISCAL SPONSOR - COMMUNITY SUCCESS INITIA PO BOX 3412 DURHAM, NC 27702	16-1702165	501(C)(3)	50,000				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
NEIGHBORHOOD HEALTHCARE 425 N DATE STREET ESCONDIDO, CA 920253413	95-2796316	501(C)(3)	100,000				HEALTHY INDIVIDUALS AND COMMUNITIES
NEW HAMPSHIRE LEARNING INITIATIVE INC ONE LIBERTY LANE SUITE 110 HAMPTON, NH 03842	47-4290504	501(C)(3)	20,000				QUALITY EDUCATION

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 SANCTUARY COALITION (FISCAL SPONSOR - JUDSON MEMORIAL CHURCH) 239 THOMPSON STREET NEW YORK, NY 10012	13-2664489	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	250,000				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
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
NORTHERN INYO HEALTHCARE DISTRICT 150 PIONEER LANE BISHOP, CA 93514	96-6005449	COUNTY OF INYO	50,000				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
NORTHWEST COMMUNITY BAIL FUND 2311 N 45TH STREET 303 SEATTLE, WA 98103	83-1906468	501(C)(3)	5,506				EQUALITY AND HUMAN RIGHTS
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY SUITE 300 OAKLAND, CA 94607	94-6000385	STATE OF CA	15,000				QUALITY EDUCATION

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
OLIVE VIEW-UCLA EDUCATION AND RESEARCH INSTITUTE INC 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	95-2249539	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
OPEN BUFFALO INC 1327 JEFFERSON AVENUE UPPER BUFFALO, NY 14208	47-5317696	501(C)(3)	15,000				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
OPEN DOOR COMMUNITY HEALTH CENTERS 1275 8TH STREET ARCATA, CA 95521	95-2671433	501(C)(3)	75,000				HEALTHY INDIVIDUALS AND COMMUNITIES
PHILADELPHIA BAIL FUND PO BOX 22316 PHILADELPHIA, PA 19110	82-1360589	501(C)(3)	6,083				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
PILLARS OF THE COMMUNITY 6431 IMPERIAL AVENUE SAN DIEGO, CA 92114	45-2323183	501(C)(3)	20,000				HEALTHY INDIVIDUALS AND COMMUNITIES
PINKY SWEAR FOUNDATION 5555 WEST 78TH STREET EDINA, MN 55439	56-2384527	501(C)(3)	50,000				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
PLUMAS HEALTH CARE FOUNDATION INC 109 COTTONWOOD COURT QUINCY, CA 95971	94-2820896	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
POSITIVE WOMEN'S NETWORK USA (FISCAL SPONSOR - MOVEMENT STRATEGY CENTER) 436 14TH STREET SUITE 500 OAKLAND, CA 94612	20-1037643	501(C)(3)	27,500				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
POWER CALIFORNIA 436 14TH STREET SUITE 500 OAKLAND, CA 94612	77-0651682	501(C)(3)	40,000				EQUALITY AND HUMAN RIGHTS
PROTEUS FUND 15 RESEARCH DRIVE SUITE B AMHERST, MA 01002	04-3243004	501(C)(3)	200,000				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
PROYECTO AZTECA PO BOX 277 SAN JUAN, TX 78589	74-2609516	501(C)(3)	10,000				HEALTHY INDIVIDUALS AND COMMUNITIES
QUEER DETAINEE EMPOWERMENT PROJECT PO BOX 180249 BROOKLYN, NY 11218	16-0990318	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
REEDLEY COMMUNITY HOSPITAL 372 W CYPRESS AVE REEDLEY, CA 93654	45-3220509	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE 141 INNOVATION DRIVE SUITE 250 IRVINE, CA 92697	95-2226406	STATE OF CA	20,240				QUALITY EDUCATION

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
REINVENT STOCKTON FOUNDATION 100 N SAN JOAQUIN STREET 3RD FLOOR STOCKTON, CA 95202	82-1005719	501(C)(3)	392,987				QUALITY EDUCATION
REPRODUCTIVE JUSTICE ACTION COLLECTIVE (FISCAL SPONSOR - WOMEN WITH A VISIO 1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125	72-1202185	501(C)(3)	15,000				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
RESTOREHER USAMERICA INC PO BOX 141 RED OAK, GA 30272	83-0907216	501(C)(3)	25,000				EQUALITY AND HUMAN RIGHTS
ROCKY MOUNTAIN WOLF PROJECT ACTION FUND 1600 BROADWAY SUITE 1600 DENVER, CO 80202	83-2759539	501(C)(4)	333,650				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
RONALD MCDONALD HOUSE CHARITIES OF PITTSBURGH AND MORGANTOWN INC 451 44TH STREET PITTSBURGH, PA 15201	25-1320272	501(C)(3)	10,000				HEALTHY INDIVIDUALS AND COMMUNITIES
SALUD PARA LA GENTE 204 E BEACH STREET WATSONVILLE, CA 95076	94-2705747	501(C)(3)	50,000				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
SAN BENITO COUNTY PUBLIC HEALTH SERVICES 351 TRES PINOS ROAD SUITE A-202 HOLLISTER, CA 95023	94-6000530	COUNTY OF SAN BENITO	75,000				HEALTHY INDIVIDUALS AND COMMUNITIES
SAN FRANCISCO UNIFIED SCHOOL DISTRICT 555 FRANKLIN STREET 3RD FLOOR SAN FRANCISCO, CA 94102	94-6000416	STATE OF CA	15,000				QUALITY EDUCATION

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
SANKOFA FARMS LLC 1023 BENGEL DRIVE DURHAM, NC 27703	47-4004999		29,000				HEALTHY INDIVIDUALS AND COMMUNITIES
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA STREET SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	50,000				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
SANTA FE DREAMERS PROJECT PO BOX 8009 SANTA FE, NM 87504	82-0839645	501(C)(3)	20,000				EQUALITY AND HUMAN RIGHTS
SANTA YNEZ TRIBAL HEALTH CLINIC 90 VIA JUANA LANE SANTA YNEZ, CA 93455	30-0230593	TRIBAL	50,000				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
SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY 6840 VIA DEL ORO 210 SAN JOSE, CA 95119	77-0031679	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
SHELBY COUNTY PUBLIC SCHOOLS 1155 MAIN STREET SHELBYVILLE, KY 40065	61-6001356	COUNTY OF SHELBY	15,000				QUALITY EDUCATION

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
SISTERLOVE INC PO BOX 10558 ATLANTA, GA 30310	58-2016070	501(C)(3)	55,000				HEALTHY INDIVIDUALS AND COMMUNITIES
SISTERREACH 2725 KIRBY ROAD SUITE 15 MEMPHIS, TN 38119	45-4013343	501(C)(3)	60,034				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
SMALL SCHOOLS FOR EQUITY 15 ONONDAGA AVENUE 12217 SAN FRANCISCO, CA 94112	03-0412252	501(C)(3)	15,000				QUALITY EDUCATION
SMITHSONIAN INSTITUTION PO BOX 37012 MRC 1205 WASHINGTON, DC 200137012	53-0206027	501(C)(3)	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
SOCIAL GOOD FUND INC 12651 SAN PABLO AVENUE 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	20,000				EQUALITY AND HUMAN RIGHTS
SONOMA COUNTY INDIAN HEALTH PROJECT INC 144 STONY POINT ROAD SANTA ROSA, CA 95401	94-1741896	501(C)(3)	50,000				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
SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S CENTRAL AVENUE LOS ANGELES, CA 90011	95-3877793	501(C)(3)	150,000				HEALTHY INDIVIDUALS AND COMMUNITIES
SPARK REPRODUCTIVE JUSTICE NOW INC PO BOX 89210 ATLANTA, GA 30312	58-1872316	501(C)(3)	60,225				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
SPIRITHOUSE (FISCAL SPONSOR - ALTERNATE ROOTS INC) 400 W MAIN STREET 204 DURHAM, NC 27701	58-1318198	501(C)(3)	25,000				HEALTHY INDIVIDUALS AND COMMUNITIES
SPRINGBOARD TO OPPORTUNITIES 3000 OLD CANTON ROAD SUITE 470 JACKSON, MO 39216	46-1917760	501(C)(3)	32,500				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
ST VINCENT DE PAUL VILLAGE INC 1501 IMPERIAL AVE SAN DIEGO, CA 92101	33-0492302	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
ST JOHN'S WELL CHILD AND FAMILY CENTER INC 808 W 58TH STREET LOS ANGELES, CA 90037	95-4067758	501(C)(3)	100,000				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
TEXAS EQUAL ACCESS FUND PO BOX 227336 DALLAS, TX 75222	11-3736286	501(C)(3)	10,000				EQUALITY AND HUMAN RIGHTS
THE BOULEVARD CHURCH 238 W 15TH STREET HOLLAND, MI 49423	83-1187419	501(C)(3)	29,000				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
THE BUCKEYE INSTITUTE FOR PUBLIC POLICY SOLUTIONS 89 EAST BROAD STREET SUITE 1300 COLUMBUS, OH 43215	31-1278593	501(C)(3)	50,000				ECONOMIC DEVELOPMENT
THE CHICAGO LEADERSHIP ALLIANCE 55 W MONROE STREET CHICAGO, IL 60603	47-2708217	501(C)(3)	29,000				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
THE CHILDREN'S CLINIC SERVING CHILDREN AND THEIR FAMILIES 701 EAST 28TH ST SUITE 200 LONG BEACH, CA 90806	95-1643332	501(C)(3)	100,000				HEALTHY INDIVIDUALS AND COMMUNITIES
THE COLORADO EDUCATION INITIATIVE 600 17TH STREET 1400N DENVER, CO 80202	26-1597530	501(C)(3)	20,000				QUALITY EDUCATION

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
THE GLOBAL DEVELOPMENT INCUBATOR INC 1401 K STREET NW SUITE 900 WASHINGTON, DC 20005	14-1945286	501(C)(3)	107,679				HEALTHY INDIVIDUALS AND COMMUNITIES
THE KOHALA CENTER 65-1291 KAWAIHAE RD SUITE A WAIMEA, HI 96743	99-0354676	501(C)(3)	20,000				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
THE LIBERATION HOUSE KBCAN (FISCAL SPONSOR - BYP100 EDUCATION FUND) 989 RIDGE AVENUE NW ATLANTA, GA 30318	81-0975889	501(C)(3)	10,000				HEALTHY INDIVIDUALS AND COMMUNITIES
THE NEW AMERICA FOUNDATION 740 15TH STREET NW SUITE 900 WASHINGTON, DC 20005	52-2096845	501(C)(3)	262,000				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
THE REVERENCE PROJECT 1673 E 108TH STREET LOS ANGELES, CA 90059	47-3427148	501(C)(3)	180,000				EQUALITY AND HUMAN RIGHTS
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3701 LOCUST WALK PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	65,000				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
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 941290903	95-4712641	501(C)(3)	3,496,826				HEALTHY INDIVIDUALS AND COMMUNITIES
TOWN OF WESTPORT (WESTPORT COMMUNITY SCHOOLS) 17 MAIN ROAD WESTPORT, MA 02790	04-6001361	TOWN OF WESTPORT	13,040				QUALITY EDUCATION

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
TRANSPLANTING TRADITIONS COMMUNITY FARM PO BOX 835 HILLSBORO, NC 27278	82-4415307	501(C)(3)	12,220				EQUALITY AND HUMAN RIGHTS
TREE OF LIFE CONGREGATION 5898 WILKINS AVENUE PITTSBURGH, PA 15217	25-0979381	501(C)(3)	7,025				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
TRI-CITY HEALTH CENTER 40910 FREMONT BOULEVARD FREMONT, CA 94538	23-7255435	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
TWO RIVERS PUBLIC CHARTER SCHOOL 1227 4TH STREET NE WASHINGTON, DC 20002	41-2089357	DISTRICT OF COLUMBIA	20,000				QUALITY EDUCATION

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
UNITED CHARITABLE 8201 GREENSBORO DRIVE SUITE 702 TYSONS, VA 22102	20-4286082	501(C)(3)	49,875				HEALTHY INDIVIDUALS AND COMMUNITIES
UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BOULEVARD SUITE 1955 LOS ANGELES, CA 90017	95-3665186	501(C)(3)	15,000				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
UNITED WAY OF GREATER ATLANTA 40 COURTLAND STREET NE ATLANTA, GA 30303	58-0566194	501(C)(3)	45,000				HEALTHY INDIVIDUALS AND COMMUNITIES
UNIVERSITY OF ARKANSAS 1 UNIVERSITY OF ARKANSAS FAYETTEVILLE, AR 72701	71-6003252	STATE OF AR	15,000				QUALITY EDUCATION

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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	STATE OF CA	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	230,000				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
VALLEY HEALTH ASSOCIATES 338 MONTEREY STREET SALINAS, CA 93901	77-0297577	501(C)(3)	50,000				HEALTHY INDIVIDUALS AND COMMUNITIES
VILLAGE OF WISDOM INC 600 E UMSTEAD AVENUE DURHAM, NC 27701	47-2060936	501(C)(3)	29,000				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
WAKE COUNTY PUBLIC SCHOOL SYSTEM 5625 DILLARD DRIVE CARY, NV 27518	56-1137759	COUNTY OF WAKE	15,000				QUALITY EDUCATION
WEST COUNTY HEALTH CENTERS PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	100,000				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
WHYHUNGER INC 505 EIGHTH AVENUE SUITE 2100 NEW YORK, NY 10018	13-2805575	501(C)(3)	6,000				HEALTHY INDIVIDUALS AND COMMUNITIES
WOMEN ENGAGED (FISCAL SPONSOR OF ATLERNATE ROOTS INC) 1270 CAROLINE STREET BOX D120353 ATLANTA, GA 30307	58-1318198	501(C)(3)	30,113				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'S LAW PROJECT 125 S 9TH STREET SUITE 300 PHILADELPHIA, PA 19107	23-7354667	501(C)(3)	25,500				EQUALITY AND HUMAN RIGHTS
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER TWIN CITIES NW 5901 PO BOX 1450 MINNEAPOLIS, MN 55485	45-2563299	501(C)(3)	7,000				HEALTHY INDIVIDUALS AND COMMUNITIES

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
			2019
			Open to Public Inspection
Name of the organization TIDES CENTER		Employer identification number 94-3213100	

Part I Questions Regarding Compensation		Yes	No
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.			
<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 idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
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 on Line 1a?		2	
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.			
<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		
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:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
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.		7	No
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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
PART I, LINE 3	THE ORGANIZATION'S CEO IS COMPENSATED BY TIDES NETWORK, A RELATED ORGANIZATION AND THE CEO'S LEGAL EMPLOYER. THROUGH A COST SHARING ARRANGEMENT, THE TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION OF SUCH PERSONS' TOTAL COMPENSATION. TIDES NETWORK UTILIZES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION FOR THE CEO: INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE HUMAN CAPITAL COMMITTEE OF THE BOARD OF DIRECTORS.
PART II, COLUMN (B)(III):	INCLUDED WITHIN SCHEDULE J, PART II, COLUMN (B)(III) "OTHER REPORTABLE COMPENSATION" FOR AMANDA KETON IS A PAYOUT OF AN UNUSED PTO BALANCE AT THE TIME EMPLOYMENT CEASED.

Additional Data

Software ID:
Software Version:
EIN: 94-3213100
Name: TIDES CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1TUTI SCOTT DIR THRU 7/2019/INT CEO START 7/2019	(i)	0	0	0	0	0	0	0
	(ii)	184,241	0	0	7,295	17,614	209,150	0
1KRISS DEIGLMEIER CEO THROUGH 7/2019	(i)	0	0	0	0	0	0	0
	(ii)	421,645	20,000	1,344	20,575	27,287	490,851	0
2JUDITH HILL TREASURER/CFO	(i)	0	0	0	0	0	0	0
	(ii)	360,601	29,574	1,980	35,087	10,037	437,279	0
3SUNEELA JAIN SECRETARY/GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	230,785	28,002	197	30,440	22,152	311,576	0
4AMANDA KETON SECR/HEAD OF PEOPLE & FDN THRU 4/19	(i)	0	0	0	0	0	0	0
	(ii)	207,681	0	46,152	9,385	17,865	281,083	0
5KELLY FITZSIMMONS FOUNDER/MAN DIR - PROJECT EVIDENT	(i)	322,332	0	690	15,812	27,731	366,565	0
	(ii)	0	0	0	0	0	0	0
6MARK SMOLINSKI PRESIDENT - ENDING PANDEMICS	(i)	315,588	0	1,290	31,650	12,331	360,859	0
	(ii)	0	0	0	0	0	0	0
7CATHERINE LENORE ANDERSON PRESIDENT - ASJ/CSJ	(i)	270,828	0	396	13,542	24,245	309,011	0
	(ii)	0	0	0	0	0	0	0
8AMY LESNICK CHIEF EXECUTIVE - PLEDGE 1%	(i)	253,440	2,000	454	10,500	17,530	283,924	0
	(ii)	0	0	0	0	0	0	0
9ROBERT D ROOKS CHIEF EXECUTIVE - ASJ	(i)	235,828	15,000	222	7,075	24,156	282,281	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TIDES CENTER

Employer identification number
94-3213100

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	48	5,783,100	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GOODS IN</u> <u>KIND</u>)	X	134	47,863	FMV
26 Other ▶ (<u> </u>)				
27 Other ▶ (<u> </u>)				
28 Other ▶ (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN SCHEDULE M, PART I, COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
TIDES CENTER

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

94-3213100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	TIDES CENTER HAS ONE SOLE MEMBER, TIDES NETWORK, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH OF THE DIRECTORS OF TIDES CENTER SHALL BE APPOINTED BY THE ORGANIZATION'S SOLE MEMBER, TIDES NETWORK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ACTION BY THE BOARD OF DIRECTORS OF THE TIDES CENTER ON THE FOLLOWING MATTERS SHALL BE EFFECTIVE ONLY WITH THE CONSENT OF THE BOARD OF DIRECTORS OF TIDES NETWORK, THE ORGANIZATION'S SOLE MEMBER: (I) ANY CHANGE IN THE FUNDAMENTAL NATURE OR STATED PURPOSES FOR WHICH TIDES CENTER IS ORGANIZED, (II) THE ADOPTION OF THE STRATEGIC PLANS FOR TIDES CENTER, (III) THE ADOPTION OF THE ANNUAL CAPITAL AND OPERATING BUDGETS FOR TIDES CENTER, (IV) MERGER, CONSOLIDATION, OR SIMILAR REORGANIZATION OF THE CORPORATE STRUCTURE; (V) DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF TIDES CENTER; (VI) SELECTION OF THE AUDITORS OF TIDES CENTER; (VII) REMOVAL OF A DIRECTOR OF TIDES CENTER WITHOUT CAUSE; (VIII) AMENDMENT, REPEAL OR ADOPTION OF THE ARTICLES OF INCORPORATION OR BYLAWS, (IX) SELECTION OF A CHIEF EXECUTIVE OFFICER; (X) THE NUMBER OF AUTHORIZED DIRECTORS AND THE APPOINTMENT OF DIRECTORS; AND (XI) DISSOLUTION OF TIDES CENTER.

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 ACCOUNTANT IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE AND ACCOUNTING DEPARTMENT. THE TREASURER/CFO AND LEGAL COUNSEL REVIEW A DRAFT OF THE FORM 990; ADJUSTMENTS ARE MADE AS NECESSARY. A COMPLETE COPY OF THE FORM 990 IS THEN PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS 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>ALL COVERED INDIVIDUALS, INCLUDING OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS, CENTER ADVISORY BOARDS, AND DESIGNATED STAFF ARE REQUIRED TO SUBMIT CONFLICT OF INTEREST DISCLOSURE STATEMENTS AT THE TIME A PERSON BECOMES A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER. THE POLICY REQUIRES COVERED INDIVIDUALS TO PERIODICALLY UPDATE THE CONFLICT OF INTEREST STATEMENT AS MATERIAL FACTS CHANGE, AS WELL AS MAKE VERBAL AND/OR WRITTEN DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. AT ANY TIME THAT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS IDENTIFIED, DISCLOSURE MUST BE MADE TO THE BOARD OF DIRECTORS, THE APPROPRIATE COMMITTEE, OR STAFF (DEPENDING ON THE NATURE OF THE POTENTIAL OR ACTUAL CONFLICT). PRIOR TO ACTING ON ANY MATTER WHERE A POTENTIAL OR ACTUAL CONFLICT IS IDENTIFIED WITH RESPECT TO AN OFFICER OR MEMBER OF THE BOARD, THE CONFLICT AND ALL MATERIAL FACTS RELATED TO IT MUST BE FULLY DISCLOSED BY THE COVERED INDIVIDUAL TO THE BOARD PRIOR TO CONSIDERATION OF THE PROPOSED MATTER. IF THE BOARD DETERMINES A CONFLICT OF INTERESTS EXISTS, THE COVERED INDIVIDUAL, IF REQUESTED TO DO SO BY THE CHAIR OF THE BOARD, MAY PROVIDE ADDITIONAL FACTUAL INFORMATION REGARDING THE AFFECTED TRANSACTION, BUT MAY NOT PARTICIPATE IN OR ATTEMPT TO INFLUENCE DELIBERATION AND VOTING. THE COVERED INDIVIDUAL MUST BE EXCUSED FROM THE MEETING PRIOR TO DELIBERATION, AND MAY NOT RETURN UNTIL DELIBERATION AND VOTING ON THE MATTER HAVE BEEN CONCLUDED. THE POLICY PROVIDES FOR SIMILAR PROCEDURES FOR ADVISORY COMMITTEES TO ADDRESS MATTERS THAT ARE DECIDED AT THE ADVISORY COMMITTEE LEVEL. IF QUESTIONS ARISE WITH RESPECT TO THE POLICY OR PROCEDURES FOR DISCLOSING A POTENTIAL OR ACTUAL CONFLICT, THE MATTER MAY BE REFERRED TO HUMAN RESOURCES OR THE LEGAL, COMPLIANCE AND RISK DEPARTMENT FOR REVIEW AND RESOLUTION CONSISTENT WITH THE POLICY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION ARE ALL COMPENSATED BY TIDES NETWORK, A RELATED ORGANIZATION AND SUCH PERSONS' LEGAL EMPLOYER. THROUGH A COST SHARING ARRANGEMENT, TIDES CENTER PAYS TIDES NETWORK AN ALLOCATED PORTION OF SUCH PERSONS' TOTAL COMPENSATION. THE TIDES NETWORK BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING ANY NEW, MODIFIED OR EXTENDED COMPENSATION PACKAGES OF THE CEO, CFO AND ANY OTHER OFFICERS IT DETERMINES APPROPRIATE, AND APPROVING COMPENSATION ONLY AFTER DETERMINING THAT THE COMPENSATION IS JUST AND REASONABLE. FOR THE CEO, THE TIDES NETWORK BOARD OF DIRECTOR'S HUMAN CAPITAL COMMITTEE REVIEWS PERFORMANCE AND COMPENSATION ANNUALLY, UTILIZING COMPENSATION STUDIES TO DETERMINE APPROPRIATE COMPENSATION. TIDES NETWORK ALSO UTILIZES COMPARABILITY STUDIES IN DETERMINING APPROPRIATE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANTS AND CONTRACTORS: PROGRAM SERVICE EXPENSES 22,277,353. MANAGEMENT AND GENERAL E XPENSES 0. FUNDRAISING EXPENSES 75,530. TOTAL EXPENSES 22,352,883. HONORARIA/STIPENDS: PRO GRAM SERVICE EXPENSES 2,493,807. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0 . TOTAL EXPENSES 2,493,807. ALL OTHER FEES FOR SERVICES: PROGRAM SERVICE EXPENSES 1,124,71 7. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,124,717.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314037400

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TIDES CENTER

Employer identification number
94-3213100

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)TIDES INC PO BOX 29198 SAN FRANCISCO, CA 94129 57-1138099	DEVELOP/OPERATE FACILITIES MGMT AND MULTI-TENANT NON PROFIT CENTERS	CA	501(C)(3)	LINE 10	TIDES NETWORK		No
(2)TIDES TWO RIVERS FUND PO BOX 29198 SAN FRANCISCO, CA 94129 20-1588459	DEVELOP/OPERATE FACILITIES MGMT AND MULTI-TENANT NON PROFIT CENTERS	CA	501(C)(3)	LINE 12A, I	TIDES FOUNDATION TIDES CENTER	Yes	
(3)TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129 51-0198509	GRANTMAKING	CA	501(C)(3)	LINE 7	TIDES NETWORK		No
(4)TIDES NETWORK PO BOX 29198 SAN FRANCISCO, CA 94129 20-3395198	CHARITABLE GOVERNANCE AND OPERATIONS	CA	501(C)(3)	LINE 12B, II	N/A		No
(5)HARDING ROCK FUND PO BOX 29903 SAN FRANCISCO, CA 94129 20-1430532	HOLD AND MANAGE INVESTMENT ON BEHALF OF TIDES FOUNDATION	CA	501(C)(3)	LINE 12A, I	TIDES FOUNDATION		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TIDES TWO RIVERS FUND	K	191,228	BOOK VALUE

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation